

# 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. 12FE4M5

Advanced Medical Technology Association Political Action Committee

ADDRESS (number and street) 701 Pennsylvania Ave., NW Ste 800 Washington DC 20004

Check if different than previously reported. (ACC)

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

C C00340356

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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 04 / 28 / 2016 through [MM] / [DD] / [YYYY] 06 / 30 / 2016

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 Juan C Scott

Signature of Treasurer Juan C Scott [Electronically Filed] Date 07 / 13 / 2016

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

Office Use Only									
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FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Advanced Medical Technology Association Political Action Committee**

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="2016"/>	<input type="text" value="52931.47"/>	<input type="text" value="52931.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="96660.59"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="25498.44"/>	<input type="text" value="122655.56"/>
(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="122159.03"/>	<input type="text" value="175587.03"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="47849.82"/>	<input type="text" value="101277.82"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="74309.21"/>	<input type="text" value="74309.21"/>
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Advanced Medical Technology Association Political Action Committee**

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).....	20250.84	76142.45
(ii) Unitemized .....	154.98	1715.88
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20405.82	77858.33
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	44000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	25405.82	121858.33
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).....	92.62	797.23
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))..... ▶	25498.44	122655.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25498.44	122655.56

**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 .....	240.90	827.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	240.90	827.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47608.92	100450.00
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)) ..	47849.82	101277.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47849.82	101277.82

**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) .....	25405.82	121858.33
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25405.82	121858.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	240.90	827.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	92.62	797.23
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	148.28	30.59

**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 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

Full Name (Last, First, Middle Initial)  
**A. Randall S. Barko**

Mailing Address 41 Chiltern Hill Dr N

City Worcester State MA Zip Code 01609-1227

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

Name of Employer Ximedica Occupation President &CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2016

**Transaction ID : C3331244**

Amount of Each Receipt this Period  
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Brian Blaser**

Mailing Address 14855 Creekside Path

City Libertyville State IL Zip Code 60048-1106

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

Name of Employer Abbott Laboratories Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2016

**Transaction ID : C3327328**

Amount of Each Receipt this Period  
 2500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Scott Brooks**

Mailing Address 8 Biltmore Est  
Unit 303

City Phoenix State AZ Zip Code 85016-2846

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

Name of Employer Regenesys Biomedical Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2016

**Transaction ID : C3327146**

Amount of Each Receipt this Period  
 500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> 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: (check only one)	PAGE 7 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Christopher Cerone**

Mailing Address 15110 Rollinmead Dr

City Darnestown State MD Zip Code 20878-3906

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

Name of Employer Zimmer Occupation Global Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 13 / 2016**

**Transaction ID : C3326877**

Amount of Each Receipt this Period  
**250.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Dechane Dorsey**

Mailing Address 1714 A St SE

City Washington State DC Zip Code 20003-1617

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

Name of Employer Advamed Occupation Associate Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.96**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2016**

**Transaction ID : C3348269**

Amount of Each Receipt this Period  
**124.98**

Memo Item

\* Payroll Deduction: \$41.66 per month

Full Name (Last, First, Middle Initial)  
**C. Andrew Fish**

Mailing Address 701 Pennsylvania Ave NW Ste 800

City Washington State DC Zip Code 20004-2654

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

Name of Employer AdvaMed Occupation Vice President AdvaMedDx

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1249.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2016**

**Transaction ID : C3348272**

Amount of Each Receipt this Period  
**624.99**

Memo Item

\* Payroll Deduction: \$208.33 per month

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>999.97</b>
<b>TOTAL</b> 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: (check only one)	PAGE 8 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Advanced Medical Technology Association Political Action Committee**

**A. Carrie Hartgen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 864 N Jefferson St  
 City Arlington State VA Zip Code 22205-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AdvaMed Occupation Lobbyist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **499.98**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : C3348275**  
 Amount of Each Receipt this Period **249.99**  
 Memo Item  
 \* Payroll Deduction: 83.33 per month

**B. Zach Helzer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 Pennsylvania Ave NW  
 City Washington State DC Zip Code 20004-2608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AdvaMed Occupation AVP Global  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **416.65**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : C3348278**  
 Amount of Each Receipt this Period **249.99**  
 Memo Item  
 \* Payroll Deduction: \$83.33 per month

