

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Medical Device Manufacturers Association PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		60442.08
(b) Cash on Hand at Beginning of Reporting Period.....	84378.95	
(c) Total Receipts (from Line 19)	12852.88	65227.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	97231.83	125669.74
7. Total Disbursements (from Line 31).....	32909.25	61347.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	64322.58	64322.58
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate 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

Write or Type Committee Name

Medical Device Manufacturers Association PAC

Report Covering the Period: From: 07 / 01 / 2016 To: 09 / 30 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6000.00	54750.00
(ii) Unitemized	0.00	324.78
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	6000.00	55074.78
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	7500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11000.00	62574.78
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	800.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1852.88	1852.88
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	12852.88	65227.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12852.88	65227.66

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	159.25	397.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	159.25	397.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32750.00	60950.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	32909.25	61347.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32909.25	61347.16

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11000.00	62574.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11000.00	62574.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	159.25	397.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	159.25	397.16

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 15
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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.

NAME OF COMMITTEE (In Full)
Medical Device Manufacturers Association PAC

A. Major, Eric, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38253 North Fork Road
 City Purcellville State VA Zip Code 20132-5137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MDMA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 20 / 2016
Transaction ID : 10083006
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Hannon, Jason, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 9578
 City Rancho Santa Fe State CA Zip Code 92067-4578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Device Manufacturing Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 05 / 2016
Transaction ID : 9937888
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Roschak, Edmund, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Hickory Fork
 City Coto De Caza State CA Zip Code 92679-5210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Elipse Technologies Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 06 / 2016
Transaction ID : 9941308
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	6000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medical Device Manufacturers Association PAC

A. CryoLife Inc PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1333 H Street NW
Suite 400 West

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00386771

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : 10093544

Amount of Each Receipt this Period
5000.00

Memo Item

Contributions from Federal PAC

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Medical Device Manufacturers Association PAC

A. Medical Device Manuf. Assoc.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1333 H. Street, NW
 Suite 400W
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1852.88

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 12 / 2016
Transaction ID : 9960886
 Amount of Each Receipt this Period
 1852.88
 Memo Item
 Reimbursed for credit card processing fee's

B.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1852.88
TOTAL This Period (last page this line number only).....	1852.88

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072

Purpose of Disbursement
Operating Expenses

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

FEC Identification Number

C []

Transaction ID : 10002710

Amount of Each Disbursement this Period

[] 144.65

Operating Expenses

Memo Item

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072

Purpose of Disbursement
Operating Expense

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

FEC Identification Number

C []

Transaction ID : 9999303

Amount of Each Disbursement this Period

[] 14.60

Operating Expense

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 159.25

TOTAL This Period (last page this line number only)..... ▶

[] 159.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial)

A. Jeff Flake for US Senate Inc

Mailing Address PO Box 12512

City Tempe State AZ Zip Code 85284

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Flake, Jeff, , Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: AZ District:

Date of Disbursement
MM / DD / YYYY
08 / 26 / 2016

FEC Identification Number
C S2AZ00141
Transaction ID : 10029145
Amount of Each Disbursement this Period
1000.00
Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Tiberi for Congress

Mailing Address 217 3rd Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Tiberi, Pat, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: OH District: 12

Date of Disbursement
MM / DD / YYYY
08 / 31 / 2016

FEC Identification Number
C H0OH12062
Transaction ID : 10030501
Amount of Each Disbursement this Period
2500.00
Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Kyrsten Sinema for Congress

Mailing Address 1333 H Street, NW
Suite 400W

City Washington State DC Zip Code 20005

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Sinema, Kyrsten, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: AZ District: 09

Date of Disbursement
MM / DD / YYYY
08 / 31 / 2016

FEC Identification Number
C H2AZ09019
Transaction ID : 10031843
Amount of Each Disbursement this Period
3000.00
Direct Contribution

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial) A. McSally for Congress		Date of Disbursement MM / DD / YYYY 08 / 31 / 2016
Mailing Address PO Box 19128		FEC Identification Number C H2AZ08102 Transaction ID : 10031844
City Tucson	State AZ	Zip Code 85731
Purpose of Disbursement Direct Contribution		Category/Type 011
Candidate Name McSally, Martha, , Rep.,		Amount of Each Disbursement this Period 1000.00 Direct Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: AZ	District: 02	

Full Name (Last, First, Middle Initial) B. Friends of Don Beyer		Date of Disbursement MM / DD / YYYY 09 / 07 / 2016
Mailing Address 499 S. Capitol Street, SW Suite 422		FEC Identification Number C H4VA08224 Transaction ID : 10051046
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Direct Contribution		Category/Type 011
Candidate Name Beyer, Don, , Rep.,		Amount of Each Disbursement this Period 1500.00 Direct Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 08	

