

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

Medical Device Manufacturers Association PAC

ADDRESS (number and street) P.O. Box 34591

Check if different than previously reported. (ACC) Washington DC 20043

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00484162

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 07 / 01 / 2023 through M M / D D / Y Y Y Y Y Y 12 / 31 / 2023

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

Type or Print Name of Treasurer Devinney, Sheri, , ,

Signature of Treasurer Devinney, Sheri, , , Date M M / D D / Y Y Y Y Y Y 01 / 31 / 2024

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Medical Device Manufacturers Association PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>	<input type="text" value="163771.55"/>	<input type="text" value="163771.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="200771.55"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6000.00"/>	<input type="text" value="97000.00"/>
(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="206771.55"/>	<input type="text" value="260771.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="37000.00"/>	<input type="text" value="91000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="169771.55"/>	<input type="text" value="169771.55"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Medical Device Manufacturers Association PAC

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).....	3500.00	82000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3500.00	82000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	6000.00	97000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	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)).....▶	6000.00	97000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6000.00	97000.00

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37000.00	91000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	37000.00	91000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37000.00	91000.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	6000.00	97000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6000.00	97000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 11
(check only one)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Brendel, Michael, , Mr.,

Mailing Address 1984 Clarkia St.

City Simi Valley	State CA	Zip Code 93065
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Medical Device Manufacturers Assn	Occupation (for Individual) Board Member
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2023

Transaction ID : A2023-2153913

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Francis, David, T, Mr.,

Mailing Address 273 Marchmont Drive

City Los Gatos	State CA	Zip Code 95032-5658
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical Device Manufacturers Assn	Occupation (for Individual) TBD
--	------------------------------------

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
10		02		2023

Transaction ID : A2023-2136366

Amount of Each Receipt this Period
2500.00

Memo Item

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

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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	3500.00

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

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. EDWARDS PAC		Date of Receipt M M / D D / Y Y Y Y 12 / 29 / 2023
Mailing Address ONE EDWARDS WAY		Transaction ID : A2023-20560
City IRVINE	State CA	Zip Code 92614
FEC ID number of contributing federal political committee. C C00411900		Amount of Each Receipt this Period 2500.00
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	Federal PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form with checkboxes for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)

Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial)

A. Lori Trahan for Congress Committee

Date of Disbursement

Date of Disbursement: 09 / 25 / 2023

Mailing Address P.O. Box 1161

City Lowell State MA Zip Code 01853

FEC Identification Number

FEC Identification Number: C00655647

Purpose of Disbursement

Contribution

Category/Type: 011

Transaction ID : B855571

Candidate Name

Amount of Each Disbursement this Period

Trahan, Lori, , ,

Amount of Each Disbursement this Period: 5000.00

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

[] Memo Item

State: MA District: 03

Full Name (Last, First, Middle Initial)

B. Bob Casey for Senate Inc.

Date of Disbursement

Date of Disbursement: 10 / 18 / 2023

Mailing Address 750 1st St NE Suite 1070

City Washington State DC Zip Code 20002

FEC Identification Number

FEC Identification Number: C00431056

Purpose of Disbursement

Contribution

Category/Type: 011

Transaction ID : B857554

Candidate Name

Amount of Each Disbursement this Period

Casey, Bob, , , Jr.

Amount of Each Disbursement this Period: 2500.00

Office Sought: [] House [X] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

[] Memo Item

State: PA District:

Full Name (Last, First, Middle Initial)

C. Bucshon for Congress

Date of Disbursement

Date of Disbursement: 10 / 18 / 2023

Mailing Address 220 W Windsor Ave

City Alexandria State VA Zip Code 22301

FEC Identification Number

FEC Identification Number: C00468256

Purpose of Disbursement

Contribution

Category/Type: 011

Transaction ID : B857558

Candidate Name

Amount of Each Disbursement this Period

Bucshon, Larry, D, ,

Amount of Each Disbursement this Period: 2500.00

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

[] Memo Item

State: IN District: 08

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

SUBTOTAL: 10000.00

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

TOTAL: 10000.00

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)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)

Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial)

