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Image# 12970091129

**FEC** FORM 3X

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

TOTAL P	or Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Medical Device Manufa	acturers Association	PAC	
ADDRESS (number and street)	P.O. Box 34591		
Check if different			
than previously reported. (ACC)	Washington		DC 20043 -
2. FEC IDENTIFICATION NU	MBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00484162		S THIS REPORT X (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	0 20 (M2) May 20	(Non-Election Year Only)
(a) Quarterly Reports:		r 20 (M3) Jun 20 ( r 20 (M4) Jul 20 (I	(Non-Election Year Only)
April 15 Quarterly Report (Q	1)		
July 15 Quarterly Report (Q	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q	·	Convention (12C)	Special (12S)
X January 31 Year-End Report (Y		on on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election  Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electi	on on	in the State of
5. Covering Period 07	01 2011		2 31 2011
I certify that I have examined the	s Report and to the best o	f my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasurer	Nancy Cushman		
Signature of Treasurer Nancy	v Cushman	[Electronically Filed]	Date 01 / 18 / 2012
NOTE: Submission of false, errone	eous, or incomplete information	on may subject the person sign	ing this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
	ite or Type Committee Name	_	
	ledical Device Manufacturers Ass	sociation PAC	
Re	port Covering the Period: From:	07 01 / 2011 To:	12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2011		5260.00
	(b) Cash on Hand at Beginning of Reporting Period	26010.00	
	(c) Total Receipts (from Line 19)	10000.00	31750.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	36010.00	37010.00
7.	Total Disbursements (from Line 31)	7500.00	8500.00
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28510.00	28510.00
	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	This committee has qualified as a multication	andidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	

Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

## Medical Device Manufacturers Association PAC

Intributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	10000.00	31750.00
Than Political Committees  (i) Itemized (use Schedule A)		31750.00
(i) Itemized (use Schedule A)		31750.00
(ii) Unitemized		31750.00
	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	10000.00	31750.00
Political Party Committees	0.00	0.00
	0.00	0.00
	10000.00	31750.00
rty Committees	0.00	0.00
	0.00	
Loans Received	0.00	0.00
	0.00	0.00
·	0.00	0.00
	0.00	0.00
		0.00
	0.00	0.00
·		
	0.00	0.00
	0.00	
(from Schedule H3)	0.00	0.00
Lovin Funda (from Schodulo HE)	0.00	0.00
Leviii i ulius (lioili ochedule 113)		
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Other Political Committees (such as PACs)	Other Political Committees (such as PACs)

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Irsements COLUMN A Total This Period			
. Operating Expenditures: (a) Allocated Federal/Non-Federal	result tille i eller	Calendar Year-to-Date		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
(i) Federal Share				
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	0.00	0.00		
Expenditures(c) Total Operating Expenditures	0.00	0.00		
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
Transfers to Affiliated/Other Party		0.00		
Committees Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	7500.00	8500.00		
Independent Expenditures (use Schedule E)	0.00	0.00		
Coordinated Party Expenditures				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To:  (a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
Other Disbursements	0.00	0.00		
l				
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity (from Schedule H6)				
(i) Federal Share	0.00	0.00		
	000	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add				
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7500.00	8500.00		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	7500.00	8500.00		

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	10000.00	31750.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10000.00	31750.00
i. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	PAGE	6	OF	9				
(check only one)								
X	11a		11b		11c	12	2	
	13		14		15	16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Medical Device Manufacturers	Association PAC	
Full Name (Last, First, Middle Initial)  A. Daniel Moore  Mailing Address 409 Scenic VW		Date of Receipt
City	State Zip Code	07 22 2011 Transaction ID : 5647219
Friendswood	TX 77546-7867	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	
Cyberonics Inc Receipt For:	President and CEO	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  5000.00	Direct Contribution
Full Name (Last, First, Middle Initial)  Mark Deem		Date of Receipt
Mailing Address 685 Sierra Ave	State Zin Code	12 06 2011
City Mountain View	State Zip Code CA 94041-2146	Transaction ID : 5945999  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	5000.00
Name of Employer The Foundry, LLC	Occupation CTO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  5000.00	
Full Name (Last, First, Middle Initial)	•	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	10000.00
TOTAL This Period (last page this line number	er only)	10000.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the	(check only 21b	one) 22 🔀 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30k
Any information copied from such Reports and State	ments may not be sold or used	d by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
Medical Device Manufacturers Ass	sociation PAC		
Full Name (Last, First, Middle Initial)			
A. Friends Of Joe Pitts			Date of Disbursement
Mailing Address 1707 Prince Street #5			07 26 2011
City	State Zip Code		
Alexandria	VA 22314		Transaction ID: 5661325
Purpose of Disbursement Direct Contribution		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Each disbursement this Feriou
Rep. Joseph Pitts		Category/ Type	1000.00
	ment For: 2012		
Senate President	Primary General		Direct Contribution
State: PA District: 16	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. Hatch Election Committee Inc			Date of Disbursement
Mailing Address 475 Oarth West Tours Oak Oak	<u> </u>		08 25 2011
Mailing Address 175 South West Temple Suite 650	)		00 23 2011
,	State Zip Code UT 84101		Transaction ID: 5728341
Salt Lake City Purpose of Disbursement	64101		
Direct Contribution		011	Amount of Each Disbursement this Period
Candidate Name	"	Category/	1000.00
Sen. Orrin Hatch  Office Sought: House Disburse	ment For: 2012	Туре	1000.00
	Primary General		Direct Contribution
President	Other (specify) ▼		Direct Contribution
State: UT District:			
Full Name (Last, First, Middle Initial)			Date of Disbursement
C. Chris Coons For Delaware			M M / D D / Y Y Y Y
Mailing Address PO Box 9900			09 07 2011
City	State Zip Code		
Newark	DE 19714		Transaction ID: 5761914
Purpose of Disbursement Direct Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Sen. Christopher Coons		Туре	500.00
Office Sought: House Disburse	ment For: 2014 Primary General		
President	Other (specify)		Direct Contribution
State: DE District:	· ·		
CURTOTAL of Dicharasanta This Base (ast			2500.00
SUBTOTAL of Disbursements This Page (optional)		·····	200.00

