

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
Advanced Medical Technology Association Political Action Committee

ADDRESS (number and street) 701 Pennsylvania Ave., NW Ste 800 Washington DC 20004
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00340356
3. IS THIS REPORT NEW OR AMENDED (A) [X] (N) [ ]

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2016 through 09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Scott, Juan, C, ,

Type or Print Name of Treasurer

Signature of Treasurer Scott, Juan, C, , [Electronically Filed] Date 10 / 13 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Advanced Medical Technology Association Political Action Committee**

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"/>	<input type="text" value="52931.47"/>	<input type="text" value="52931.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="78309.21"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="20168.57"/>	<input type="text" value="146824.13"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="98477.78"/>	<input type="text" value="199755.60"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="47845.19"/>	<input type="text" value="149123.01"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="50632.59"/>	<input type="text" value="50632.59"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

**Advanced Medical Technology Association Political Action Committee**

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

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).....	14100.84	91743.29
(ii) Unitemized .....	354.98	2070.86
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	14455.82	93814.15
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	51500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	19455.82	145314.15
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).....	712.75	1509.98
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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)).....▶	20168.57	146824.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	20168.57	146824.13

**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 .....	636.72	1464.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	636.72	1464.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47208.47	147658.47
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)) ..	47845.19	149123.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47845.19	149123.01

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	19455.82	145314.15
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19455.82	145314.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	636.72	1464.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	712.75	1509.98
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-76.03	-45.44

**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 6 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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

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)  
**Advanced Medical Technology Association Political Action Committee**

**A. Briscuso, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4720 Rosedale Ave Apt 702  
 City Bethesda State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Life Science Conference Group Occupation (for Individual) President and CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 15 / 2016**  
**Transaction ID : C3392752**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Dorsey, Dechane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1714 A St SE  
 City Washington State DC Zip Code 20003-1617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advamed Occupation (for Individual) Associate Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt **09 / 30 / 2016**  
**Transaction ID : C3401990**  
 Amount of Each Receipt this Period 124.98  
 Memo Item  
 \* Payroll Deduction: \$41.66 per month

**C. Fish, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 Pennsylvania Ave NW Ste 800  
 City Washington State DC Zip Code 20004-2654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AdvaMed Occupation (for Individual) Vice President AdvaMedDx  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1874.97

Date of Receipt **09 / 30 / 2016**  
**Transaction ID : C3402876**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 \* Payroll Deduction: \$208.33 per month

<b>SUBTOTAL</b> of Receipts This Page (optional).....	849.97
<b>TOTAL</b> This Period (last page this line number only).....	

**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 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)  
**Advanced Medical Technology Association Political Action Committee**

**A. Hartgen, Carrie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 864 N Jefferson St  
 City Arlington State VA Zip Code 22205-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AdvaMed Occupation (for Individual) Lobbyist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 09 / 30 / 2016  
**Transaction ID : C3402873**  
 Amount of Each Receipt this Period 249.99  
 Memo Item  
 \* Payroll Deduction: 83.33 per month

**B. Helzer, Zach, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 Pennsylvania Ave NW  
 City Washington State DC Zip Code 20004-2608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AdvaMed Occupation (for Individual) AVP Global  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt 09 / 30 / 2016  
**Transaction ID : C3401971**  
 Amount of Each Receipt this Period 249.99  
 Memo Item  
 \* Payroll Deduction: \$83.33 per month

**C. Lobo, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 507 Sicomac Ave  
 City Wyckoff State NJ Zip Code 07481-1136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stryker Occupation (for Individual) Chairman & CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 06 / 2016  
**Transaction ID : C3346195**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5499.98
<b>TOTAL</b> This Period (last page this line number only).....	

**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 8 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)  
**Advanced Medical Technology Association Political Action Committee**

**A. May, Don, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10411 Mannakee St

City Kensington	State MD	Zip Code 20895-2927
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AdvaMed	Occupation (for Individual) EVP Payment
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1125.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : C3402888**

Amount of Each Receipt this Period  
375.00

Memo Item

\* Payroll Deduction: \$125 per month

**B. Mendez, Kenny, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6012 25th Rd N

City Arlington	State VA	Zip Code 22207-1209
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AdvaMed	Occupation (for Individual) Chief Admin Officer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

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

**Transaction ID : C3345200**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C. Moebius, Wanda, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 281 S Pickett St  
Apt 201

City Alexandria	State VA	Zip Code 22304-4740
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AdvaMed (Advanced Medical Technology A	Occupation (for Individual) VP, Public Affairs
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1874.97

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : C3401993**

Amount of Each Receipt this Period  
624.99

Memo Item

\* Payroll Deduction: 208.33 per month

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3499.99
<b>TOTAL</b> This Period (last page this line number only).....	