**C. Don May**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10411 Mannakee St  
 City Kensington State MD Zip Code 20895-2927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AdvaMed Occupation EVP Payment  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : C3348281**  
 Amount of Each Receipt this Period **375.00**  
 Memo Item  
 \* Payroll Deduction: \$125 per month

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>874.98</b>
<b>TOTAL</b> 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: (check only one)	PAGE 9 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Advanced Medical Technology Association Political Action Committee**

**A. Brian Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 S Wacker Dr  
Ste 3350

City Chicago State IL Zip Code 60606-4306

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

Name of Employer Linden Capital Partners Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
06 / 06 / 2016  
**Transaction ID : C3327337**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. Wanda Moebius**  
Full Name (Last, First, Middle Initial)

Mailing Address 281 S Pickett St  
Apt 201

City Alexandria State VA Zip Code 22304-4740

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

Name of Employer AdvaMed (Advanced Medical Technology A Occupation VP, Public Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1249.98

Date of Receipt  
06 / 30 / 2016  
**Transaction ID : C3348287**

Amount of Each Receipt this Period  
624.99

Memo Item

\* Payroll Deduction: 208.33 per month

**C. Elizabeth Pika Sharp**  
Full Name (Last, First, Middle Initial)

Mailing Address 4545 Connecticut Ave NW  
Apt 425

City Washington State DC Zip Code 20008-6021

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

Name of Employer Advamed Occupation Lobbyist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1249.98

Date of Receipt  
06 / 30 / 2016  
**Transaction ID : C3348290**

Amount of Each Receipt this Period  
624.99

Memo Item

\* Payroll Deduction: \$125 per month

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6249.98
<b>TOTAL</b> 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: (check only one)	PAGE 10 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Advanced Medical Technology Association Political Action Committee**

**A. Richard Price**  
Full Name (Last, First, Middle Initial)

Mailing Address 4535 Windom Place NW

City Washington State DC Zip Code 20016

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

Name of Employer AdvaMed Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **06 / 30 / 2016**

**Transaction ID : C3348293**

Amount of Each Receipt this Period **375.00**

Memo Item

\* Payroll Deduction: \$125 per month

**B. Zach Rothstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 1312 Seaport Lane

City Alexandria State VA Zip Code 22314

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

Name of Employer AdvaMed Occupation AVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **208.30**

Date of Receipt **06 / 30 / 2016**

**Transaction ID : C3348296**

Amount of Each Receipt this Period **124.98**

Memo Item

\* Payroll Deduction: \$41.66 per month

**C. Michael Rousseau**  
Full Name (Last, First, Middle Initial)

Mailing Address 620 Brandon Way

City Austin State TX Zip Code 78733-3263

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

Name of Employer St. Jude Medical Occupation President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **05 / 10 / 2016**

**Transaction ID : C3312113**

Amount of Each Receipt this Period **5000.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5499.98</b>
<b>TOTAL</b> 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: (check only one)	PAGE 11 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Advanced Medical Technology Association Political Action Committee**

**A. Juan C Scott**  
Full Name (Last, First, Middle Initial)

Mailing Address 3118 Military Rd

City Arlington State VA Zip Code 22207-4136

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

Name of Employer AdvaMed Occupation Senior VP Federal Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 06 / 30 / 2016  
**Transaction ID : C3348299**

Amount of Each Receipt this Period 1249.98

Memo Item

\* Payroll Deduction: \$416.66 per month

**B. Riley Swinehart**  
Full Name (Last, First, Middle Initial)

Mailing Address 6210 Nelway Dr

City Mc Lean State VA Zip Code 22101-3137

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

Name of Employer AdvaMed Occupation Vice President, Government Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : C3350819**

Amount of Each Receipt this Period 375.00

Memo Item

\* Payroll Deduction: \$125 per month

**C. Nancy Travis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1214 Duncan PI NE

City Washington State DC Zip Code 20002-6336

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

Name of Employer AdvaMed Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : C3350822**

