



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Medical Device Manufacturers Association PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		59022.55
(b) Cash on Hand at Beginning of Reporting Period.....	59022.55	
(c) Total Receipts (from Line 19) .....	67149.00	67149.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	126171.55	126171.55
7. Total Disbursements (from Line 31).....	52500.00	52500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	73671.55	73671.55
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Medical Device Manufacturers Association PAC**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	61800.00	61800.00
(ii) Unitemized .....	349.00	349.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	62149.00	62149.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	67149.00	67149.00
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)).....▶	67149.00	67149.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	67149.00	67149.00

**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.....	52500.00	52500.00
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)) ..	52500.00	52500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52500.00	52500.00

**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) .....	67149.00	67149.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	67149.00	67149.00
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: (check only one)	PAGE 6 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Perry, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 235 Constance Lane  
 City Santa Barbara State CA Zip Code 93105-3519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Allergan Occupation (for Individual) Director  
 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  
 03 / 06 / 2019  
**Transaction ID : 11766174**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**B. Mazzo, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2576 Monaco Dr.  
 City Laguna Beach State CA Zip Code 92651-1009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carl Zeiss Meditec Occupation (for Individual) Global President Opthamalic Division  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2019  
**Transaction ID : 11846571**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**C. McGlynn, Casey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 440 Coleridge Ave  
 City Palo Alto State CA Zip Code 94301-3609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical Device Manufactures Assn Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2019  
**Transaction ID : 11846572**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12500.00
<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 22
<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)  
**Medical Device Manufacturers Association PAC**

**A. Boren, Wilber, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56 E Bell Dr  
 City Warsaw State IN Zip Code 46582-6989  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Biomet, Inc. Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 25 / 2019  
**Transaction ID : 11846573**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Godshall, Douglass, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Overfield Drive  
 City Medfield State MA Zip Code 02052-1334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Heartware, Inc. Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 29 / 2019  
**Transaction ID : 11869301**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Richey, Robert, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 McKinney St Suite 3602  
 City Houston State TX Zip Code 77010-4068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LivaNova, PLC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 29 / 2019  
**Transaction ID : 11869302**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10500.00
<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 22
	<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)  
**Medical Device Manufacturers Association PAC**

**A. Leondis, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6102 Chamberlyne Drive  
 City Frisco State TX Zip Code 75034-4866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Argon Medical Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **04 / 30 / 2019**  
**Transaction ID : 11869309**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Stiles, Spencer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8621 Brighten Trail  
 City Mattawan State MI Zip Code 49071-8452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stryker Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **04 / 30 / 2019**  
**Transaction ID : 11869310**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**C. Kiani, Joe, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Point Catalina  
 City Laguna Niguel State CA Zip Code 92677-9207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Masimo Corporation Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **05 / 01 / 2019**  
**Transaction ID : 11870082**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9000.00
<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 22
	<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)  
**Medical Device Manufacturers Association PAC**

**A. LaViolette, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 73 Woodlawn Ave.  
 City Wellesley State MA Zip Code 02481-3113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) S V Life Sciences Occupation (for Individual) Excutive Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 01 / 2019  
**Transaction ID : 11870083**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Warren, Elliott, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 732 5th Street NE  
 City Washington State DC Zip Code 20002-4320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MDMA Occupation (for Individual) Director, Federal Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 03 / 2019  
**Transaction ID : 11870163**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Hall, Donald, Clayton, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1362 E Capitol St NE  
 City Washington State DC Zip Code 20003-1533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MDMA Occupation (for Individual) VP of Govt. Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 03 / 2019  
**Transaction ID : 11870165**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6300.00
<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 22
<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)  
**Medical Device Manufacturers Association PAC**

**A. Leahey, Mark, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2424 29th Place NW  
 City Washington State DC Zip Code 20007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MDMA Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 03 / 2019  
**Transaction ID : 11870166**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Brugeura, Carolyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3862 W Naughton Ave  
 City Belmont State CA Zip Code 94002-1260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MDMA Occupation (for Individual) VP & Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 06 / 2019  
**Transaction ID : 11870174**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Kerr, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 224 Elvernan Drive  
 City West Lafayette State IN Zip Code 47906-7900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cook Medical Occupation (for Individual) President Cook Research  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 06 / 2019  
**Transaction ID : 11870175**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<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 22
	<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)  
**Medical Device Manufacturers Association PAC**

**A. Smith, Benson, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 550 E. Swedesford Rd.  
 #400  
 City Wayne State PA Zip Code 19087-1607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MDMA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 07 / 2019  
**Transaction ID : 11870211**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Packer, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Kendall Dr.  
 City Westborough State MA Zip Code 01581-3840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ZOLL Medical Corp. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 07 / 2019  
**Transaction ID : 11870212**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Damico, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1388 W. Lake St.  
 City Libertyville State IL Zip Code 60048-1730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MDMA Occupation (for Individual) Founding Partner & CoChairman  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 13 / 2019  
**Transaction ID : 11885685**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<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:	PAGE 12 OF 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3026 44th Pl. NW