**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 9 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Advanced Medical Technology Association Political Action Committee**

**A. Pika Sharp, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4545 Connecticut Ave NW  
 Apt 425  
 City Washington State DC Zip Code 20008-6021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advamed Occupation (for Individual) Lobbyist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1874.97

Date of Receipt 09 / 30 / 2016  
**Transaction ID : C3401996**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 \* Payroll Deduction: \$125 per month

**B. Price, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4535 Windom Place NW  
 City Washington State DC Zip Code 20016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advamed Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : C3402870**  
 Amount of Each Receipt this Period 375.00  
 Memo Item  
 \* Payroll Deduction: \$125 per month

**C. Rothstein, Zach, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1312 Seaport Lane  
 City Alexandria State VA Zip Code 22314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advamed Occupation (for Individual) AVP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.28

Date of Receipt 09 / 30 / 2016  
**Transaction ID : C3401968**  
 Amount of Each Receipt this Period 124.98  
 Memo Item  
 \* Payroll Deduction: \$41.66 per month

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1124.97
<b>TOTAL</b> This Period (last page this line number only).....	

**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 10 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)  
**Advanced Medical Technology Association Political Action Committee**

**A. Scott, Juan, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3118 Military Rd  
 City Arlington State VA Zip Code 22207-4136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AdvaMed Occupation (for Individual) Senior VP Federal Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3749.94

Date of Receipt 09 / 30 / 2016  
**Transaction ID : C3402879**  
 Amount of Each Receipt this Period 1249.98  
 Memo Item  
 \* Payroll Deduction: \$416.66 per month

**B. Swinehart, Riley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6210 Nelway Dr  
 City Mc Lean State VA Zip Code 22101-3137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AdvaMed Occupation (for Individual) Vice President, Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : C3402891**  
 Amount of Each Receipt this Period 375.00  
 Memo Item  
 \* Payroll Deduction: \$125 per month

**C. Travis, Nancy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1214 Duncan PI NE  
 City Washington State DC Zip Code 20002-6336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AdvaMed Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : C3401987**  
 Amount of Each Receipt this Period 126.00  
 Memo Item  
 \* Payroll Deduction: \$42 per month

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.98
<b>TOTAL</b> This Period (last page this line number only).....	

**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 11 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)  
**Advanced Medical Technology Association Political Action Committee**

**A. Tremble, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3103 Tremont Ave  
 City Cheverly State MD Zip Code 20785-1134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advamed Occupation (for Individual) Associate VP State Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 30 / 2016  
**Transaction ID : C3401974**  
 Amount of Each Receipt this Period 124.98  
 Memo Item  
 \* Payroll Deduction: \$41.66 per month

**B. Trunzo, Janet, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2151 Jamieson Avenue #1405  
 City Alexandria State VA Zip Code 22314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advamed Occupation (for Individual) Senior VP Global Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 09 / 30 / 2016  
**Transaction ID : C3401977**  
 Amount of Each Receipt this Period 249.99  
 Memo Item  
 \* Payroll Deduction: \$83.33 per month

**C. Wittorf, Ashley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 191 Somerville St Apt 311  
 City Alexandria State VA Zip Code 22304-8216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advamed Occupation (for Individual) VP Emerging Growth Company Council  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 30 / 2016  
**Transaction ID : C3402885**  
 Amount of Each Receipt this Period 124.98  
 Memo Item  
 \* Payroll Deduction: \$41.66 per month

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	499.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 12 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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)  
**Advanced Medical Technology Association Political Action Committee**

**A. Wright, Duane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2206 12th St NW  
 City Washington State DC Zip Code 20009-4404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AdvaMed Occupation (for Individual) Vice President GA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : C3402882**  
 Amount of Each Receipt this Period 375.00  
 Memo Item  
 \* Payroll Deduction: \$125 per month

**B. Yared, Nadim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9201 W Broadway Ave  
 City Minneapolis State MN Zip Code 55445-1923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVRx Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 05 / 2016  
**Transaction ID : C3345201**  
 Amount of Each Receipt this Period 500.00  
 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  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	875.00
<b>TOTAL</b> This Period (last page this line number only).....▶	14100.84

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

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

FOR LINE NUMBER: PAGE 13 OF 39  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Advanced Medical Technology Association Political Action Committee**

**A. Abiomed PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 Cherry Hill Dr  
 City Danvers State MA Zip Code 01923-2575  
 FEC ID number of contributing federal political committee. **C** C00426445  
 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 / 15 / 2016  
**Transaction ID : C3392655**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> 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: (check only one)	PAGE 14 OF 39
<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