Amount of Each Receipt this Period 126.00

Memo Item

\* Payroll Deduction: \$42 per month

**SUBTOTAL** of Receipts This Page (optional).....▶ 1750.98

**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: (check only one)	PAGE 12 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Advanced Medical Technology Association Political Action Committee**

**A. Thomas Tremble**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3103 Tremont Ave  
 City Cheverly State MD Zip Code 20785-1134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advamed Occupation Associate VP State Affairs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.96**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : C3350825**  
 Amount of Each Receipt this Period **124.98**  
 Memo Item  
 \* Payroll Deduction: \$41.66 per month

**B. Janet Trunzo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2151 Jamieson Avenue #1405  
 City Alexandria State VA Zip Code 22314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advamed Occupation Senior VP Global Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **333.32**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : C3350828**  
 Amount of Each Receipt this Period **249.99**  
 Memo Item  
 \* Payroll Deduction: \$83.33 per month

**C. Ashley Wittorf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 191 Somerville St Apt 311  
 City Alexandria State VA Zip Code 22304-8216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advamed Occupation VP Emerging Growth Company Council  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.96**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : C3350831**  
 Amount of Each Receipt this Period **124.98**  
 Memo Item  
 \* Payroll Deduction: \$41.66 per month

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>499.95</b>
<b>TOTAL</b> 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 OF 39  
(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
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NAME OF COMMITTEE (In Full)  
**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Duane Wright**

Mailing Address 2206 12th St NW

City Washington State DC Zip Code 20009-4404

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

Name of Employer AdvaMed Occupation Vice President GA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **06 / 30 / 2016**

**Transaction ID : C3350834**

Amount of Each Receipt this Period **375.00**

Memo Item

\* Payroll Deduction: \$125 per month

Full Name (Last, First, Middle Initial)  
**B.**

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

Amount of Each Receipt this Period

Memo Item

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

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>375.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>20250.84</b>

**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 14 OF 39
<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

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NAME OF COMMITTEE (In Full)  
**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Abbott Laboratories Employee PAC</b>		Date of Receipt MM / DD / YYYY 06 / 02 / 2016 <b>Transaction ID : C3327147</b>
Mailing Address 100 Abbott Park Road D312 Ap6d		Amount of Each Receipt this Period 5000.00
City Abbott Park	State IL	Zip Code 60064
FEC ID number of contributing federal political committee. C C00040279		<input type="checkbox"/> Memo Item
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

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

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

FOR LINE NUMBER: PAGE 15 OF 39  
(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
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Advanced Medical Technology Association Political Action Committee**

**A. Advamed**  
Full Name (Last, First, Middle Initial)  
Mailing Address 701 Pennsylvania Ave NW  
Ste 800  
City Washington State DC Zip Code 20004-2654  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**797.23**

Date of Receipt  
MM / DD / YYYY  
**05 / 23 / 2016**  
**Transaction ID : C3348263**  
Amount of Each Receipt this Period  
**92.62**  
 Memo Item

**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  
MM / DD / YYYY  
Amount of Each Receipt this Period  
 Memo Item

**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  
MM / DD / YYYY  
Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>92.62</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>92.62</b>

**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 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

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NAME OF COMMITTEE (In Full)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PNC Merchant Services**

Mailing Address 1 Pnc Plz

City Pittsburgh State PA Zip Code 15265-0000

Purpose of Disbursement credit card processing fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2016

**Transaction ID : D174703**

Amount of Each Disbursement this Period

62.67

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Merchant Services**

Mailing Address 1 Pnc Plz

City Pittsburgh State PA Zip Code 15265-0000

Purpose of Disbursement credit card processing fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2016

**Transaction ID : D174704**

Amount of Each Disbursement this Period

29.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Merchant Services**

Mailing Address 1 Pnc Plz

City Pittsburgh State PA Zip Code 15265-0000

Purpose of Disbursement credit card processing fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2016

**Transaction ID : D174705**

Amount of Each Disbursement this Period

133.00

Memo Item

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

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

225.62



**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 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

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NAME OF COMMITTEE (In Full)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PNC Merchant Services**