City Washington	State DC	Zip Code 20016-3557
--------------------	-------------	------------------------

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

Name of Employer (for Individual) New Enterprise Associates	Occupation (for Individual) General Partner
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		14		2019

**Transaction ID : 11887076**

Amount of Each Receipt this Period  
4000.00

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
-----	---	-----	---	---------

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	61800.00

**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 22  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Allergan, Inc. Political Action Committee**

Mailing Address 5 Giralda Farms

City Madison State NJ Zip Code 07940

FEC ID number of contributing federal political committee. **C** C00391086

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 M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2019

**Transaction ID : 11766173**

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 M / D 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 M / D 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 B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Medical Device Manufacturers Association PAC**

Full Name (Last, First, Middle Initial)

**A. Cory Gardner for Senate**

Mailing Address 9227 E Lincoln Ave #200-234

City  
Lone Tree

State  
CO

Zip Code  
80124

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**Gardner, Cory, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY  
01 / 04 / 2019

FEC Identification Number

C00492454

**Transaction ID : 11652697**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Pat Toomey**

Mailing Address 1180 Welsh Road  
Suite 100

City  
North Wales

State  
PA

Zip Code  
19454

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**Toomey, Pat, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: PA District:

Date of Disbursement

MM / DD / YYYY  
01 / 17 / 2019

FEC Identification Number

C00461046

**Transaction ID : 11682359**

Amount of Each Disbursement this Period

500.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Richard E Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

City  
Springfield

State  
MA

Zip Code  
01108

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**Neal, Richard, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2019

FEC Identification Number

C00226522

**Transaction ID : 11716244**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Memo Item

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

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

3500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Medical Device Manufacturers Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Cheri Bustos**

Mailing Address PO Box 65322

City  
Washington

State  
DC

Zip Code  
20035

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**Bustos, Cheri, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2019

FEC Identification Number

C C00498568

**Transaction ID : 11750802**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Drew Ferguson For Congress**

Mailing Address PO Box 387

City  
West Point

State  
GA

Zip Code  
31833

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**Ferguson, A. Drew, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: GA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	06	/	2019

FEC Identification Number

C C00607838

**Transaction ID : 11759331**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Suozzi For Congress**

Mailing Address PO Box 669

City  
Glen Cove

State  
NY

Zip Code  
11542

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**Suozzi, Thomas, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2019

FEC Identification Number

C C00607200

**Transaction ID : 11765848**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Memo Item

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

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

8500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Medical Device Manufacturers Association PAC**

Full Name (Last, First, Middle Initial)

**A. Rosen For Nevada**

Mailing Address PO Box 27195

City  
Las Vegas

State  
NV

Zip Code  
89126

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**Rosen, Jacklyn, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: NV District:

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2019

FEC Identification Number

C C00606939

**Transaction ID : 11765849**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Lahood for Congress**

Mailing Address P.O. Box 10735

City  
Peoria

State  
IL

Zip Code  
61612

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**LaHood, Darin, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: IL District: 18

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2019

FEC Identification Number

C C00575050

**Transaction ID : 11765850**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Dan Kildee**

Mailing Address P.O. Box 248

City  
Flint

State  
MI

Zip Code  
48501

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**Kildee, Dan, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2019

FEC Identification Number

C C00499947

**Transaction ID : 11779375**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Medical Device Manufacturers Association PAC**

Full Name (Last, First, Middle Initial)

**A. Emmer For Congress**

Mailing Address PO Box 998

City  
Anoka

State  
MN

Zip Code  
55303

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**Emmer, Tom, , Rep., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: MN District: 06

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2019

FEC Identification Number

C C00545749

**Transaction ID : 11870220**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stivers for Congress**

Mailing Address 4679 Winterset Dr

City  
Columbus

State  
OH

Zip Code  
43220

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**Stivers, Steve, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: OH District: 15

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2019

FEC Identification Number

C C00441352

**Transaction ID : 11885701**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stivers for Congress**

Mailing Address 4679 Winterset Dr

City  
Columbus

State  
OH

Zip Code  
43220

Purpose of Disbursement  
Stop payment- Stivers for Congress

011

Category/  
Type

Candidate Name

**Stivers, Steve, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2019

FEC Identification Number

C C00441352

**Transaction ID : 11886976**

Amount of Each Disbursement this Period

- 5000.00

Stop payment- Stivers for Congress

Memo Item

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

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

2000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Medical Device Manufacturers Association PAC**

Full Name (Last, First, Middle Initial)

**A. Stivers for Congress**

Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220

Purpose of Disbursement Direct Contribution

011  
Category/Type

Candidate Name Stivers, Steve, , Rep.,

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: OH District: 15

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2019

FEC Identification Number

C C00441352

Transaction ID : 11886980

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Steve Daines For Montana**

Mailing Address PO Box 1598

City Helena State MT Zip Code 59624

Purpose of Disbursement Direct Contribution

011  
Category/Type

Candidate Name Daines, Steve, , Sen.,

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: MT District:

