

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines
Advanced Medical Technology Association Political Action Committee

ADDRESS (number and street) 1200 G St NW Ste 400 Washington DC 20005
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00340356
3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15 Quarterly Report(Q1) X
(b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G)
(d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 01 2006 through 03 31 2006

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 Kenneth Mendez

Signature of Treasurer Electronically Filed by Kenneth Mendez Date 11 12 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Advanced Medical Technology Association Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		18529.57
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	18529.57									
(c) Total Receipts (from Line 19)	36208.50	36208.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	54738.07	54738.07								
7. Total Disbursements (from Line 31)	25134.00	25134.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29604.07	29604.07								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Advanced Medical Technology Association Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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)	21400.00	21400.00
(ii) Unitemized	808.50	808.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	22208.50	22208.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	14000.00	14000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	36208.50	36208.50
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 Transfer (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))	36208.50	36208.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	36208.50	36208.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	634.00	634.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	634.00	634.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24500.00	24500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	25134.00	25134.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25134.00	25134.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 20

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)	36208.50	36208.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36208.50	36208.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	634.00	634.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	634.00	634.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 20
(check only one)

<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)
Advanced Medical Technology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Peter Arduini

Mailing Address 1059 Warrington Rd

City State Zip Code
Deerfield IL 60015-3343

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Baxter CVP-Pres. Medication Delivery

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2006

Transaction ID: C445

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Robert Armstrong

Mailing Address 133 Manchester Dr

City State Zip Code
Waukesha WI 53188-4117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Baxter Healthcare Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2006

Transaction ID: C443

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Arthur Collins

Mailing Address 710 Medtronic Pkwy

City State Zip Code
Minneapolis MN 55432-5603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Medtronic, Inc. Chairman and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2006

Transaction ID: C794540

Amount of Each Receipt this Period
2000.00

PER MUR 6121

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

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: PAGE 7 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Advanced Medical Technology Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Raissa Downs</p> <p>Mailing Address 808 Bowie Rd</p> <p>City State Zip Code Rockville MD 20852-1023</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Tarplin Downs and Young Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 01 / 03 / 2006</p> <p>Transaction ID: C280</p> <p>Amount of Each Receipt this Period 250.00</p> <p>PER MUR 6121</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Ralph Ives</p> <p>Mailing Address 6009 Mersey Oaks Way Unit A</p> <p>City State Zip Code Alexandria VA 22315</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AdvaMed Executive VP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 02 / 27 / 2006</p> <p>Transaction ID: C794575</p> <p>Amount of Each Receipt this Period 500.00</p> <p>PER MUR 6121</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Megan Ivory</p> <p>Mailing Address 1200 G St NW Ste 400</p> <p>City State Zip Code Washington DC 20005-3832</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Advamed EVP-Government Affairs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>	<p>Date of Receipt 03 / 10 / 2006</p> <p>Transaction ID: C440</p> <p>Amount of Each Receipt this Period 2000.00</p>
---	--

SUBTOTAL of Receipts This Page (optional)	2750.00
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: PAGE 8 / 20
(check only one)

<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)
Advanced Medical Technology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Paul Laviolette

Mailing Address 73 Woodlawn Ave

City Wellesley Hills State MA Zip Code 02481

FEC ID number of contributing federal political committee. **C**

Name of Employer Boston Scientific Corporation Occupation COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY 03 / 02 / 2006

Transaction ID: C441

Amount of Each Receipt this Period 2000.00

B.

Full Name (Last, First, Middle Initial)
Edward Ludwig

Mailing Address 605 Piermont Rd

City Demarest State NJ Zip Code 07627-1104

FEC ID number of contributing federal political committee. **C**

Name of Employer Becton Dickenson Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY 02 / 22 / 2006

Transaction ID: C450

Amount of Each Receipt this Period 2000.00

C.

Full Name (Last, First, Middle Initial)
James Mazzo

Mailing Address PO BOX 19648

City Irvine State CA Zip Code 92623

FEC ID number of contributing federal political committee. **C**

Name of Employer Advanced Medical Optics, Inc. Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY 02 / 27 / 2006

Transaction ID: C448

Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional) ► 6000.00

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: PAGE 9 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Advanced Medical Technology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Michael Mussallam
Mailing Address 1306 Skyline Dr
City Laguna Beach State CA Zip Code 92651-1941
FEC ID number of contributing federal political committee. **C**
Name of Employer Edwards Lifesciences Occupation Chr./CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 03 / 01 / 2006
Transaction ID: C442
Amount of Each Receipt this Period 2000.00

B. Full Name (Last, First, Middle Initial)
Caroll Neubauer
Mailing Address 1790 Deer Run Rd
City Bethlehem State PA Zip Code 18015-5019
FEC ID number of contributing federal political committee. **C**
Name of Employer B. Braun Occupation President & CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 02 / 22 / 2006
Transaction ID: C453
Amount of Each Receipt this Period 2000.00

