				PAGE 1 / 7
	EPORT OF F ND DISBURS Other Than An Author	SEMENTS	<b>\$</b>	
		Freezenley If humin		Office Use Only
1. NAME OF <b>TYP</b> COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing over the lines.	g, type 12FE	4M5
Medical Device Manufacto	urers Association P			
ADDRESS (number and street)	.O. Box 34591			
Check if different				
than providualy	Vashington			20043
2. FEC IDENTIFICATION NUMB			STATE	ZIP CODE
C C00484162	3. IS RE	THIS N PORT X (N	EW I) OR	AMENDED (A)
<ul> <li><b>1. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15</li> </ul>	Report Due On:	0 (M3)	ay 20 (M5) un 20 (M6) ul 20 (M7)	Aug 20 (M8)         Nov 20 (M1 (Non-Election Year Only)           Sep 20 (M9)         Dec 20 (M1 (Non-Election Year Only)           Oct 20 (M10)         Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15	(c) 12-Day <b>PRE</b> -Election Report for the:	<ul><li>Primary (12P)</li><li>Convention (1</li></ul>		neral (12G) Runoff (12R) ecial (12S)
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election	on 06	D D / Y Y 03 2014	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the:	General (30G)	Ru	noff (30R) Special (30S
Termination Report (TER)	Election	on/	D = D / Y = Y =	Y Y in the State of
5. Covering Period	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through	M M / D 05 14	D / Y Y Y Y Y 2014
certify that I have examined this R	eport and to the best of n	ny knowledge and b	elief it is true, corre	ct and complete.
Type or Print Name of Treasurer	Sheri DeVinney			
Signature of Treasurer Sheri Dev	inney	[Electronically	Filed] Date	05 / D D / Y Y Y Y Y 21 2014
NOTE: Submission of false, erroneous	, or incomplete information	may subject the perso	on signing this Repo	rt to the penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

## 05/21/2014 10 : 20

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Writa	or	Typo	Committee	Namo
VVIILE	UI.	IVDE	COMMITTEE	INALLE

FEC Form 3X (Rev. 02/2003)

# Medical Device Manufacturers Association PAC

R	Report Covering the Period: From: 04	M / D D / Y Y Y Y 01 2014 To:	M M / D D / Y Y Y Y 05 14 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		42097.30
	(b) Cash on Hand at Beginning of Reporting Period	31039.35	
	(c) Total Receipts (from Line 19)	2000.00	4000.00
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	33039.35	46097.30
7.	Total Disbursements (from Line 31)	1000.00	14057.95
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32039.35	32039.35
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> 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

I	EC Form 3X (Rev. 06/2004)	DETAILED SUMMARY PAGE of Receipts	Page <b>3</b>		
N	/rite or Type Committee Name		r aye <b>J</b>		
	Aedical Device Manufacturers Ass	ociation PAC			
	M				
R	eport Covering the Period: From:				
	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)	2000.00	4000.00		
	(ii) Unitemized (iii) TOTAL (add	, 0.00	0.00		
	Lines 11(a)(i) and (ii)	2000.00	4000.00		
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00		
	<ul><li>(such as PACs)</li><li>(d) Total Contributions (add Lines</li></ul>	0.00	0.00		
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	2000.00	4000.00		
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00		
13.	All Loans Received	0.00	0.00		
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00		
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00		
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00		
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00		
	(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))►	2000.00	4000.00		
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►	2000.00	4000.00		