Mailing Address 1 Pnc Plz

City Pittsburgh State PA Zip Code 15265-0000

Purpose of Disbursement credit card processing fees

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2016

Transaction ID : D174706

Amount of Each Disbursement this Period

15.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Merchant Services**

Mailing Address 1 Pnc Plz

City Pittsburgh State PA Zip Code 15265-0000

Purpose of Disbursement credit card processing fees

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2016

Transaction ID : D174707

Amount of Each Disbursement this Period

0.03

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

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

15.28

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

240.90

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Advamed**

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City Washington State DC Zip Code 20004-2654

Purpose of Disbursement  
staff time and room rental for Black fundraiser

Category/  
Type

Candidate Name

**Rep. Diane Black**

Office Sought:  House  
 Senate  
 President  
State: TN District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D173765**

Amount of Each Disbursement this Period

Memo Item  
\* In-Kind

Full Name (Last, First, Middle Initial)

**B. Advamed**

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City Washington State DC Zip Code 20004-2654

Purpose of Disbursement  
staff time and room rental for Guthrie fundraiser

Category/  
Type

Candidate Name

**Rep. Brett Guthrie**

Office Sought:  House  
 Senate  
 President  
State: KY District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D173766**

Amount of Each Disbursement this Period

Memo Item  
\* In-Kind

Full Name (Last, First, Middle Initial)

**C. Advamed**

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City Washington State DC Zip Code 20004-2654

Purpose of Disbursement  
staff time for Bucshon fundraiser

Category/  
Type

Candidate Name

**Rep. Larry Bucshon**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D173774**

Amount of Each Disbursement this Period

Memo Item  
\* In-Kind

**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

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NAME OF COMMITTEE (In Full)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Advamed**

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City Washington State DC Zip Code 20004-2654

Purpose of Disbursement  
staff time for Dent fundraiser

011  
Category/  
Type

Candidate Name

**Rep. Charlie Dent**

Office Sought:  House  
 Senate  
 President  
State: PA District: 15

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2016

**Transaction ID : D173775**

Amount of Each Disbursement this Period

150.00

Memo Item  
\* In-Kind

Full Name (Last, First, Middle Initial)

**B. Advamed**

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City Washington State DC Zip Code 20004-2654

Purpose of Disbursement  
staff time and room rental for Burr fundraiser

011  
Category/  
Type

Candidate Name

**Sen. Richard M. Burr**

Office Sought:  House  
 Senate  
 President  
State: NC District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2016

**Transaction ID : D173776**

Amount of Each Disbursement this Period

300.00

Memo Item  
\* In-Kind

Full Name (Last, First, Middle Initial)

**C. Advamed**

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City Washington State DC Zip Code 20004-2654

Purpose of Disbursement  
staff time for Roskam fundraiser

011  
Category/  
Type

Candidate Name

**Rep. Peter Roskam**

Office Sought:  House  
 Senate  
 President  
State: IL District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2016

**Transaction ID : D174772**

Amount of Each Disbursement this Period

150.00

Memo Item  
\* In-Kind

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

600.00

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Advamed**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

**Transaction ID : D174773**

City Washington State DC Zip Code 20004-2654

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
staff time and room rental for Peters fundraiser

011
Category/ Type

Candidate Name

**Rep. Scott Peters**

Memo Item  
\* In-Kind

Office Sought:  House  
 Senate  
 President  
State: CA District: 52

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Advamed**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

**Transaction ID : D174774**

City Washington State DC Zip Code 20004-2654

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
staff time and room rental for Scott fundraiser

011
Category/ Type

Candidate Name

**Sen. Tim Scott**

Memo Item  
\* In-Kind

Office Sought:  House  
 Senate  
 President  
State: SC District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Advamed**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2016

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

**Transaction ID : D174830**

City Washington State DC Zip Code 20004-2654

Amount of Each Disbursement this Period

150.00
--------

Purpose of Disbursement  
staff time for Hoosiers First fundraiser

011
Category/ Type

Candidate Name

**Hoosiers First PAC**

Memo Item  
\* In-Kind

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
2016 annual limit

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

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

750.00
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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"/> 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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Advamed**

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City Washington State DC Zip Code 20004-2654