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)  
**Advanced Medical Technology Association Political Action Committee**

**A. Advamed**

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

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City Washington State DC Zip Code 20004-2654

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 ▼  
1509.98

Date of Receipt  
07 / 21 / 2016

**Transaction ID : C3402894**

Amount of Each Receipt this Period  
294.93

Memo Item

**B. Advamed**

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

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City Washington State DC Zip Code 20004-2654

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 ▼  
1509.98

Date of Receipt  
07 / 21 / 2016

**Transaction ID : C3402895**

Amount of Each Receipt this Period  
148.28

Memo Item

**C. Advamed**

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

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City Washington State DC Zip Code 20004-2654

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 ▼  
1509.98

Date of Receipt  
09 / 08 / 2016

**Transaction ID : C3402899**

Amount of Each Receipt this Period  
269.54

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	712.75
<b>TOTAL</b> This Period (last page this line number only).....	712.75

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PNC Merchant Services**

Mailing Address 1 Pnc Plz

City  
Pittsburgh

State  
PA

Zip Code  
15265-0000

Purpose of Disbursement  
credit card processing fees

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	1	6

FEC Identification Number

C

Transaction ID : D176439

Amount of Each Disbursement this Period

239.44

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Merchant Services**

Mailing Address 1 Pnc Plz

City  
Pittsburgh

State  
PA

Zip Code  
15265-0000

Purpose of Disbursement  
credit card processing fees

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	6

FEC Identification Number

C

Transaction ID : D176440

Amount of Each Disbursement this Period

30.13

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Merchant Services**

Mailing Address 1 Pnc Plz

City  
Pittsburgh

State  
PA

Zip Code  
15265-0000

Purpose of Disbursement  
credit card processing fees

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	6

FEC Identification Number

C

Transaction ID : D176441

Amount of Each Disbursement this Period

25.36

Memo Item

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

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

294.93

**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

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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PNC Merchant Services**

Mailing Address 1 Pnc Plz

City  
Pittsburgh

State  
PA

Zip Code  
15265-0000

Purpose of Disbursement  
credit card processing fees

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
08		03		2016

FEC Identification Number

C

Transaction ID : D176442

Amount of Each Disbursement this Period

213.04

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Merchant Services**

Mailing Address 1 Pnc Plz

City  
Pittsburgh

State  
PA

Zip Code  
15265-0000

Purpose of Disbursement  
credit card processing fees

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
08		03		2016

FEC Identification Number

C

Transaction ID : D176443

Amount of Each Disbursement this Period

30.87

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Merchant Services**

Mailing Address 1 Pnc Plz

City  
Pittsburgh

State  
PA

Zip Code  
15265-0000

Purpose of Disbursement  
credit card processing fees

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
08		03		2016

FEC Identification Number

C

Transaction ID : D176444

Amount of Each Disbursement this Period

25.63

Memo Item

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

269.54

**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 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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PNC Merchant Services**

Mailing Address 1 Pnc Plz

City  
Pittsburgh

State  
PA

Zip Code  
15265-0000

Purpose of Disbursement  
credit card processing fees

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
09		06		2016

FEC Identification Number

C

Transaction ID : D176445

Amount of Each Disbursement this Period

48.30

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Merchant Services**

Mailing Address 1 Pnc Plz

City  
Pittsburgh

State  
PA

Zip Code  
15265-0000

Purpose of Disbursement  
credit card processing fees

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
09		06		2016

FEC Identification Number

C

Transaction ID : D176446

Amount of Each Disbursement this Period

23.95

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)..... ▶

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

72.25

636.72

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Advamed**

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City  
Washington

State  
DC

Zip Code  
20004-2654

Purpose of Disbursement  
staff time for Pallone fundraiser

011

Category/  
Type

Candidate Name

**Pallone, Frank, , Rep., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

FEC Identification Number

C C00226928

**Transaction ID : D176411**

Amount of Each Disbursement this Period

150.00

\* In-Kind

Memo Item

Full Name (Last, First, Middle Initial)

**B. Advamed**

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City  
Washington

State  
DC

Zip Code  
20004-2654

Purpose of Disbursement  
staff time for Ayotte fundraiser

011

Category/  
Type

Candidate Name

**Ayotte, Kelly, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: NH District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

FEC Identification Number

C C00464297

**Transaction ID : D176412**

Amount of Each Disbursement this Period

150.00

\* In-Kind

Memo Item

Full Name (Last, First, Middle Initial)

