

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 Miraca Life Sciences Inc Employees Federal PAC

ADDRESS (number and street) 6655 N Macarthur Boulevard Irving TX 75039-2443

2. FEC IDENTIFICATION NUMBER C C00524710 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2015 through 03 / 31 / 2015

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 Amanda R. Payne

Signature of Treasurer Amanda R. Payne [Electronically Filed] Date 04 / 15 / 2015

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 [Grid] FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Miraca Life Sciences Inc Employees Federal 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="2015"/>		7027.05
(b) Cash on Hand at Beginning of Reporting Period.....	7027.05	
(c) Total Receipts (from Line 19) .....	5816.70	5816.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	12843.75	12843.75
7. Total Disbursements (from Line 31).....	1000.00	1000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	11843.75	11843.75
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Miraca Life Sciences Inc Employees Federal 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).....	5616.70	5616.70
(ii) Unitemized .....	200.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5816.70	5816.70
(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) .....	5816.70	5816.70
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))..... ▶	5816.70	5816.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5816.70	5816.70

**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.....	1000.00	1000.00
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)) ..	1000.00	1000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	1000.00

**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) .....	5816.70	5816.70
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5816.70	5816.70
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 10
<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)  
**Miraca Life Sciences Inc Employees Federal PAC**

**A. Raheela Ashfaq**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6131 Southbrook Dr  
City Dallas State TX Zip Code 75209  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Miraca Life Sciences Occupation Medical Doctor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2000.00**

Date of Receipt **03 / 06 / 2015**  
**Transaction ID : SA11AI.4301**  
Amount of Each Receipt this Period **2000.00**  
One time payment

**B. Jill Baird**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1214 Le Boutillier Rd  
City Malvern State PA Zip Code 19355  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Miraca Life Sciences, Inc. Occupation Sales Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 19 / 2015**  
**Transaction ID : SA11AI.4296**  
Amount of Each Receipt this Period **300.00**  
One time payment

**C. Frank Basile**  
Full Name (Last, First, Middle Initial)  
Mailing Address 301 W. Las Colinas Blvd #232  
City Irving State TX Zip Code 75039  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Miraca Life Sciences, Inc. Occupation CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 01 / 2015**  
**Transaction ID : SA11AI.4297**  
Amount of Each Receipt this Period **1000.00**  
Bi weely payroll deduction @ 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3300.00</b>
<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 10
<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)  
**Miraca Life Sciences Inc Employees Federal PAC**

**A. Russ Farr**  
Full Name (Last, First, Middle Initial)  
Mailing Address 657 N. Tatum Lane  
City Gilbert State AZ Zip Code 85234  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Miraca Life Sciences, Inc. Occupation SVP General Counsel  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **208.35**

Date of Receipt **01 / 30 / 2015**  
**Transaction ID : SA11AI.4295**  
Amount of Each Receipt this Period **208.35**  
Bi weekly payroll deduction @41.67

**B. Vicki Hawkins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10009 Valle Vista Lane  
City Keller State TX Zip Code 76248  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Miraca Life Sciences Occupation VP Product Development  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 06 / 2015**  
**Transaction ID : SA11AI.4300**  
Amount of Each Receipt this Period **500.00**  
one time payment

**C. David Priestley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6655 N. MacArthur Boulevard  
City Irving State TX Zip Code 75039-2443  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Miraca Life Sciences, Inc. Occupation VP - Finance/Accounting  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **208.35**

Date of Receipt **01 / 30 / 2015**  
**Transaction ID : SA11AI.4294**  
Amount of Each Receipt this Period **208.35**  
Bi weekly payroll deduction @\$41.67

**SUBTOTAL** of Receipts This Page (optional)..... **916.70**  
**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 8 OF 10
<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)  
**Miraca Life Sciences Inc Employees Federal PAC**

**A. Craig Sarrett**  
Full Name (Last, First, Middle Initial)

Mailing Address 29525 N 144th Way

City Scottsdale	State AZ	Zip Code 75209
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FEC ID number of contributing federal political committee. **C**

Name of Employer Miraca Life Sciences	Occupation VP GI Sales
--	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : SA11AI.4302**

Amount of Each Receipt this Period  

250.00
--------

one time payment

**B. Dr. Rajal Shah**  
Full Name (Last, First, Middle Initial)

Mailing Address 1812 Kings Isle Dr

City Plano	State TX	Zip Code 75093
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FEC ID number of contributing federal political committee. **C**

Name of Employer Miraca Life Sciences, Inc.	Occupation Medical Doctor
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2015

**Transaction ID : SA11AI.4298**

Amount of Each Receipt this Period  

300.00
--------

One time payment

**C. Parsanna Sinkrie**  
Full Name (Last, First, Middle Initial)

Mailing Address 1804 Cliffeview Dr

City Plano	State TX	Zip Code 75093
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FEC ID number of contributing federal political committee. **C**

Name of Employer Miraca Life Sciences	Occupation Medical Doctor
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : SA11AI.4303**

Amount of Each Receipt this Period  

500.00
--------

One time payment

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<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 9 OF 10  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Miraca Life Sciences Inc Employees Federal PAC**

**A. Thomas Zaves**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1020 Roundrock Cir  
 City Coppel State TX Zip Code 75019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Miraca Life Sciences, Inc. Occupation SVP Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **01 / 01 / 2015**  
**Transaction ID : SA11AI.4293**  
 Amount of Each Receipt this Period **350.00**  
 Bi weekly payroll deducion 50.00

**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  
 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  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>5616.70</b>

# 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)

**Miraca Life Sciences Inc Employees Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Miraca Life Sciences Inc Employees Federal PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2015

Mailing Address 6655 N Macarthur Boulevard

**Transaction ID : SB23.4306**

City Irving State TX Zip Code 75039-2443

Amount of Each Disbursement this Period

1000.00
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Purpose of Disbursement  
Bilirakis for Congress

--

Candidate Name

**BILIRAKIS FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

1000.00
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**TOTAL** This Period (last page this line number only)..... ▶

1000.00
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