

**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="2017"/>		54822.58
(b) Cash on Hand at Beginning of Reporting Period.....	56873.55	
(c) Total Receipts (from Line 19)	2500.00	60470.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	59373.55	115293.50
7. Total Disbursements (from Line 31).....	29000.00	84919.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	30373.55	30373.55
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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).....	2500.00	54750.00
(ii) Unitemized	0.00	300.97
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2500.00	55050.97
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2500.00	60050.97
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	419.95
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)).....▶	2500.00	60470.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2500.00	60470.92

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	419.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	419.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29000.00	84500.00
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)) ..	29000.00	84919.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29000.00	84919.95

DETAILED SUMMARY PAGE
of Disbursements

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)	2500.00	60050.97
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2500.00	60050.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	419.95
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	419.95

**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 12
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Boren, Wilber, , ,

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 ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2017

Transaction ID : 10899498

Amount of Each Receipt this Period
2500.00

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 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 Y Y

Amount of Each Receipt this Period

Memo Item

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Lone Star Leadership PAC

Mailing Address P O Box 30844

City: Bethesda State: MD Zip Code: 20824

Purpose of Disbursement: Direct Contribution

011
Category/Type

Candidate Name: Lone Star Leadership PAC

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

Date of Disbursement: 07 / 10 / 2017

FEC Identification Number

C00415208

Transaction ID : 10632236

Amount of Each Disbursement this Period

1000.00

Direct Contribution
 Memo Item

Full Name (Last, First, Middle Initial)

B. Making Business Excel PAC

Mailing Address P O Box 2687

City: Cody State: WY Zip Code: 82414

Purpose of Disbursement: Direct Contribution

011
Category/Type

Candidate Name: Making Business Excel PAC

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

Date of Disbursement: 07 / 11 / 2017

FEC Identification Number

C00392134

Transaction ID : 10636231

Amount of Each Disbursement this Period

1000.00

Direct Contribution
 Memo Item

Full Name (Last, First, Middle Initial)

C. Ryan Costello for Congress

Mailing Address 427 Cannon House Office Building

City: Washington State: DC Zip Code: 20515

Purpose of Disbursement: Direct Contribution

011
Category/Type

Candidate Name: Costello, Ryan, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify)

Date of Disbursement: 07 / 12 / 2017

FEC Identification Number

C00554899

Transaction ID : 10644281

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)..... ▶

3000.00

**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. Joe Kennedy for Congress

Mailing Address c/o Julia Hoffman
185 Devonshire St., Ste 601

City Boston State MA Zip Code 02110

Purpose of Disbursement
Void - Joe Kennedy for Congress

011

Category/
Type

Candidate Name
Kennedy, Joseph, , Rep., III

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MA District: 04

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2017

FEC Identification Number

C C00512970

Transaction ID : 10645118

Amount of Each Disbursement this Period

- 1000.00

Void - Joe Kennedy for Congress

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Bishop for Congress

Mailing Address PO Box 1148

City Brighton State MI Zip Code 48116

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name
Bishop, Michael, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: MI District: 08

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2017

FEC Identification Number

C C00561001

Transaction ID : 10740526

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Prosperity in America Today PAC

Mailing Address 228 S Washington St
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name
Citizens for Prosperity in America Today PAC

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

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2017

FEC Identification Number

C C00491654

Transaction ID : 10775329

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)..... ▶

2500.00

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

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

FOR LINE NUMBER:
(check only one)

<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 Erik Paulsen			Date of Disbursement MM / DD / YYYY 09 / 28 / 2017	
Mailing Address P.O. Box 44369 250 Prairie Center Drive			FEC Identification Number C00439661 Transaction ID : 10781728	
City Eden Prairie	State MN	Zip Code 55344	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Direct Contribution		Category/ Type 011	Direct Contribution	
Candidate Name Paulsen, Erik, , Rep.,		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MN District: 03				

Full Name (Last, First, Middle Initial) B. Poliquin for Congress			Date of Disbursement MM / DD / YYYY 10 / 03 / 2017	
Mailing Address PO Box 50			FEC Identification Number C00518654 Transaction ID : 10787371	
City Oakland	State ME	Zip Code 04963	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Direct Contribution		Category/ Type 011	Direct Contribution	
Candidate Name Poliquin, Bruce, , Rep.,		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: ME District: 02				

