



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/>	<input type="text" value="73069.13"/>	<input type="text" value="73069.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="99092.08"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="50.00"/>	<input type="text" value="51208.75"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="99142.08"/>	<input type="text" value="124277.88"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="38700.00"/>	<input type="text" value="63835.80"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="60442.08"/>	<input type="text" value="60442.08"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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	50958.75
(ii) Unitemized .....	0.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	51158.75
(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) .....	0.00	51158.75
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.....	50.00	50.00
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))..... ▶	50.00	51208.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	50.00	51208.75

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

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	795.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	795.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38700.00	63040.00
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)) ..	38700.00	63835.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38700.00	63835.80

**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) .....	0.00	51158.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	51158.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	795.80
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	795.80

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 15  
(check only one)

<input 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 checked="" type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Friends of Kelly Ayotte**  
Full Name (Last, First, Middle Initial)  
Mailing Address 499 South Capital St., SW  
Suite 420  
City Washington State DC Zip Code 20003  
FEC ID number of contributing federal political committee. **C** C00464297  
Name of Employer Occupation  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 27 / 2015  
**Transaction ID : 9511381**  
Amount of Each Receipt this Period  
50.00  
Refund of Contributions

**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 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 Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	50.00

**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"/> 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. Poliquin for Congress**

Mailing Address PO Box 50

City State Zip Code  
Oakland ME 04963

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Bruce Poliquin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2015

**Transaction ID : 9299547**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Frank Guinta**

Mailing Address PO Box 877

City State Zip Code  
Manchester NH 03105

Purpose of Disbursement  
Stop Payment - Friends of Frank Guinta

011

Candidate Name

**Rep. Frank Guinta**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District: 01

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2015

**Transaction ID : 9318997**

Amount of Each Disbursement this Period

-1000.00

Stop Payment - Friends of Frank Guinta

Full Name (Last, First, Middle Initial)

**C. Friends of Kelly Ayotte**

Mailing Address 499 South Capital St., SW  
Suite 420

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Kelly Ayotte**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2015

**Transaction ID : 9342644**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

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

1000.00

**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. Wyden for Senate**

Mailing Address PO Box 3498

City Portland State OR Zip Code 97208

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Ron Wyden**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District:

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2015

**Transaction ID : 9384843**

Amount of Each Disbursement this Period

1500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Erik Paulsen**

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Erik Paulsen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2015

**Transaction ID : 9403761**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Ryan for Congress**

Mailing Address 1006 kPendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Paul Ryan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2015

**Transaction ID : 9428846**

Amount of Each Disbursement this Period

2500.00

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. Bennet for Colorado**

Mailing Address 220 Eye Street, NE  
Suite 110

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Michael Bennet**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2015

**Transaction ID : 9428847**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Scott Peters for Congress**

Mailing Address 412 First Street, SE  
Suite 100

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Scott Peters**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2015

**Transaction ID : 9431528**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Renee Ellmers for Congress**

Mailing Address 499 South Capitol Street, SW  
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Renee Ellmers RN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2015

**Transaction ID : 9432499**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

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

5500.00

**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. Friends of Don Beyer**

Mailing Address 499 S. Capitol Street, SW  
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Rep. Don Beyer**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VA District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2015

Transaction ID : 9443174

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Jackie Speier for Congress**

Mailing Address PO Box 112

City Burlingame State CA Zip Code 94011

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Rep. Jackie Speier**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 14

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 21 / 2015

Transaction ID : 9446654

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. 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  
State: SC District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 28 / 2015

Transaction ID : 9457917

Amount of Each Disbursement this Period

1000.00

Direct Contribution

**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"/> 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. Collins for Congress**

Mailing Address 499 S. Capitol St., SW  
Suite 402

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Christopher Collins**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 27

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2015

**Transaction ID : 9494904**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Brady for Congress**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Kevin Brady**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2015

**Transaction ID : 9494906**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Scalise for Congress**

Mailing Address 317 15th Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Steve Scalise**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: LA District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2015

**Transaction ID : 9494908**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

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

4000.00

**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. Tiberi for Congress**

Mailing Address 217 3rd Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Pat Tiberi**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 12

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2015

**Transaction ID : 9495537**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Pat Toomey**

Mailing Address 1180 Welsh Road  
Suite 100

City North Wales State PA Zip Code 19454

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Pat Toomey**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2015

**Transaction ID : 9495666**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Klobuchar for Minnesota**

Mailing Address 10 G Street, NE  
Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Amy Klobuchar**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MN District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2015

**Transaction ID : 9496643**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

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

5500.00

**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. Blumenthal for Connecticut**

Mailing Address 777 Summer Street Ste 103  
C/O Cacace Tusch & Santagata

City Stamford State CT Zip Code 06901

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Sen. Richard Blumenthal**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CT District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2015

Transaction ID : 9518064

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Erik Paulsen**

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Rep. Erik Paulsen**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MN District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2015

Transaction ID : 9518100

Amount of Each Disbursement this Period

1700.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Erik Paulsen**

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Rep. Erik Paulsen**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MN District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2015

Transaction ID : 9518101

Amount of Each Disbursement this Period

800.00

Direct Contribution

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

4500.00

**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. McCarthy Victory Fund**

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
11 / 13 / 2015

**Transaction ID : 9540083**

Amount of Each Disbursement this Period  
2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. ORRIN PAC**

Mailing Address 5805 32nd Street, NW

City Washington State DC Zip Code 20015

Purpose of Disbursement  
Direct Contribution

Candidate Name

**ORRIN PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
11 / 16 / 2015

**Transaction ID : 9541313**

Amount of Each Disbursement this Period  
2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Kelly Ayotte**

Mailing Address 499 South Capital St., SW  
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Sen. Kelly Ayotte**

Office Sought:  House  
 Senate  
 President  
State: NH District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
11 / 24 / 2015

**Transaction ID : 9553663**

Amount of Each Disbursement this Period  
1700.00

Direct Contribution

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

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

6200.00

**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"/> 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. Kenny Marchant For Congress**

Mailing Address PO Box 110187

City State Zip Code  
Carrollton TX 75011

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Kenny Marchant**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 24

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2015

**Transaction ID : 9560923**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Elise for Congress**

Mailing Address PO Box 500

City State Zip Code  
Glens Falls NY 12801

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Elise Stefanik**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 21

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2015

**Transaction ID : 9578428**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Boustany for Congress**

Mailing Address 20 F Street NW  
Suite 500

City State Zip Code  
Washington DC 20001

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Charles Boustany Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: LA District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2015

**Transaction ID : 9580735**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

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

4000.00

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

38700.00