C. Full Name (Last, First, Middle Initial)
David Perez
Mailing Address 17890 Queensmere Dr
City Monument State CO Zip Code 80132-8458
FEC ID number of contributing federal political committee. **C**
Name of Employer Gambro BCT Occupation President & CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 02 / 19 / 2006
Transaction ID: C454
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 5000.00
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: PAGE 10 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Advanced Medical Technology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
James Ralston
Mailing Address 1337 Peabody Ave
City Memphis State TN Zip Code 38104
FEC ID number of contributing federal political committee. **C**
Name of Employer Smith & Nephew, Inc. Occupation General Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 02 / 28 / 2006
Transaction ID: C444
Amount of Each Receipt this Period 2000.00

B. Full Name (Last, First, Middle Initial)
Randel Richner
Mailing Address 18 Maple St
City Sherborn State MA Zip Code 01770-1045
FEC ID number of contributing federal political committee. **C**
Name of Employer Boston Scientific Occupation Government Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 02 / 16 / 2006
Transaction ID: C455
Amount of Each Receipt this Period 400.00

C. Full Name (Last, First, Middle Initial)
Andris Stapars
Mailing Address 2602 Freeman Ct
City Southlake State TX Zip Code 76092-3249
FEC ID number of contributing federal political committee. **C**
Name of Employer Advanced Medical Optics, Inc. Occupation Mgr Corp Accounts & Govt.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 01 / 18 / 2006
Transaction ID: C457
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3400.00
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: PAGE 11 / 20
(check only one)

<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)
Advanced Medical Technology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Steven Ubl		Date of Receipt MM / DD / YYYY 03 / 31 / 2006	
Mailing Address 1900 Massachusetts Ave		Transaction ID: C435	
City McLean	State VA	Zip Code 22101-4907	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Advamed	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B.

Full Name (Last, First, Middle Initial) Edward Voboril		Date of Receipt MM / DD / YYYY 02 / 28 / 2006	
Mailing Address 5526 Hemdale Dr Ste. 400		Transaction ID: C446	
City Williamsville	State NY	Zip Code 14221	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Greatbatch	Occupation President And CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	21400.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 20

(check only one)

<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)
Advanced Medical Technology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Advanced Medical Optics PAC

Mailing Address 2148 E Orangeview Ln

City State Zip Code
Orange CA 92867-1820

FEC ID number of contributing federal political committee. **C** C00379719

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 6

Transaction ID: C456

Amount of Each Receipt this Period

3000.00

B.

Full Name (Last, First, Middle Initial)
BAYPAC

Mailing Address 100 Bayer Rd.

City State Zip Code
Pittsburgh PA 15205

FEC ID number of contributing federal political committee. **C** C00281162

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 0 6

Transaction ID: C356

Amount of Each Receipt this Period

1000.00

PER MUR 6121

C.

Full Name (Last, First, Middle Initial)
C.R. BARD INC. ACTIVE CITIZENSHIP COMM

Mailing Address 730 Central Ave

City State Zip Code
New Providence NJ 07974-1139

FEC ID number of contributing federal political committee. **C** C00359125

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 6

Transaction ID: C449

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional) ▶

9000.00

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:		PAGE 13 / 20	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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)
Advanced Medical Technology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Smith and Nephew PAC

Mailing Address 1450 Brooks Rd.

City	State	Zip Code
Memphis	TN	38116

FEC ID number of contributing federal political committee. **C** C00374066

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	7	/	2	0	0	6

Transaction ID: C447

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	14000.00

**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)

PAGE 14 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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)

Advanced Medical Technology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

E-Donation

Mailing Address 118 N Saint Asaph St

City Alexandria State VA Zip Code 22314-3110

Purpose of Disbursement
CC Fees for February

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D89469

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

625.00

PER MUR 6121

SUBTOTAL of Disbursements This Page (optional)

625.00

TOTAL This Period (last page this line number only)

625.00

**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

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)
Advanced Medical Technology Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends of Ray LaHood	Transaction ID: D627 Date of Disbursement 03 / 14 / 2006
	Mailing Address 4238 N Knoxville Ave	Amount of Each Disbursement this Period 1000.00
	City Peoria State IL Zip Code 61614-7435	
	Purpose of Disbursement campaign contribution Candidate Name Rep. Ray LaHood Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Johnson for Congress Committee	Transaction ID: D629 Date of Disbursement 03 / 29 / 2006
	Mailing Address 2875 Towerview Rd Suite 1000	Amount of Each Disbursement this Period 2000.00
	City Herndon State VA Zip Code 20171-5403	
	Purpose of Disbursement campaign contribution Candidate Name Rep Nancy Johnson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) National Republican Congressional Committee	Transaction ID: D630 Date of Disbursement 03 / 31 / 2006
	Mailing Address 320 1st St SE	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003-1838	
	Purpose of Disbursement contribution to party Candidate Name National Republican Congressional Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Annual Limit	011 Category/ Type