Purpose of Disbursement  
staff time for Eshoo fundraiser

Category/  
Type

Candidate Name

**Rep. Anna G. Eshoo**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D174831**

Amount of Each Disbursement this Period

Memo Item  
\* In-Kind

Full Name (Last, First, Middle Initial)

**B. Advamed**

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City Washington State DC Zip Code 20004-2654

Purpose of Disbursement  
staff time for Price fundraiser

Category/  
Type

Candidate Name

**Rep. Tom Price**

Office Sought:  House  
 Senate  
 President  
State: GA District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D174832**

Amount of Each Disbursement this Period

Memo Item  
\* In-Kind

Full Name (Last, First, Middle Initial)

**C. Advamed**

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City Washington State DC Zip Code 20004-2654

Purpose of Disbursement  
staff time for Isakson fundraiser

Category/  
Type

Candidate Name

**Sen. Johnny Isakson**

Office Sought:  House  
 Senate  
 President  
State: GA District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D174833**

Amount of Each Disbursement this Period

Memo Item  
\* In-Kind

**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

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NAME OF COMMITTEE (In Full)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Advamed**

Mailing Address 701 Pennsylvania Ave NW  
Ste 800

City Washington State DC Zip Code 20004-2654

Purpose of Disbursement  
staff time for TennPAC fundraiser

Category/  
Type

Candidate Name  
**TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: District: 2016 annual limit

Date of Disbursement

/  /

**Transaction ID : D174834**

Amount of Each Disbursement this Period

Memo Item  
\* In-Kind

Full Name (Last, First, Middle Initial)

**B. Angie Craig for Congress**

Mailing Address PO Box 22116

City Eagan State MN Zip Code 55122-0116

Purpose of Disbursement  
campaign contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : D173791**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. CHC Bold PAC**

Mailing Address PO Box 75357

City Washington State DC Zip Code 20013-0357

Purpose of Disbursement  
Leadership PAC contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: District: 2016 annual

Date of Disbursement

/  /

**Transaction ID : D174769**

Amount of Each Disbursement this Period

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"/> 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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Hoosiers First PAC**

Mailing Address PO Box 772

City Indianapolis State IN Zip Code 46206-0772

Purpose of Disbursement  
staff time for fundraiser

011

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District: 2016 annual limit

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2016

**Transaction ID : D174835**

Amount of Each Disbursement this Period

150.00

Memo Item  
2016 annual limit

Full Name (Last, First, Middle Initial)

**B. Hoosiers First PAC**

Mailing Address PO Box 772

City Indianapolis State IN Zip Code 46206-0772

Purpose of Disbursement  
Leadership PAC contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District: 2016 annual limit

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2016

**Transaction ID : D174827**

Amount of Each Disbursement this Period

1850.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Making Business Excel PAC**

Mailing Address PO Box 3241

City Cheyenne State WY Zip Code 82003

Purpose of Disbursement  
Leadership PAC Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District: 2016 annual limit

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

**Transaction ID : D173762**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

3850.00

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Promoting Our Republican Team PAC**

Mailing Address 8331 Little Harbor Dr

City Cincinnati State OH Zip Code 45244-2768

Purpose of Disbursement Leadership PAC contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) 2016 annual

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2016

Transaction ID : D174770

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BERA FOR CONGRESS**

Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement campaign contribution

011

Candidate Name

Category/Type

**Rep. Ami Bera**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: CA District: 07

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2016

Transaction ID : D173780

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANNA ESHOO FOR CONGRESS**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement campaign contribution

011

Candidate Name

Category/Type

**Rep. Anna G. Eshoo**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: CA District: 14

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2016

Transaction ID : D174825

Amount of Each Disbursement this Period

1850.00

Memo Item

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

4850.00

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ANNA ESHOO FOR CONGRESS**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
staff time and resources for fundraiser

011

Candidate Name

**Rep. Anna G. Eshoo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 14

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

**Transaction ID : D174836**

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR BOYLE**

Mailing Address PO BOX 11545

City PHILADELPHIA State PA Zip Code 19116

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Rep. Brendan F. Boyle**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2016