**C. Advamed**

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City  
Washington

State  
DC

Zip Code  
20004-2654

Purpose of Disbursement  
staff time and room rental for DeGette fundraiser

011

Category/  
Type

Candidate Name

**DeGette, Diana, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2016

FEC Identification Number

C C00311639

**Transaction ID : D176341**

Amount of Each Disbursement this Period

300.00

\* In-Kind

Memo Item

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

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

600.00

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Advamed**

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City  
Washington

State  
DC

Zip Code  
20004-2654

Purpose of Disbursement  
staff time for Todd Young fundraiser

011

Category/  
Type

Candidate Name

**Young, Todd, , Rep.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify) ▼

State: IN District: 00

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2016

FEC Identification Number

C C00459255

**Transaction ID : D176342**

Amount of Each Disbursement this Period

150.00

\* In-Kind

Memo Item

Full Name (Last, First, Middle Initial)

**B. Advamed**

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City  
Washington

State  
DC

Zip Code  
20004-2654

Purpose of Disbursement  
staff time for Cardenas fundraiser

011

Category/  
Type

Candidate Name

**Cardenas, Tony, , Rep.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify)

State: CA District: 29

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2016

FEC Identification Number

C C00498873

**Transaction ID : D176343**

Amount of Each Disbursement this Period

150.00

\* In-Kind

Memo Item

Full Name (Last, First, Middle Initial)

**C. Advamed**

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City  
Washington

State  
DC

Zip Code  
20004-2654

Purpose of Disbursement  
staff time for Burgess fundraiser

011

Category/  
Type

Candidate Name

**Burgess, Michael, C., Rep.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2016

FEC Identification Number

C C00372532

**Transaction ID : D176344**

Amount of Each Disbursement this Period

150.00

\* In-Kind

Memo Item

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

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

450.00

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Advamed**

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City  
Washington

State  
DC

Zip Code  
20004-2654

Purpose of Disbursement  
staff time for American Dream PAC fundraiser

011

Category/  
Type

Candidate Name

**The American Dream Project**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Joint Fundraising Co

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		1	4		2	0	1	6		

FEC Identification Number

C C00543199

**Transaction ID : D176345**

Amount of Each Disbursement this Period

150.00

\* In-Kind

Memo Item

Full Name (Last, First, Middle Initial)

**B. Advamed**

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City  
Washington

State  
DC

Zip Code  
20004-2654

Purpose of Disbursement  
staff time and room rental for Tiberi fundraiser

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

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	6		2	0	1	6		

FEC Identification Number

C C00347492

**Transaction ID : D176363**

Amount of Each Disbursement this Period

300.00

\* In-Kind

Memo Item

Full Name (Last, First, Middle Initial)

**C. Advamed**

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City  
Washington

State  
DC

Zip Code  
20004-2654

Purpose of Disbursement  
staff time for Franken leadership fundraiser

011

Category/  
Type

Candidate Name

**Midwest Values PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

2016 annual

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	6		2	0	1	6		

FEC Identification Number

C C00416131

**Transaction ID : D176364**

Amount of Each Disbursement this Period

150.00

\* In-Kind

Memo Item

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

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

6	0	0	0	0	0	0	0	0	0	0	0

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Advamed**

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City Washington State DC Zip Code 20004-2654

Purpose of Disbursement  
staff time for Blumenthal fundraiser

011

Category/  
Type

Candidate Name

**Blumenthal, Richard, , Sen.,**

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

State: CT District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2016

FEC Identification Number

C C00492991

**Transaction ID : D176365**

Amount of Each Disbursement this Period

150.00

\* In-Kind

Memo Item

Full Name (Last, First, Middle Initial)

**B. Advamed**

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City Washington State DC Zip Code 20004-2654

Purpose of Disbursement  
staff time for Reed fundraiser

011

Category/  
Type

Candidate Name

**Reed, Tom, , Rep.,**

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

State: NY District: 23

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2016

FEC Identification Number

C C00464032

**Transaction ID : D176366**

Amount of Each Disbursement this Period

150.00

\* In-Kind

Memo Item

Full Name (Last, First, Middle Initial)

**C. Advamed**

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City Washington State DC Zip Code 20004-2654

Purpose of Disbursement  
staff time and room rental for Butterfield fundraiser

011

Category/  
Type

Candidate Name

**Butterfield, G.K., , Rep.,**

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

State: NC District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C C00401190

**Transaction ID : D176374**

Amount of Each Disbursement this Period

300.00

\* In-Kind

Memo Item

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

600.00

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Advamed**

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City Washington State DC Zip Code 20004-2654

Purpose of Disbursement  
staff time for Blunt fundraiser

Category/  
Type

Candidate Name

**Blunt, Roy, , Sen,**

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

State: MO District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : D176375**

Amount of Each Disbursement this Period

\* In-Kind

Memo Item

Full Name (Last, First, Middle Initial)

