

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.

Medical Device Manufacturers Association PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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:
- 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 Primary (12P) General (12G) Runoff (12R)

PRE-Election Report for the: Convention (12C) Special (12S)

Election on in the State of

(d) 30-Day General (30G) Runoff (30R) Special (30S)

POST-Election Report for the: in the State of

5. Covering Period 07 / 01 / 2019 through 12 / 31 / 2019

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 01 / 10 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**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.....	73671.55	
(c) Total Receipts (from Line 19)	5100.00	72249.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	78771.55	131271.55
7. Total Disbursements (from Line 31).....	57000.00	109500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	21771.55	21771.55
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).....	0.00	61800.00
(ii) Unitemized	100.00	449.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	100.00	62249.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5100.00	72249.00
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)).....▶	5100.00	72249.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5100.00	72249.00

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.....	57000.00	109500.00
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)) ..	57000.00	109500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	57000.00	109500.00

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)	5100.00	72249.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5100.00	72249.00
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 15
<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

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. 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 M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2019

Transaction ID : 12169013

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

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL 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. Anthony Gonzalez For Congress

Mailing Address 9856 Archer Lane

City
Dublin

State
OH

Zip Code
43017

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Gonzalez, Anthony, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	08	/	2019

FEC Identification Number

C C00654079

Transaction ID : 12008673

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Katherine Clark for Congress

Mailing Address PO Box 361

City
Malden

State
MA

Zip Code
02148

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Clark, Katherine, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: MA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2019

FEC Identification Number

C C00541888

Transaction ID : 12012555

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Brady for Congress

Mailing Address 104 Hume Avenue

City
Alexandria

State
VA

Zip Code
22301

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Brady, Kevin, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	12	/	2019

FEC Identification Number

C C00311043

Transaction ID : 12015820

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)..... ▶

7500.00

**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. Doug Jones For Senate Committee

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 131025

City Birmingham State AL Zip Code 35213

Purpose of Disbursement Direct Contribution

Candidate Name Jones, Doug, , Sen.,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: AL District:

Date of Disbursement 07 / 12 / 2019

FEC Identification Number C00640623
Transaction ID : 12015821
Amount of Each Disbursement this Period 5000.00
Direct Contribution Memo Item

B. McCarthy Victory Fund

Full Name (Last, First, Middle Initial)
Mailing Address C/O Michael Byrd
1315 W. Street, NW, 749

City Washington State DC Zip Code 20009

Purpose of Disbursement Direct Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement 07 / 12 / 2019

FEC Identification Number C
Transaction ID : 12015823
Amount of Each Disbursement this Period 2500.00
Direct Contribution Memo Item

C. Schneider For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1318

City Deerfield State IL Zip Code 60015

Purpose of Disbursement Direct Contribution

Candidate Name Schneider, Bradley, , Rep.,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: IL District: 10

Date of Disbursement 09 / 09 / 2019

FEC Identification Number C00495952
Transaction ID : 12123240
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)..... ▶

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. Mullin For Congress

Mailing Address PO Box 3681

City
Muskogee

State
OK

Zip Code
74402

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Mullin, Markwayne, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: OK District: 02

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2019

FEC Identification Number

C00498345

Transaction ID : 12141087

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Adrian Smith For Congress

Mailing Address 1126 Avenue A
Ste 6

City
Scottsbluff

State
NE

Zip Code
69361

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Smith, Adrian, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: NE District: 03

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2019

FEC Identification Number

C00412890

Transaction ID : 12141109

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Grassley Committee Inc

Mailing Address PO Box 1000

City
Des Moines

State
IA

Zip Code
50304

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Grassley, Charles, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2019

FEC Identification Number

C00230482

Transaction ID : 12141110

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Memo Item

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

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

4000.00

**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. Schneider For Congress		Date of Disbursement MM / DD / YYYY 09 / 24 / 2019
Mailing Address PO Box 1318		FEC Identification Number C 000495952 Transaction ID : 12153205
City Deerfield	State IL	Zip Code 60015
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name Schneider, Bradley, , 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) ▼	
State: IL	District: 10	
<input type="checkbox"/> Memo Item		Direct Contribution

Full Name (Last, First, Middle Initial) B. McCarthy Victory Fund		Date of Disbursement MM / DD / YYYY 09 / 24 / 2019
Mailing Address C/O Michael Byrd 1315 W. Street, NW, 749		FEC Identification Number C Transaction ID : 12153207
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Joint Fundraiser		Amount of Each Disbursement this Period 2500.00
Candidate Name		Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	
<input type="checkbox"/> Memo Item		Joint Fundraiser