**Transaction ID : D174777**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. GUTHRIE FOR CONGRESS**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement  
staff time and room rental for fundraiser

011

Candidate Name

**Rep. Brett Guthrie**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2016

**Transaction ID : D173768**

Amount of Each Disbursement this Period

300.00

Memo Item

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. GUTHRIE FOR CONGRESS**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement  
food for fundraiser

011

Category/  
Type

Candidate Name

**Rep. Brett Guthrie**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2016

**Transaction ID : D173771**

Amount of Each Disbursement this Period

383.86

Memo Item

Full Name (Last, First, Middle Initial)

**B. GUTHRIE FOR CONGRESS**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Rep. Brett Guthrie**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2016

**Transaction ID : D173772**

Amount of Each Disbursement this Period

1316.14

Memo Item

Full Name (Last, First, Middle Initial)

**C. CHARLIE DENT FOR CONGRESS**

Mailing Address PO BOX 442

City ALLENTOWN State PA Zip Code 18105

Purpose of Disbursement  
staff time and resources for fundraiser

011

Category/  
Type

Candidate Name

**Rep. Charlie Dent**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2016

**Transaction ID : D173778**

Amount of Each Disbursement this Period

150.00

Memo Item

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

1316.14

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CHARLIE DENT FOR CONGRESS**

Mailing Address PO BOX 442

City ALLENTOWN State PA Zip Code 18105

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Rep. Charlie Dent**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 27 / 2016

Transaction ID : D173792

Amount of Each Disbursement this Period

1850.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHERI BUSTOS**

Mailing Address 1050 17TH ST NW STE 590

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Rep. Cheri Bustos**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 29 / 2016

Transaction ID : D174778

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DIANE BLACK FOR CONGRESS**

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement  
food for fundraiser

011

Candidate Name

**Rep. Diane Black**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 12 / 2016

Transaction ID : D173784

Amount of Each Disbursement this Period

241.08

Memo Item

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

2850.00

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DIANE BLACK FOR CONGRESS**

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement  
staff time and room rental for fundraiser

011

Category/  
Type

Candidate Name

**Rep. Diane Black**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2016

**Transaction ID : D173767**

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DIANE BLACK FOR CONGRESS**

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Rep. Diane Black**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2016

**Transaction ID : D173781**

Amount of Each Disbursement this Period

1458.92

Memo Item

Full Name (Last, First, Middle Initial)

**C. ELISE FOR CONGRESS**

Mailing Address PO BOX 500

City GLENS FALLS State NY Zip Code 12801

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Rep. Elise Stefanik**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2016

**Transaction ID : D174824**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

2458.92

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. GEORGE HOLDING FOR CONGRESS INC.**

Mailing Address PO BOX 97187

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Rep. George Holding**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 13

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2016

**Transaction ID : D173785**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. JOE KENNEDY FOR CONGRESS**

Mailing Address PO BOX 590464

City Newton Center State MA Zip Code 02459

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Rep. Joseph P. Kennedy III**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 04

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

**Transaction ID : D173764**

Amount of Each Disbursement this Period

458.92

Memo Item

Full Name (Last, First, Middle Initial)

**C. KYRSTEN SINEMA FOR CONGRESS**

Mailing Address PO BOX 25879

City TEMPE State AZ Zip Code 85285

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Rep. Kyrsten Sinema**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2016

**Transaction ID : D174781**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

2458.92

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BUCSHON FOR CONGRESS**

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement  
staff time and resources for fundraiser

011

Category/  
Type

Candidate Name

**Rep. Larry Bucshon**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2016

**Transaction ID : D173777**

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BUCSHON FOR CONGRESS**

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Rep. Larry Bucshon**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY  
05 / 27 / 2016

**Transaction ID : D173789**

Amount of Each Disbursement this Period

1850.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. WALTERS FOR CONGRESS**

Mailing Address C/O 8001 IRVINE CENTER DRIVE, #400

City IRVINE State CA Zip Code 92618

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Rep. Mimi Walters**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 45

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2016

**Transaction ID : D173788**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

3850.00

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PAUL TONKO FOR CONGRESS**

Mailing Address 911 CENTRAL AVENUE

City ALBANY State NY Zip Code 12206

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Rep. Paul Tonko**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 20