Full Name (Last, First, Middle Initial) C. Blue Hen PAC		Date of Disbursement MM / DD / YYYY 09 / 08 / 2016
Mailing Address 220 I Street NE Suite 110		FEC Identification Number C C00493700 Transaction ID : 10051873
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Direct Contribution		Category/Type 011
Candidate Name Blue Hen PAC		Amount of Each Disbursement this Period 1000.00 Direct Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial) A. Jackie Speier for Congress		Date of Disbursement MM / DD / YYYY 09 / 09 / 2016
Mailing Address PO Box 112		FEC Identification Number C H8CA12171 Transaction ID : 10052054
City Burlingame	State CA	Zip Code 94011
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 1000.00 Direct Contribution
Candidate Name Speier, Jackie, , Rep.,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 14	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Jeff Flake for US Senate Inc		Date of Disbursement MM / DD / YYYY 09 / 09 / 2016
Mailing Address PO Box 12512		FEC Identification Number C S2AZ00141 Transaction ID : 10053007
City Tempe	State AZ	Zip Code 85284
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 500.00 Direct Contribution
Candidate Name Flake, Jeff, , Sen.,		Category/Type 011
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Klobuchar for Minnesota		Date of Disbursement MM / DD / YYYY 09 / 09 / 2016
Mailing Address 10 G Street, NE Suite 470		FEC Identification Number C S6MN00267 Transaction ID : 10053014
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 1000.00 Direct Contribution
Candidate Name Klobuchar, Amy, , Sen.,		Category/Type 011
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial) A. Friends of Kelly Ayotte		Date of Disbursement MM / DD / YYYY 09 / 12 / 2016
Mailing Address 499 South Capital St., SW Suite 420		FEC Identification Number C S0NH00235 Transaction ID : 10058067
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 2250.00
Candidate Name Ayotte, Kelly, , Sen.,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH	District:	

Full Name (Last, First, Middle Initial) B. Friends of Todd Young		Date of Disbursement MM / DD / YYYY 09 / 13 / 2016
Mailing Address 526 6th Street, SE		FEC Identification Number C H0IN09070 Transaction ID : 10076206
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 5000.00
Candidate Name Young, Todd, , Rep.,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN	District: 09	

Full Name (Last, First, Middle Initial) C. Friends of Pat Toomey		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016
Mailing Address 1180 Welsh Road Suite 100		FEC Identification Number C S4PA00121 Transaction ID : 10077764
City North Wales	State PA	Zip Code 19454
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 3000.00
Candidate Name Toomey, Pat, , Sen.,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	10250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial) A. Richard Burr Committee; The		Date of Disbursement MM / DD / YYYY 09 / 30 / 2016
Mailing Address Post Office Box 5928		FEC Identification Number C S4NC00089 Transaction ID : 10105011
City Winston-Salem	State NC	Zip Code 27113
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 5000.00 Direct Contribution
Candidate Name Burr, Richard, , Sen.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC	District:	

Full Name (Last, First, Middle Initial) B. Ryan Costello for Congress		Date of Disbursement MM / DD / YYYY 07 / 06 / 2016
Mailing Address 427 Cannon House Office Building		FEC Identification Number C HOPA06076 Transaction ID : 9941367
City Washington	State DC	Zip Code 20515
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 1000.00 Direct Contribution
Candidate Name Costello, Ryan, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 06	

Full Name (Last, First, Middle Initial) C. Devin Nunes Campaign Committee		Date of Disbursement MM / DD / YYYY 07 / 14 / 2016
Mailing Address PO Box 6545		FEC Identification Number C H8CA20059 Transaction ID : 9962286
City Visalia	State CA	Zip Code 93290
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 1000.00 Direct Contribution
Candidate Name Nunes, Devin, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 22	

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial)

A. Moran For Kansas

Mailing Address PO Box 1151

City
Hays

State
KS

Zip Code
67601

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Moran, Jerry, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: KS

District:

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2016

FEC Identification Number

C S0KS00091

Transaction ID : 9962288

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Blumenthal for Connecticut

Mailing Address 777 Summer Street Ste 103
C/O Cacace Tusch & Santagata

City
Stamford

State
CT

Zip Code
06901

Purpose of Disbursement
Direct contribution

011

Category/
Type

Candidate Name

Blumenthal, Richard, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify)

State: CT

District:

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2016

FEC Identification Number

C S0CT00177

Transaction ID : 9991326

Amount of Each Disbursement this Period

2000.00

Direct contribution

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

TOTAL This Period (last page this line number only)..... ▶

32750.00