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2019

FEC Identification Number

C C00491357

Transaction ID : 11901651

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ron Estes For Congress**

Mailing Address PO Box 782952

City Wichita State KS Zip Code 67278

Purpose of Disbursement Direct Contribution

011  
Category/Type

Candidate Name Estes, Ron, , Rep.,

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: KS District: 04

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2019

FEC Identification Number

C C00632067

Transaction ID : 11901652

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)..... ▶

4500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Lori Trahan For Congress Committee**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 1161

M M M	/	D D D	/	Y Y Y Y Y
05		22		2019

City Lowell State MA Zip Code 01853

FEC Identification Number

Purpose of Disbursement  
Direct Contribution

011
Category/ Type

C	C00655647
---	-----------

**Transaction ID : 11901653**  
Amount of Each Disbursement this Period

Candidate Name  
**Trahan, Lori, , Rep.,**

5000.00
---------

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: MA District: 03

Memo Item  
Direct Contribution

**B. Liz Cheney For Wyoming**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P. O. Box 697

M M M	/	D D D	/	Y Y Y Y Y
05		23		2019

City Casper State WY Zip Code 82602

FEC Identification Number

Purpose of Disbursement  
Direct Contribution

011
Category/ Type

C	C00607556
---	-----------

**Transaction ID : 11904082**  
Amount of Each Disbursement this Period

Candidate Name  
**Cheney, Elizabeth, , Rep.,**

2500.00
---------

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: WY District: 00

Memo Item  
Direct Contribution

**C. Mike Kelly for Congress**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 476

M M M	/	D D D	/	Y Y Y Y Y
06		05		2019

City Lyndora State PA Zip Code 16045

FEC Identification Number

Purpose of Disbursement  
Direct Contribution

011
Category/ Type

C	C00474189
---	-----------

**Transaction ID : 11933306**  
Amount of Each Disbursement this Period

Candidate Name  
**Kelly, Mike, , Rep.,**

2500.00
---------

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: PA District: 03

Memo Item  
Direct Contribution

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

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

10000.00
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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)

**Medical Device Manufacturers Association PAC**

Full Name (Last, First, Middle Initial)

**A. McCarthy Victory Fund**

Mailing Address C/O Michael Byrd  
1315 W. Street, NW, 749

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2019

FEC Identification Number

C  
**Transaction ID : 11933307**  
Amount of Each Disbursement this Period  
2000.00  
Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Blumenthal for Connecticut**

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

City Stamford State CT Zip Code 06901

Purpose of Disbursement  
direct contribution

011

Category/  
Type

Candidate Name

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

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify)  
State: CT District:

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2019

FEC Identification Number

C C00492991  
**Transaction ID : 11945003**  
Amount of Each Disbursement this Period  
2500.00  
direct contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Blumenthal for Connecticut**

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

City Stamford State CT Zip Code 06901

Purpose of Disbursement  
direct contribution

011

Category/  
Type

Candidate Name

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

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: CT District:

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2019

FEC Identification Number

C C00492991  
**Transaction ID : 11945006**  
Amount of Each Disbursement this Period  
2500.00  
direct contribution

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Lisa Blunt Rochester For Congress**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: MM / DD / YYYY  
06 / 13 / 2019

Mailing Address PO Box 9767

City: Wilmington State: DE Zip Code: 19809

Purpose of Disbursement: Direct Contribution  
FEC Identification Number: C00590778  
Transaction ID: 11946962  
Amount of Each Disbursement this Period: 1000.00  
Direct Contribution

Candidate Name: Blunt Rochester, Lisa, , Rep.,  
Category/Type: 011

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: DE District: 00

Memo Item

**B. Citizens For Boyle**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: MM / DD / YYYY  
06 / 13 / 2019

Mailing Address PO Box 11545

City: Philadelphia State: PA Zip Code: 19116

Purpose of Disbursement: Direct Contribution  
FEC Identification Number: C00543363  
Transaction ID: 11946963  
Amount of Each Disbursement this Period: 2500.00  
Direct Contribution

Candidate Name: Boyle, Brendan, , Rep.,  
Category/Type: 011

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: PA District: 02

Memo Item

**C. Paul Tonko For Congress**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: MM / DD / YYYY  
06 / 13 / 2019

Mailing Address 911 Central Avenue # 221

City: Albany State: NY Zip Code: 12206

Purpose of Disbursement: Direct Contribution  
FEC Identification Number: C00450049  
Transaction ID: 11946964  
Amount of Each Disbursement this Period: 2500.00  
Direct Contribution

Candidate Name: Tonko, Paul, , Rep.,  
Category/Type: 011

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: NY District: 20

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Medical Device Manufacturers Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Pat Toomey**

Mailing Address 1180 Welsh Road  
Suite 100

City  
North Wales

State  
PA

Zip Code  
19454

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**Toomey, Pat, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2019

FEC Identification Number

C C00461046

**Transaction ID : 11967198**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

5000.00

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

52500.00