

**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 ▲

 C004841623. 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  /  /  in the State of 

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

Election on  /  /  in the State of 

5. Covering Period

 /  / 

through

 /  / 

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 Sheri DeVinney

Signature of Treasurer

*Sheri DeVinney*

[Electronically Filed]

Date

 /  / 

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2013"/>		27510.00
(b) Cash on Hand at Beginning of Reporting Period.....	29114.75	
(c) Total Receipts (from Line 19) .....	22000.00	38500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	51114.75	66010.00
7. Total Disbursements (from Line 31).....	9017.45	23912.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	42097.30	42097.30
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:  /  /

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).....	22000.00	38500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22000.00	38500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	22000.00	38500.00
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))..... ▶	22000.00	38500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	22000.00	38500.00

**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 .....	517.45	662.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	517.45	662.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	23250.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	9017.45	23912.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9017.45	23912.70

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	22000.00	38500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22000.00	38500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	517.45	662.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	517.45	662.70

**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"/> 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)  
**Medical Device Manufacturers Association PAC**

**A. Daniel Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 409 Scenic VW

City Friendswood State TX Zip Code 77546-7867

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

Name of Employer Cyberonics Inc Occupation President and CEO

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  
 08 / 19 / 2013  
**Transaction ID : 7590630**

Amount of Each Receipt this Period  
 5000.00

**B. Timothy Sands Thompson**  
Full Name (Last, First, Middle Initial)

Mailing Address 660 East Woodland Rd

City Lake Forest State IL Zip Code 60045-1448

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

Name of Employer Thompson Advisors Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2013  
**Transaction ID : 7590631**

Amount of Each Receipt this Period  
 1000.00

**C. Richard Packer**  
Full Name (Last, First, Middle Initial)

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 ZOLL Medical Corp. Occupation CEO

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  
 10 / 03 / 2013  
**Transaction ID : 7702178**

Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11000.00
<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 7 OF 11	
(check only one)			
<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"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

Full Name (Last, First, Middle Initial)  
**A. Ryan Drant**

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 New Enterprise Associates Occupation General Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 03 / 2013

**Transaction ID : 7702179**

Amount of Each Receipt this Period  
 2500.00

Full Name (Last, First, Middle Initial)  
**B. Lynn D. Salo**

Mailing Address 308 B Iris Ave.

City Corona Del Mar State CA Zip Code 92625-2937

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

Name of Employer Allergan Medical Occupation VP Facil Aesthetics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2013

**Transaction ID : 7725751**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**C. D. Keith Grossman**

Mailing Address P.O. Box 523

City Diablo State CA Zip Code 94528-0523

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

Name of Employer Medical Device Manufacturers Associati Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 25 / 2013

**Transaction ID : 7774290**

Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8500.00
<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 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. Wilber Boren**  
 Full Name (Last, First, Middle Initial)  
 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 Biomet, Inc. Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 19 / 2013  
**Transaction ID : 7831914**  
 Amount of Each Receipt this Period  
 2500.00

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	22000.00



**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Comerica Bank**

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275-2250

Purpose of Disbursement  
Operating Expense

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7699597**

Amount of Each Disbursement this Period

Operating Expense

Full Name (Last, First, Middle Initial)

**B. Comerica Bank**

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275-2250

Purpose of Disbursement  
Operating Expense

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7725750**

Amount of Each Disbursement this Period

Operating Expense

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**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"/> 24	<input type="checkbox"/> 25	<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. Re-Elect Tim Griffin For Congress Committee**

Mailing Address P.O. Box 7526

City Little Rock State AR Zip Code 72217

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Tim Griffin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AR District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 19 / 2013

**Transaction ID : 7530339**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Tim Scott For Senate**

Mailing Address c/o Friends of Pat Toomey  
1760 Market Street, Ste 1205

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Tim Scott**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 09 / 2013

**Transaction ID : 7570717**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Lynn Jenkins For Congress**

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Lynn Jenkins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2013

**Transaction ID : 7630790**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

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

5000.00

**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"/> 24	<input type="checkbox"/> 25	<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. Hagan For U.S. Senate Inc**

Mailing Address 220 I Street, NE  
Suite 250

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Kay Hagan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2013

**Transaction ID : 7643867**

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Ryan for Congress**

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Paul Ryan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2013

**Transaction ID : 7706112**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Iowans for Latham**

Mailing Address 217 Third Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Tom Latham**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2013

**Transaction ID : 7767702**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

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

3500.00

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

8500.00