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

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)
Advanced Medical Technology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
NORTHSTAR LEADERSHIP PAC

Mailing Address PO Box 28754

City State Zip Code
Saint Paul MN 55128

Purpose of Disbursement
Leadership PAC Contribution

Candidate Name
NORTHSTAR LEADERSHIP PAC

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: District: 2006 Annual Limit

Transaction ID: D631
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

B. Full Name (Last, First, Middle Initial)
Norwood for Congress

Mailing Address PO Box 499

City State Zip Code
Evans GA 30809-0499

Purpose of Disbursement
campaign contribution

Candidate Name
Rep. Charlie Norwood

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: GA District: 10

Transaction ID: D632
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

C. Full Name (Last, First, Middle Initial)
DEVIN NUNES CAMPAIGN COMMITTEE

Mailing Address PO BOX 6545

City State Zip Code
VISALIA CA 93290

Purpose of Disbursement
campaign contribution

Candidate Name
Rep. Devin Nunes

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: CA District: 21

Transaction ID: D626
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

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"/> 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

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)
Advanced Medical Technology Association Political Action Committee

A. EARL POMEROY FOR CONGRESS

Full Name (Last, First, Middle Initial)

EARL POMEROY FOR CONGRESS

Mailing Address P.O. Box 9336

City Fargo State ND Zip Code 58106

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name
Rep. Earl Pomeroy

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: ND District:

Transaction ID: D703

Date of Disbursement

03 / 28 / 2006

Amount of Each Disbursement this Period

1000.00

B. PETE STARK RE-ELECTION COMMITTEE

Full Name (Last, First, Middle Initial)

PETE STARK RE-ELECTION COMMITTEE

Mailing Address P.O. Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name
Rep. Fortney H. Stark

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 13

Transaction ID: D634

Date of Disbursement

02 / 10 / 2006

Amount of Each Disbursement this Period

1000.00

C. UPTON FOR ALL OF US

Full Name (Last, First, Middle Initial)

UPTON FOR ALL OF US

Mailing Address 104 Hume Ave

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name
Rep. Fred Upton

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MI District: 06

Transaction ID: D638

Date of Disbursement

02 / 10 / 2006

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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)
Advanced Medical Technology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
JOHN D. DINGELL FOR CONGRESS

Mailing Address 607 14th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
campaign contribution

Candidate Name
Rep. John D. Dingell

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MI District: 15

Transaction ID: D724

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
HOYER FOR CONGRESS

Mailing Address 7905 Malcolm Road
Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement
campaign contribution

Candidate Name
Rep. Steny H. Hoyer

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MD District: 05

Transaction ID: D628

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF KENT CONRAD

Mailing Address PO BOX 812

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
campaign contribution

Candidate Name
Sen. Kent Conrad

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: ND District:

Transaction ID: D89470

Date of Disbursement

03 / 17 / 2006

Amount of Each Disbursement this Period

1000.00

PER MUR 6121

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

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)
Advanced Medical Technology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
CRAPO FOR US SENATE

Mailing Address 128 N. Columbus

City Alexandria State VA Zip Code 22314

Purpose of Disbursement campaign contribution

Candidate Name Sen. Mike Crapo

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: ID District:

Transaction ID: D625
Date of Disbursement
03 / 08 / 2006

Amount of Each Disbursement this Period
2000.00

011
Category/
Type

B. Full Name (Last, First, Middle Initial)
PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement campaign contribution

Candidate Name Sen. Patty Murray

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: WA District:

Transaction ID: D633
Date of Disbursement
03 / 23 / 2006

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

C. Full Name (Last, First, Middle Initial)
SnowPAC

Mailing Address 175 S West Temple Suite 650

City Salt Lake City State UT Zip Code 84101-1410

Purpose of Disbursement Leadership PAC Contribution

Candidate Name SnowPAC

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District: 2006 Annual Limit

Transaction ID: D635
Date of Disbursement
03 / 27 / 2006

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

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)

PAGE 20 / 20

<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

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)
Advanced Medical Technology Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) SnowPAC	Transaction ID: D636 Date of Disbursement 03 / 28 / 2006
	Mailing Address 175 S West Temple Suite 650	Amount of Each Disbursement this Period 1000.00
	City Salt Lake City State UT Zip Code 84101-1410	
	Purpose of Disbursement Leadership PAC Contribution Candidate Name SnowPAC Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Annual Limit	
B.	Full Name (Last, First, Middle Initial) Texans for Henry Bonilla	Transaction ID: D637 Date of Disbursement 03 / 08 / 2006
	Mailing Address PO Box 17292	Amount of Each Disbursement this Period 2500.00
	City San Antonio State TX Zip Code 78217-0292	
	Purpose of Disbursement campaign contribution Candidate Name Rep. Henry Bonilla Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

24500.00