Full Name (Last, First, Middle Initial) C. California Candidates Victory Fund		Date of Disbursement MM / DD / YYYY 09 / 24 / 2019
Mailing Address 777 S. Figueroa St. Suite 4050		FEC Identification Number C Transaction ID : 12153209
City Los Angeles	State CA	Zip Code 90017
Purpose of Disbursement Joint Fundraiser		Amount of Each Disbursement this Period 8000.00
Candidate Name		Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	
<input type="checkbox"/> Memo Item		Joint Fundraiser

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

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

13000.00

**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. Re-Elect McGovern Committee

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 60405

City
Worcester

State
MA

Zip Code
01606

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

McGovern, James, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2019

FEC Identification Number

C C00285171

Transaction ID : 12158260

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Memo Item

B. Anna Eshoo for Congress

Full Name (Last, First, Middle Initial)

Mailing Address 2350 Taylor Street
Suite 7

City
San Francisco

State
CA

Zip Code
94133

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Eshoo, Anna, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: CA District: 14

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2019

FEC Identification Number

C C00258475

Transaction ID : 12164355

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Memo Item

C. McKinley For Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 642

City
Morgantown

State
WV

Zip Code
26507

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

McKinley, David, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2019

FEC Identification Number

C C00473132

Transaction ID : 12217756

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)..... ▶

8000.00

**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. Texans For Senator John Cornyn Inc.

Mailing Address PO Box 13026

City
Austin

State
TX

Zip Code
78711

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

Cornyn, John, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TX District:

Date of Disbursement

/ /

FEC Identification Number

C C00369033

Transaction ID : 12242400

Amount of Each Disbursement this Period

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Robin Kelly For Congress

Mailing Address P.O. Box 3441

City
Chicago

State
IL

Zip Code
60654

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

Kelly, Robin, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: IL District: 02

Date of Disbursement

/ /

FEC Identification Number

C C00539866

Transaction ID : 12248140

Amount of Each Disbursement this Period

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Brindisi For Congress

Mailing Address PO Box 165

City
Utica

State
NY

Zip Code
13503

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

Brindisi, Anthony, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NY District: 22

Date of Disbursement

/ /

FEC Identification Number

C C00648725

Transaction ID : 12253488

Amount of Each Disbursement this Period

Direct Contribution

Memo Item

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"/> 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. Angie Craig For Congress

Mailing Address P.O. Box 22116

City
Eagan

State
MN

Zip Code
55122

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Craig, Angela, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2019			

FEC Identification Number

C C00575209

Transaction ID : 12253489

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Tom O'Halleran For Congress

Mailing Address PO Box 63992

City
Phoenix

State
AZ

Zip Code
85082

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

O'Halleran, Tom, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: AZ District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2019			

FEC Identification Number

C C00582890

Transaction ID : 12253494

Amount of Each Disbursement this Period

1500.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Chris Pappas For Congress

Mailing Address PO Box 313

City
Manchester

State
NH

Zip Code
03105

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Pappas, Chris, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NH District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2019			

FEC Identification Number

C C00660464

Transaction ID : 12253495

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

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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. Friends Of Ben McAdams			Date of Disbursement MM / DD / YYYY 11 / 15 / 2019	
Mailing Address 2205 S 1000 E			FEC Identification Number C00658633 Transaction ID : 12253498	
City Salt Lake City	State UT	Zip Code 84106	Amount of Each Disbursement this Period 1000.00 Direct Contribution	
Purpose of Disbursement Direct Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name McAdams, Ben, , Rep.,		Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: UT District: 04			

Full Name (Last, First, Middle Initial) B. Nevadans For Steven Horsford			Date of Disbursement MM / DD / YYYY 11 / 15 / 2019	
Mailing Address PO Box 336664			FEC Identification Number C00668228 Transaction ID : 12253499	
City North Las Vegas	State NV	Zip Code 89033	Amount of Each Disbursement this Period 1000.00 Direct Contribution	
Purpose of Disbursement Direct Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Horsford, Steven, , Rep.,		Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: 04			

Full Name (Last, First, Middle Initial) C. Walorski for Congress Inc			Date of Disbursement MM / DD / YYYY 11 / 18 / 2019	
Mailing Address PO Box 954			FEC Identification Number C00468579 Transaction ID : 12254604	
City Mishawaka	State IN	Zip Code 46546	Amount of Each Disbursement this Period 1000.00 Direct Contribution	
Purpose of Disbursement Direct Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Walorski, Jackie, , Rep.,		Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 02			

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
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 Schumer

Mailing Address 220 I Street, NE
Suite 250

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Schumer, Charles, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: NY

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 09 / 2019

FEC Identification Number

C C00346312

Transaction ID : 12294200

Amount of Each Disbursement this Period

2500.00

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)..... ▶

2500.00

57000.00