

NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

| | | |
|---|--|---|
| 1. (a) NAME OF COMMITTEE IN FULL Medical Device Manufacturers Association PAC | | 2. FEC IDENTIFICATION NUMBER C00484162 |
| (b) Number and Street Address P.O. Box 34591 | | |
| (c) City, State and ZIP Code Washington DC 20043 | | 3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input checked="" type="checkbox"/> OTHER |

I certify that **one** of the following situations is correct (complete line 4 or 5):

- 4. STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number: _____.

- 5. STATUS BY QUALIFICATION:**

- (a) Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

| | Name | Office Sought | State/District | Date |
|--------------|--------------|---------------|----------------|------------|
| (i) | Erik Paulsen | House | MN 03 | 05/12/2011 |
| (ii) | Joe Pitts | House | PA 16 | 07/26/2011 |
| (iii) | Orrin Hatch | Senate | UT 01 | 08/25/2011 |
| (iv) | Chris Coons | Senate | DE 02 | 09/07/2011 |
| (v) | Charlie Dent | House | PA 15 | 09/23/2011 |

- (b) Contributors:** The committee received a contribution from its 51st contributor on: 06/30/2016.

- (c) Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 12/31/2010.

- (d) Qualification:** The committee met the above requirements on: 06/30/2016.

I certify that I have examined this Statement 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 07/01/2016 |
|---|--|------------------------|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

FEC FORM 1M

(Revised 1/2001)