Image# 14961198323

## DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	COLUMN A	Page 4 COLUMN B Calendar Year-to-Date		
II. Disbursements	Total This Period			
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
(i) Federal Share	0.00	0.0		
(ii) Non-Federal Share	0.00	0.0		
(b) Other Federal Operating Expenditures	0.00	57.9		
<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii), and (b))</li> </ul>	0.00	57.9		
Transfers to Affiliated/Other Party		0.0		
Committees Contributions to Federal Candidates/Committees and Other Political Committees	0.00			
and Other Political Committees Independent Expenditures	1000.00	14000.00		
(use Schedule E) Coordinated Party Expenditures	0.00	0.0		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0		
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	0.0		
	0.00	0.0		
(c) Other Political Committees		0.0		
(such as PACs)	0.00	0.0		
<ul><li>(d) Total Contribution Refunds</li><li>(add Lines 28(a), (b), and (c))</li></ul>	0.00	0.0		
Other Disbursements	0.00	0.0		
	0.00			
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity				
(from Schedule H6)	0.00	0.00		
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.0		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0		
(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)).	1000.00	14057.9		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1000.00	14057.95		

FE6AN026

L

## DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures		
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	2000.00	4000.00
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2000.00	4000.00
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	0.00	57.95
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	57.95

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

7

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12 16	17	
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe ddress of any political committee	to sol	or the licit co	pur ntrib	pose o outions	f soliciting from suc	g contribu h commit	tions tee.	
	NAME OF COMMITTEE (In Full) Medical Device Manufacturers A	Associatio	on PAC								
Α.	Mailing Address 5193 Del Mar Mesa Road City San Diego FEC ID number of contributing federal political committee. Name of Employer Volcano Corporation Receipt For:	State CA C Occupation President & Aggregate				sact	ion ID				
	Primary General Other (specify) ▼		2000.00								
B.	Full Name (Last, First, Middle Initial) Mailing Address City	Zip Code	Date of				Date of Receipt				
	FEC ID number of contributing federal political committee. Name of Employer Receipt For:	State C Occupation Aggregate			Amoun	t of	Each	Receipt th	nis Period		
	Primary General Other (specify) ▼		A A A .								
C.	Full Name (Last, First, Middle Initial) Mailing Address City	State	Zip Code		Date o	_		D / Y	Y Y	Ŷ	
	FEC ID number of contributing federal political committee. Name of Employer	Occupation			Amoun	t of	Each	Receipt th	nis Period		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼								
s	UBTOTAL of Receipts This Page (optional)		•				л л	- 7	2000		
۱.,	OTAL This Pariod (last page this line number of	anhu)							2000	.00	

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

.

1

SCHEDULE B (FEC Form 3X)		FORLIN	NE NUMBER:	PAGE 7 OF 7									
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check d	only one)	one)									
	Detailed Summary Page	2		23 24 25 26 28b 28c 29 30b									
Any information copied from such Reports and State or for commercial purposes, other than using the nar		ed by any p	erson for the purp	ose of soliciting contributions									
NAME OF COMMITTEE (In Full)													
Medical Device Manufacturers Ass	sociation PAC												
Full Name (Last, First, Middle Initial)	Date of Dis												
A. Valadao for Congress	o for Congress												
Mailing Address 504 Van Ness			04	04 23 2014									
5	State Zip Code		Transactio	Transaction ID : 8383037									
Fresno Purpose of Disbursement	CA 93721												
Direct Contribution		011	Amount of E	Each Disbursement this Period									
Candidate Name		Category/	· · · · ·	1000.00									
Rep. David Valadao           Office Sought:         Y House         Disburse	ment For: 2014	Туре		, , , , , , , , , , , , , , , , , , , ,									
Senate X President	Senate Primary General												
State: CA District: 21													
Full Name (Last, First, Middle Initial) B.			Date of Dis	bursement									
Mailing Address	Mailing Address												
City	State Zip Code												
Purpose of Disbursement			Amount of F	Amount of Each Disbursement this Period									
Candidate Name		Category/ Type	· · · · ·										
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼												
State: District:													
Full Name (Last, First, Middle Initial)			Date of Dis	bursement									
Mailing Address													
City	State Zip Code												
Purpose of Disbursement	Amount of I	-											
Candidate Name	tte Name Categor Type												
Senate       President	ment For: Primary General Other (specify) ▼												
State: District:													
SUBTOTAL of Disbursements This Page (optional)		•••••••	·	1000.00									
TOTAL This Period (last page this line number only	)			1000.00									