**B. Advamed**

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City Washington State DC Zip Code 20004-2654

Purpose of Disbursement  
staff time for Paulsen fundraiser

Category/  
Type

Candidate Name

**Paulsen, Erik, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: MN District: 03

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : D176376**

Amount of Each Disbursement this Period

\* In-Kind

Memo Item

Full Name (Last, First, Middle Initial)

**C. Midwest Values PAC**

Mailing Address PO Box 583232

City Minneapolis State MN Zip Code 55458-3232

Purpose of Disbursement  
staff time and resources for fundraiser

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
2016 annual limit

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : D176368**

Amount of Each Disbursement this Period

2016 annual limit

Memo Item

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

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Midwest Values PAC**

Mailing Address PO Box 583232

City  
Minneapolis

State  
MN

Zip Code  
55458-3232

Purpose of Disbursement  
Leadership PAC contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
2016 annual

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C C00416131

**Transaction ID : D176384**

Amount of Each Disbursement this Period

1850.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Motor City PAC**

Mailing Address 3701 Porter St NW

City  
Washington

State  
DC

Zip Code  
20016-3103

Purpose of Disbursement  
Leadership PAC contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  
2016 annual limit

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C C00507574

**Transaction ID : D176386**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BILL FLORES FOR CONGRESS**

Mailing Address PO BOX 6207

City  
BRYAN

State  
TX

Zip Code  
77805

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Flores, Bill, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2016

FEC Identification Number

C C00472241

**Transaction ID : D176354**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3850.00

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Boustany for Senate.**

Mailing Address PO Box 80126

City  
Lafayette

State  
LA

Zip Code  
70598

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Boustany, Charles, , Rep., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2016

FEC Identification Number

C C00394866

**Transaction ID : D176357**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DEVIN NUNES CAMPAIGN COMMITTEE**

Mailing Address PO BOX 6545

City  
VISALIA

State  
CA

Zip Code  
93290

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Nunes, Devin, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: CA District: 21

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

FEC Identification Number

C C00370056

**Transaction ID : D176380**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DIANA DEGETTE FOR CONGRESS**

Mailing Address P.O. Box 61337

City  
Denver

State  
CO

Zip Code  
80206

Purpose of Disbursement  
staff time and room rental for fundraiser

011

Category/  
Type

Candidate Name

**DeGette, Diana, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

FEC Identification Number

C C00311639

**Transaction ID : D176346**

Amount of Each Disbursement this Period

300.00

Memo Item

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

2000.00

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DIANA DEGETTE FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2016

Mailing Address P.O. Box 61337

FEC Identification Number

C	C00311639
---	-----------

City Denver State CO Zip Code 80206

Transaction ID : D176361

Purpose of Disbursement food for DeGette fundraiser

011
Category/Type

Amount of Each Disbursement this Period

370.09
--------

Candidate Name DeGette, Diana, , Rep.,

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: CO District: 01

Memo Item

Full Name (Last, First, Middle Initial)

**B. DIANA DEGETTE FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2016

Mailing Address P.O. Box 61337

FEC Identification Number

C	C00311639
---	-----------

City Denver State CO Zip Code 80206

Transaction ID : D176362

Purpose of Disbursement campaign contribution

011
Category/Type

Amount of Each Disbursement this Period

1329.91
---------

Candidate Name DeGette, Diana, , Rep.,

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: CO District: 01

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ERIK PAULSEN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2016

Mailing Address P.O. Box 44369

FEC Identification Number

C	C00439661
---	-----------

City Eden Prairie State MN Zip Code 55344

Transaction ID : D176387

Purpose of Disbursement campaign contribution

011
Category/Type

Amount of Each Disbursement this Period

2850.00
---------

Candidate Name Paulsen, Erik, , Rep.,

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: MN District: 03

Memo Item

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

4179.91
---------

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

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**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PALLONE FOR CONGRESS**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
staff time and resources for fundraiser

011  
Category/  
Type

Candidate Name  
**Pallone, Frank, , Rep., Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: NJ District: 06

Date of Disbursement  
MM / DD / YYYY  
09 / 27 / 2016

FEC Identification Number  
C00226928  
**Transaction ID : D176413**  
Amount of Each Disbursement this Period  
150.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PALLONE FOR CONGRESS**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
campaign contribution

011  
Category/  
Type

Candidate Name  
**Pallone, Frank, , Rep., Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: NJ District: 06

Date of Disbursement  
MM / DD / YYYY  
09 / 30 / 2016

FEC Identification Number  
C00226928  
**Transaction ID : D176424**  
Amount of Each Disbursement this Period  
1850.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BUTTERFIELD FOR CONGRESS**