SCHEDULE			FOR LINE NUMBER: PAGE 8 OF 9						
ITEMIZED DI	ISBURSEMENTS		parate schedule(s) category of the	(check only	one)			7.55	
			Summary Page	21b 27	22 28a	23 28b	24 28c	25 29	26 30b
Any information	nied from euch Deneute and Ctata	nonto me:	not be cold or						
	pied from such Reports and Stater purposes, other than using the nan								
	/MITTEE (In Full)								
Medical De	evice Manufacturers Ass	ociation	n PAC						
_	t, First, Middle Initial)				_				
A. Charlie De	ent For Congress				Date of	Disburser			
Mailing Address	PO Box 442				09	23		2011	Y
City	,	State	Zip Code		Tuono	antinu ID	. F700700		
Allentown		PA	18105		irans	action ID	5/89/92		
Purpose of Disk Direct Contribu	tion			011	Amount	t of Each I	Disburseme	nt this	Period
Candidate Nam	•			Category/				1000	0.00
Rep. Charl Office Sought:	· · · · · · · · · · · · · · · · · · ·	ment For	2012	Туре		7	7	. 500	
-	Senate President	nent For: Primary Other (spe	<b>X</b> General		Direct C	ontribution	ı		
State: PA	District: 15								
,	t, First, Middle Initial)				Doto of	Dichuros	mont		
- Anna Esh	oo For Congress				Date of	Disburser		V - ··	V
Mailing Address	5 555 Capitol Mall, Suite 1425					23 2011			
City Sacramento		State CA	Zip Code 95814		Trans	action ID	: 5789794		
Purpose of Disk Direct Contribu				011	Amount	t of Each I	Disburseme	nt this	Period
Candidate Name	•			Category/				1000	0.00
Rep. Anna				Type		-		1000	7.00
Office Sought: State: CA	House Disburser Senate President District: 14	nent For: Primary Other (spe	X General		Direct C	Contribution	1		
	t, First, Middle Initial)							_	
c. Klobuchar	For Minnesota 2012				Date of	Disburser	ment		
Mailing Address	Mailing Address PO Box 4146					23		2011	Y
City St Paul		State MN	Zip Code 55104		Trans	action ID	: 5789820		
Purpose of Disk									
	Direct Contribution 011				Amount	t of Each I	Disburseme	nt this	Period
Candidate Nam				Category/				1000	0.00
Office Sought:	Klobuchar  House Disburser	ment For:	2042	Туре		-	7		
-	Senate President	Primary Other (spe	General		Direct C	ontribution	ı		
State: MN	District:								
SUBTOTAL of Di	sbursements This Page (optional)			<u> </u>	ļ.	- 7	7	3000	.00
TOTAL This Period	od (last page this line number only)	)		·····•					الـــــا

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 9 OF 9					
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER.					
. Limited Diodonotivition	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26					
	Dotailed Summary Fage	27	28a 28b 28c 29 30					
Any information copied from such Reports and Stater								
or for commercial purposes, other than using the nar	ne and address of any politic	al committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
angle Medical Device Manufacturers Ass	ociation PAC							
Full Name (Last, First, Middle Initial)								
A. Scott Brown Victory Committee			Date of Disbursement					
	M M / D D / Y Y Y Y							
Mailing Address 3927 Elm Ave			09 23 2011					
City	State Zip Code							
Long Beach	CA 90807		Transaction ID: 5789826					
Purpose of Disbursement								
Direct Contribution		011	Amount of Each Disbursement this Period					
Candidate Name		Category/	1000.00					
Office Sought: House Bishure	mont For	Туре	1000.00					
Office Sought: House Disburser Senate	nent For:  Primary  General		Di con citati					
President	Other (specify)		Direct Contribution					
State: District:	Carlot (opeony)							
Full Name (Last, First, Middle Initial)								
Mcconnell Senate Committee 2014	4		Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address PO Box 1496			10 18 2011					
0"								
City Louisville	State Zip Code KY 40201		Transaction ID: 5848341					
Purpose of Disbursement	40201							
Direct Contribution		011	Amount of Each Disbursement this Period					
Candidate Name		Category/	4000.00					
Sen. Mitch McConnell		Type	1000.00					
	nent For: 2014							
Senate X	Primary General		Direct Contribution					
State: KY District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
3.			Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address								
City	State Zip Code							
Sity	State Zip Gode							
Purpose of Disbursement								
		Amount of Each Disbursement this Period						
Candidate Name		Category/						
Office Sought: House Disburser	mont For	Туре						
Office Sought: House Disburser Senate	nent For:  Primary General							
President	Other (specify)							
State: District:	o. (opoony) ▼							
SUBTOTAL of Disbursements This Page (optional)			2000.00					
TOTAL This Period (last page this line number only)			7500.00					