Full Name (Last, First, Middle Initial) C. Cory Gardner for Senate			Date of Disbursement MM / DD / YYYY 10 / 24 / 2017	
Mailing Address 9227 E Lincoln Ave #200-234			FEC Identification Number C00492454 Transaction ID : 10834287	
City Lone Tree	State CO	Zip Code 80124	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Direct Contribution		Category/ Type 011	Direct Contribution	
Candidate Name Gardner, Cory, , Sen.,		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: CO District:				

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

Full Name (Last, First, Middle Initial) A. Elise for Congress		Date of Disbursement MM / DD / YYYY 11 / 13 / 2017
Mailing Address PO Box 500		FEC Identification Number C00547893 Transaction ID : 10870887
City Glens Falls	State NY	Zip Code 12801
Purpose of Disbursement Direct Contribution		Category/Type 011
Candidate Name Stefanik, Elise, , Rep.,		Amount of Each Disbursement this Period 1000.00 Direct Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 21	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Kaine For Virginia		Date of Disbursement MM / DD / YYYY 11 / 13 / 2017
Mailing Address 1751 Potomac Greens Drive		FEC Identification Number C00495358 Transaction ID : 10870959
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Direct Contribution		Category/Type 011
Candidate Name Kaine, Tim, , Sen.,		Amount of Each Disbursement this Period 4000.00 Direct Contribution
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District:	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Kaine For Virginia		Date of Disbursement MM / DD / YYYY 11 / 13 / 2017
Mailing Address 1751 Potomac Greens Drive		FEC Identification Number C00495358 Transaction ID : 10870960
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Direct Contribution		Category/Type 011
Candidate Name Kaine, Tim, , Sen.,		Amount of Each Disbursement this Period 1000.00 Direct Contribution
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District:	
<input type="checkbox"/> 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. Friends of Susan Brooks

Mailing Address 410 First Street, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Void - Friends of Susan Brooks

011

Category/
Type

Candidate Name

Brooks, Susan, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2017			

FEC Identification Number

C00500207

Transaction ID : 10870963

Amount of Each Disbursement this Period

- 2500.00

Void - Friends of Susan Brooks

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Susan Brooks

Mailing Address 410 First Street, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Brooks, Susan, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: IN District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2017			

FEC Identification Number

C00500207

Transaction ID : 10870964

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. 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: 2018
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2017			

FEC Identification Number

C00575050

Transaction ID : 10872293

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)..... ▶

1000.00

**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. Shaheen for Senate		Date of Disbursement MM / DD / YYYY 11 / 15 / 2017
Mailing Address 105 N State Street		FEC Identification Number C00457325 Transaction ID : 10884178
City Concord	State NH	Zip Code 03301
Purpose of Disbursement Direct Contribution		011 Category/ Type
Candidate Name Shaheen, Jeanne, , Sen.,		Amount of Each Disbursement this Period 3000.00 Direct Contribution
Office Sought: <input checked="" type="checkbox"/> House <input checked="" 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: NH	District:	

Full Name (Last, First, Middle Initial) B. Walters for Congress		Date of Disbursement MM / DD / YYYY 12 / 15 / 2017
Mailing Address 9070 Irvine Center Drive #150		FEC Identification Number C00546853 Transaction ID : 10935461
City Irvine	State CA	Zip Code 92618
Purpose of Disbursement Direct Contribution		011 Category/ Type
Candidate Name Walters, Mimi, , Rep.,		Amount of Each Disbursement this Period 4000.00 Direct Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 45	

Full Name (Last, First, Middle Initial) C. Stivers for Congress		Date of Disbursement MM / DD / YYYY 12 / 15 / 2017
Mailing Address 4679 Winterset Dr		FEC Identification Number C00441352 Transaction ID : 10935462
City Columbus	State OH	Zip Code 43220
Purpose of Disbursement Direct Contribution		011 Category/ Type
Candidate Name Stivers, Steve, , Rep.,		Amount of Each Disbursement this Period 2500.00 Direct Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OH	District: 15	

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

9500.00

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

29000.00