

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11)
<small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12)
<small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on MM / DD / YYYYYY in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM / DD / YYYYYY in the State of

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

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

Type or Print Name of Treasurer

Signature of Treasurer DeVinney, Sheri, , , *[Electronically Filed]* Date MM / DD / YYYYYY

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="2020"/>	<input type="text" value="21771.55"/>	<input type="text" value="21771.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="85771.55"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="23000.00"/>	<input type="text" value="102000.00"/>
(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="108771.55"/>	<input type="text" value="123771.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="17500.00"/>	<input type="text" value="32500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="91271.55"/>	<input type="text" value="91271.55"/>
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:

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: / /

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).....	13000.00	92000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13000.00	92000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	23000.00	102000.00
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)).....▶	23000.00	102000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	23000.00	102000.00

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.....	17500.00	32500.00
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)) ..	17500.00	32500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17500.00	32500.00

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)	23000.00	102000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23000.00	102000.00
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 11
<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)
Medical Device Manufacturers Association PAC

A. Rodriguez, Kim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7900 Lenape Trail
 City Austin State TX Zip Code 78736-2855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Device Mfg Assoc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 26 / 2020
Transaction ID : 12623352
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Pierce, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Beechwood Circle
 City Northborough State MA Zip Code 01532-1158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Device Mfg Assoc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 29 / 2020
Transaction ID : 12629906
 Amount of Each Receipt this Period 1500.00
 Memo Item

C. Buckman, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Wildhurst Rd
 City Excelsior State MN Zip Code 55331-8423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Livnova Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 01 / 2020
Transaction ID : 12629913
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL 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 11
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Woodgrift, Randel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15310 Santell Ct
 City Los Gatos State CA Zip Code 95032-4860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Device Mfg Assoc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 05 / 2020
Transaction ID : 12683709
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Calcaterra, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 Panorama
 City Trabuco Canyon State CA Zip Code 92679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Device Mfg Assoc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 10 / 2020
Transaction ID : 12683719
 Amount of Each Receipt this Period 1500.00
 Memo Item

C. Mason, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3093 Willow Heights Rd
 City Fallbrook State CA Zip Code 92028-8193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Device Mfg Assoc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 06 / 10 / 2020
Transaction ID : 12683720
 Amount of Each Receipt this Period 3000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL 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 8 OF 11
(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
 Smith, Benson, , ,

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
 06 / 24 / 2020
Transaction ID : 12683726

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	13000.00

**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 9 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

A. Merit Medical Systems Inc Employee Good Governance PAC

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

Mailing Address 1600 West Merit Parkway

City South Jordan	State UT	Zip Code 84095
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00475343

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
05		20		2020

Transaction ID : 12623349

Amount of Each Receipt this Period
5000.00

Memo Item

B. CryoLife Inc PAC

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

Mailing Address 1333 H Street NW
Suite 400 West

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		10		2020

Transaction ID : 12683718

Amount of Each Receipt this Period
5000.00

Memo Item

Contribution from Fed PAC

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

SUBTOTAL of Receipts This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	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)

<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. Suozzi For Congress		Date of Disbursement MM / DD / YYYY 05 / 20 / 2020
Mailing Address PO Box 669		FEC Identification Number C00607200 Transaction ID : 12610043
City Glen Cove	State NY	Zip Code 11542
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name Suozzi, Thomas, , Rep.,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 03	

Full Name (Last, First, Middle Initial) B. Lahood for Congress		Date of Disbursement MM / DD / YYYY 06 / 03 / 2020
Mailing Address P.O. Box 10735		FEC Identification Number C00575050 Transaction ID : 12629905
City Peoria	State IL	Zip Code 61612
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 5000.00
Candidate Name LaHood, Darin, , Rep.,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IL	District: 18	

Full Name (Last, First, Middle Initial) C. Menendez For Senate		Date of Disbursement MM / DD / YYYY 06 / 03 / 2020
Mailing Address PO Box 32248		FEC Identification Number C00264564 Transaction ID : 12631845
City Newark	State NJ	Zip Code 07102
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 5000.00
Candidate Name Menendez, Robert, , Sen.,		Category/Type 011
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NJ	District:	

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

12500.00

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. Lori Trahan For Congress Committee

Mailing Address PO Box 1161

City Lowell State MA Zip Code 01853

Purpose of Disbursement
Direct Contribution

Category/
Type

Candidate Name
Trahan, Lori, , Rep.,

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
06 / 24 / 2020

FEC Identification Number
C C00655647
Transaction ID : 12663316
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
M M / D D / Y Y Y Y Y Y

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
M M / 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)..... ▶

5000.00
17500.00