Mailing Address PO Box 2571

City Wilson State NC Zip Code 27894

Purpose of Disbursement  
food for fundraiser

011  
Category/  
Type

Candidate Name  
**Butterfield, G.K., , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: NC District: 01

Date of Disbursement  
MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number  
C00401190  
**Transaction ID : D176420**  
Amount of Each Disbursement this Period  
261.64

Memo Item

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

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

1850.00

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BUTTERFIELD FOR CONGRESS**

Mailing Address PO Box 2571

City  
Wilson

State  
NC

Zip Code  
27894

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Butterfield, G.K., , Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

FEC Identification Number

C C00401190

**Transaction ID : D176417**

Amount of Each Disbursement this Period

1438.36

Memo Item

Full Name (Last, First, Middle Initial)

**B. BUTTERFIELD FOR CONGRESS**

Mailing Address PO Box 2571

City  
Wilson

State  
NC

Zip Code  
27894

Purpose of Disbursement  
staff time and room rental for fundraiser

011

Candidate Name

**Butterfield, G.K., , Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: NC District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C C00401190

**Transaction ID : D176377**

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. KATHERINE CLARK FOR CONGRESS**

Mailing Address PO BOX 361

City  
Malden

State  
MA

Zip Code  
02148

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Clark, Katherine, M., Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 05

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2016

FEC Identification Number

C C00541888

**Transaction ID : D176371**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

2438.36

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. KRISTI FOR CONGRESS**

Mailing Address PO Box 852

City  
Sioux Falls

State  
SD

Zip Code  
57101-0852

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Noem, Kristi, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SD District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

FEC Identification Number

C C00476853

**Transaction ID : D176423**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MICHAEL BURGESS FOR CONGRESS**

Mailing Address PO Box 2334

City  
Denton

State  
TX

Zip Code  
76202

Purpose of Disbursement  
staff time and resources for fundraiser

011

Category/  
Type

Candidate Name

**Burgess, Michael, C., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: TX District: 26

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2016

FEC Identification Number

C C00372532

**Transaction ID : D176349**

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MICHAEL BURGESS FOR CONGRESS**

Mailing Address PO Box 2334

City  
Denton

State  
TX

Zip Code  
76202

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Burgess, Michael, C., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2016

FEC Identification Number

C C00372532

**Transaction ID : D176352**

Amount of Each Disbursement this Period

1850.00

Memo Item

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

2850.00

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. TIBERI FOR CONGRESS**

Mailing Address 2931 E Dublin Granville Road

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
staff time and room rental for fundraiser

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  
09 / 07 / 2016

FEC Identification Number

C C00347492

**Transaction ID : D176367**

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TIBERI FOR CONGRESS**

Mailing Address 2931 E Dublin Granville Road

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
food for fundraiser

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  
09 / 07 / 2016

FEC Identification Number

C C00347492

**Transaction ID : D176383**

Amount of Each Disbursement this Period

330.39

Memo Item

Full Name (Last, First, Middle Initial)

**C. TIBERI FOR CONGRESS**

Mailing Address 2931 E Dublin Granville Road

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
campaign 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  
09 / 23 / 2016

FEC Identification Number

C C00347492

**Transaction ID : D176392**

Amount of Each Disbursement this Period

1369.61

Memo Item

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

1369.61

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DELBENE FOR CONGRESS**

Mailing Address PO BOX 487

City  
**BOTHELL**

State  
**WA**

Zip Code  
**98041**

Purpose of Disbursement  
campaign contribution

**011**

Category/  
Type

Candidate Name

**DelBene, Suzan, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: **WA** District: **01**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	6

FEC Identification Number

**C** C00459099

**Transaction ID : D176372**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TED LIEU FOR CONGRESS**

Mailing Address 16633 Ventura Blvd  
Ste 1008

City  
**Encino**

State  
**CA**

Zip Code  
**91436-1856**

Purpose of Disbursement  
campaign contribution

**011**

Category/  
Type

Candidate Name

**Lieu, Ted, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: **CA** District: **33**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	6

FEC Identification Number

**C** C00556506

**Transaction ID : D176373**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. HOOSIERS FOR ROKITA, INC.**

Mailing Address 7643 East U.S. 36

City  
**Avon**

State  
**IN**

Zip Code  
**46123**

Purpose of Disbursement  
campaign contribution

**011**

Category/  
Type

Candidate Name

**Rokita, Todd, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: **IN** District: **04**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	6

FEC Identification Number

**C** C00476192

**Transaction ID : D176425**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4000.00

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF TODD YOUNG**

Mailing Address POST OFFICE BOX 1053

City BLOOMINGTON State IN Zip Code 47402

Purpose of Disbursement campaign contribution

011  
Category/Type

Candidate Name Young, Todd, , Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IN District: 00