A. Capito for West Virginia

Mailing Address 2308 Mount Vernon Ave 707

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

Contribution

011

Candidate Name

Capito, Shelley Moore, , ,

Category/Type

Office Sought: House, Senate (checked), President

Disbursement For: 2026 Primary (checked), General, Other

State: WV District:

Date of Disbursement

Date field: 10 / 18 / 2023

FEC Identification Number

C00539825

Transaction ID : B857565

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Maggie Hassan for NH

Mailing Address 600 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Contribution

011

Candidate Name

Hassan, Maggie, , ,

Category/Type

Office Sought: House, Senate (checked), President

Disbursement For: 2028 Primary (checked), General, Other

State: NH District:

Date of Disbursement

Date field: 10 / 18 / 2023

FEC Identification Number

C00588772

Transaction ID : B857555

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Rudy for Indiana

Mailing Address 5827 Colfax Ave

City Alexandria State VA Zip Code 22311

Purpose of Disbursement

Contribution

011

Candidate Name

Yakym, Rudy, , ,

Category/Type

Office Sought: House (checked), Senate, President

Disbursement For: 2024 Primary (checked), General, Other

State: IN District: 02

Date of Disbursement

Date field: 10 / 18 / 2023

FEC Identification Number

C00822767

Transaction ID : B857553

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

12500.00

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)

Form grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial)

A. Alabama First PAC

Mailing Address 1101 30th Street NW Suite 390

City Washington State DC Zip Code 20007

Purpose of Disbursement

Contribution

Candidate Name

Office Sought: House [checked], Senate, President

Disbursement For: 2023 Primary [], General [], Other (specify) [checked]

Date of Disbursement

Date of Disbursement: 12 / 18 / 2023

FEC Identification Number

C00821058

Transaction ID : B861813

Amount of Each Disbursement this Period

5000.00

Memo Item []

Full Name (Last, First, Middle Initial)

B. Armstrong for Congress

Mailing Address 439 New Jersey Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Contribution

Candidate Name

Armstrong, Kelly, , ,

Office Sought: House [checked], Senate, President

Disbursement For: 2024 Primary [checked], General [], Other (specify) []

Date of Disbursement

Date of Disbursement: 12 / 18 / 2023

FEC Identification Number

C00670547

Transaction ID : B862160

Amount of Each Disbursement this Period

2000.00

Memo Item []

Full Name (Last, First, Middle Initial)

C. Chrissy Houlahan for Congress

Mailing Address PO Box 222

City Devon State PA Zip Code 19333

Purpose of Disbursement

Contribution

Candidate Name

Houlahan, Chrissy, , ,

Office Sought: House [checked], Senate, President

Disbursement For: 2024 Primary [checked], General [], Other (specify) []

Date of Disbursement

Date of Disbursement: 12 / 18 / 2023

FEC Identification Number

C00637371

Transaction ID : B861815

Amount of Each Disbursement this Period

2500.00

Memo Item []

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

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

9500.00

[]

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)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Boyle

Mailing Address 1701 16th St NW #121

City Washington State DC Zip Code 20009

Purpose of Disbursement

Contribution

011

Candidate Name

Boyle, Brendan, F.,

Category/Type

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: PA District: 02

Date of Disbursement

Date field: 12 / 18 / 2023

FEC Identification Number

C C00543363

Transaction ID : B861814

Amount of Each Disbursement this Period

Amount field: 2500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Moran Victory Committee

Mailing Address 220 W Windsor Ave

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

Contribution

011

Candidate Name

Office Sought: [] House [] Senate [] President

Disbursement For: 2023 [] Primary [] General [X] Other (specify) v

State: District: Not Applicable

Date of Disbursement

Date field: 12 / 18 / 2023

FEC Identification Number

C C00616268

Transaction ID : B862161

Amount of Each Disbursement this Period

Amount field: 2500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [] House [] Senate [] President

Disbursement For: Primary General Other (specify) v

State: District:

Date of Disbursement

Date field: / /

FEC Identification Number

C

Amount of Each Disbursement this Period

Amount field:

[] Memo Item

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

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

Subtotal field: 5000.00

Total field: 37000.00