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2016

FEC Identification Number

C00459255

Transaction ID : D176356

Amount of Each Disbursement this Period

850.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF TODD YOUNG**

Mailing Address POST OFFICE BOX 1053

City BLOOMINGTON State IN Zip Code 47402

Purpose of Disbursement staff time and resources for fundraiser

011  
Category/Type

Candidate Name Young, Todd, , Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IN District: 00

Date of Disbursement

MM / DD / YYYY  
07 / 12 / 2016

FEC Identification Number

C00459255

Transaction ID : D176347

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TOM REED FOR CONGRESS**

Mailing Address PO BOX 391

City GENEVA State NY Zip Code 14456

Purpose of Disbursement staff time and resources for fundraiser

011  
Category/Type

Candidate Name Reed, Tom, , Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NY District: 23

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

C00464032

Transaction ID : D176370

Amount of Each Disbursement this Period

150.00

Memo Item

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

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

850.00

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. TOM REED FOR CONGRESS**

Mailing Address PO BOX 391

City GENEVA State NY Zip Code 14456

Purpose of Disbursement campaign contribution

Category/Type

Candidate Name  
**Reed, Tom, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: NY District: 23

Date of Disbursement  
MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number  
**C** C00464032  
**Transaction ID : D176389**  
Amount of Each Disbursement this Period  
1850.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TOM RICE FOR CONGRESS**

Mailing Address PO BOX 70098

City MYRTLE BEACH State SC Zip Code 29572

Purpose of Disbursement campaign contribution

Category/Type

Candidate Name  
**Rice, Tom, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: SC District: 07

Date of Disbursement  
MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number  
**C** C00506048  
**Transaction ID : D176390**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TONY CARDENAS FOR CONGRESS**

Mailing Address 3700 WILSHIRE BLVD SUITE 1050-B

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement staff time and resources for fundraiser

Category/Type

Candidate Name  
**Cardenas, Tony, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: CA District: 29

Date of Disbursement  
MM / DD / YYYY  
07 / 12 / 2016

FEC Identification Number  
**C** C00498873  
**Transaction ID : D176348**  
Amount of Each Disbursement this Period  
150.00

Memo Item

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

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

2850.00



**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. TONY CARDENAS FOR CONGRESS**

Mailing Address 3700 WILSHIRE BLVD SUITE 1050-B

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement  
campaign contribution

Category/  
Type

Candidate Name  
**Cardenas, Tony, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: CA District: 29

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : D176353**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Scalise Leadership Fund**

Mailing Address 317 15th St NE

City Washington State DC Zip Code 20002-6501

Purpose of Disbursement  
Scalise JFC contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) Joint Fundraising Co  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : D176391**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF KELLY AYOTTE**

Mailing Address PO BOX 937

City Manchester State NH Zip Code 03105

Purpose of Disbursement  
staff time and resources for fundraiser

Category/  
Type

Candidate Name  
**Ayotte, Kelly, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: NH District: 00

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : D176414**

Amount of Each Disbursement this Period

Memo Item

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

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF KELLY AYOTTE**

Mailing Address PO BOX 937

City Manchester State NH Zip Code 03105

Purpose of Disbursement campaign contribution

011

Category/Type

Candidate Name Ayotte, Kelly, , Sen.,

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

State: NH District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

FEC Identification Number

C00464297

Transaction ID : D176415

Amount of Each Disbursement this Period

2850.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MIKE CRAPO FOR US SENATE**

Mailing Address P.O. BOX 1948

City BOISE State ID Zip Code 83701

Purpose of Disbursement campaign contribution

011

Category/Type

Candidate Name Crapo, Michael, D., Sen.,

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

State: ID District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C00330886

Transaction ID : D176385

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF PAT TOOMEY**

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement campaign contribution

011

Category/Type

Candidate Name Toomey, Patrick, J., Sen.,

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

State: PA District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

FEC Identification Number

C00461046

Transaction ID : D176435

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4850.00

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BLUMENTHAL FOR CONNECTICUT**

Mailing Address 777 SUMMER STREET STE 103

City Stamford State CT Zip Code 06901

Purpose of Disbursement campaign contribution

011  
Category/  
Type

Candidate Name  
**Blumenthal, Richard, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CT District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C C00492991

Transaction ID : D176388

Amount of Each Disbursement this Period

850.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BLUMENTHAL FOR CONNECTICUT**

Mailing Address 777 SUMMER STREET STE 103

City Stamford State CT Zip Code 06901

Purpose of Disbursement staff time and resources for fundraiser

011  
Category/  
Type

Candidate Name  
**Blumenthal, Richard, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CT District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2016

FEC Identification Number

C C00492991

Transaction ID : D176369

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. RICHARD BURR COMMITTEE; THE**

Mailing Address POST OFFICE BOX 5928

City WINSTON-SALEM State NC Zip Code 27113

Purpose of Disbursement campaign contribution

011  
Category/  
Type

Candidate Name  
**Burr, Richard, M., Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NC District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

FEC Identification Number

C C00385526

Transaction ID : D176416

Amount of Each Disbursement this Period

2708.47

Memo Item

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

3558.47

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF ROY BLUNT**

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement campaign contribution

011

Category/Type

Candidate Name Blunt, Roy, , Sen,

Office Sought:  House  Senate  President  
State: MO District:

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

FEC Identification Number

C C00304758

Transaction ID : D176421

Amount of Each Disbursement this Period

850.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ROY BLUNT**

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement staff time and resources for fundraiser

011

Category/Type

Candidate Name Blunt, Roy, , Sen,

Office Sought:  House  Senate  President  
State: MO District:

Disbursement For: 2016  
 Primary  General  Other (specify)

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2016

FEC Identification Number

C C00304758

Transaction ID : D176378

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ROY BLUNT**

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement campaign contribution

011

Category/Type

Candidate Name Blunt, Roy, , Sen,

Office Sought:  House  Senate  President  
State: MO District:

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2016

FEC Identification Number

C C00304758

Transaction ID : D176355

Amount of Each Disbursement this Period

1000.00

Memo Item

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

1850.00

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Team Ryan**

Mailing Address 320 1st St SE

City  
Washington

State  
DC

Zip Code  
20003-1838

Purpose of Disbursement  
Ryan JFC Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Joint Fundraising Co

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

FEC Identification Number

C00545947

Transaction ID : D176434

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. The American Dream Project**

Mailing Address PO Box 2485

City  
Springfield

State  
VA

Zip Code  
22152-0485

Purpose of Disbursement  
staff time and resources for fundraiser

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Joint Fundraising Co

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2016

FEC Identification Number

C00543199

Transaction ID : D176350

Amount of Each Disbursement this Period

150.00

Joint Fundraising Committ

Memo Item

Full Name (Last, First, Middle Initial)

**C. The American Dream Project**

Mailing Address PO Box 2485

City  
Springfield

State  
VA

Zip Code  
22152-0485

Purpose of Disbursement  
McMorris Rodgers JFC contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Joint Fundraising Co

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2016

FEC Identification Number

C00543199

Transaction ID : D176351

Amount of Each Disbursement this Period

1850.00

Memo Item

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

4350.00

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Borovsky, Colleen, , ,**

Mailing Address 1354 K St SE Apt A

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
credit card payment - see below

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : D176359

Amount of Each Disbursement this Period

[REDACTED] 370.09

Memo Item

Full Name (Last, First, Middle Initial)

**B. Menus**

Mailing Address 655 Taylor St NE

City  
Washington

State  
DC

Zip Code  
20017-2063

Purpose of Disbursement  
food for DeGette event

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : D176360

Amount of Each Disbursement this Period

[REDACTED] 370.09

Memo Item

Full Name (Last, First, Middle Initial)

**C. First National Bank Omaha**

Mailing Address PO Box 2557

City  
Omaha

State  
NE

Zip Code  
68103-2557

Purpose of Disbursement  
Credit Card Payment - see below

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : D176381

Amount of Each Disbursement this Period

[REDACTED] 330.39

Memo Item

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

[REDACTED] 700.48

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

[REDACTED]

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Charm City Concierge**

Mailing Address 1437 E Fort Ave

City  
Baltimore

State  
MD

Zip Code  
21230-5215

Purpose of Disbursement  
food for Tiberi fundraiser

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : D176382

Amount of Each Disbursement this Period

[REDACTED] 330.39

Memo Item

Full Name (Last, First, Middle Initial)

**B. First National Bank Omaha**

Mailing Address PO Box 2557

City  
Omaha

State  
NE

Zip Code  
68103-2557

Purpose of Disbursement  
Credit Card Payment - see below

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : D176418

Amount of Each Disbursement this Period

[REDACTED] 261.64

Memo Item

Full Name (Last, First, Middle Initial)

**C. Charm City Concierge**

Mailing Address 1437 E Fort Ave

City  
Baltimore

State  
MD

Zip Code  
21230-5215

Purpose of Disbursement  
food for Butterfield fundraiser

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : D176419

Amount of Each Disbursement this Period

[REDACTED] 261.64

Memo Item

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

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

[REDACTED] 261.64

[REDACTED] 47208.47