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2016

Transaction ID : D174779

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ROSKAM FOR CONGRESS COMMITTEE**

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
staff time and resources for fundraiser

011

Candidate Name

**Rep. Peter Roskam**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2016

Transaction ID : D174775

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DR. RAUL RUIZ FOR CONGRESS**

Mailing Address PO BOX 3433

City PALM DESERT State CA Zip Code 92261

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Rep. Raul Ruiz**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 36

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2016

Transaction ID : D173787

Amount of Each Disbursement this Period

1000.00

Memo Item

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

2000.00

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. SCOTT PETERS FOR CONGRESS**

Mailing Address PO BOX 70980

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement  
staff time and room rental for fundraiser

011

Category/  
Type

Candidate Name

**Rep. Scott Peters**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

**Transaction ID : D174776**

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. SCOTT PETERS FOR CONGRESS**

Mailing Address PO BOX 70980

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Rep. Scott Peters**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2016

**Transaction ID : D174780**

Amount of Each Disbursement this Period

1700.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PRICE FOR CONGRESS**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Rep. Tom Price**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2016

**Transaction ID : D174829**

Amount of Each Disbursement this Period

1850.00

Memo Item

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

3550.00

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PRICE FOR CONGRESS**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement  
staff time and resources for fundraiser

011

Category/  
Type

Candidate Name

**Rep. Tom Price**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	6

**Transaction ID : D174837**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. GEORGIANS FOR ISAKSON**

Mailing Address POST OFFICE BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement  
staff time and resources for fundraiser

011

Category/  
Type

Candidate Name

**Sen. Johnny Isakson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	6

**Transaction ID : D174838**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. GEORGIANS FOR ISAKSON**

Mailing Address POST OFFICE BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Sen. Johnny Isakson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	6

**Transaction ID : D174826**

Amount of Each Disbursement this Period

1	8	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

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

1	8	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	8	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MCCONNELL SENATE COMMITTEE**

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Sen. Mitch McConnell**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KY District: 00

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2016

**Transaction ID : D173786**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR PATTY MURRAY**

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Sen. Patty Murray**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WA District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 09 / 2016

**Transaction ID : D174828**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. RICHARD BURR COMMITTEE; THE**

Mailing Address POST OFFICE BOX 5928

City WINSTON-SALEM State NC Zip Code 27113

Purpose of Disbursement  
food for fundraising event

011

Candidate Name

**Sen. Richard M. Burr**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 27 / 2016

**Transaction ID : D173795**

Amount of Each Disbursement this Period

278.75

Memo Item

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. RICHARD BURR COMMITTEE; THE**

Mailing Address POST OFFICE BOX 5928

City WINSTON-SALEM State NC Zip Code 27113

Purpose of Disbursement  
staff time and room rental

011

Category/  
Type

Candidate Name

**Sen. Richard M. Burr**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2016

**Transaction ID : D173779**

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. RICHARD BURR COMMITTEE; THE**

Mailing Address POST OFFICE BOX 5928

City WINSTON-SALEM State NC Zip Code 27113

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Sen. Richard M. Burr**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 27 / 2016

**Transaction ID : D173790**

Amount of Each Disbursement this Period

1421.25

Memo Item

Full Name (Last, First, Middle Initial)

**C. TIM SCOTT FOR SENATE**

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Sen. Tim Scott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

**Transaction ID : D174771**

Amount of Each Disbursement this Period

1700.00

Memo Item

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

3121.25

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)**

Mailing Address 228 SOUTH WASHINGTON  
SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Leadership PAC contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District: 2016 annual limit

Date of Disbursement

M M / D D / Y Y Y Y Y  
06 / 29 / 2016

Transaction ID : D167551

Amount of Each Disbursement this Period

2005.76

Memo Item

Full Name (Last, First, Middle Initial)

**B. TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)**

Mailing Address 228 SOUTH WASHINGTON  
SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
food for Tenn PAC fundraiser

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District: 2016 annual limit

Date of Disbursement

M M / D D / Y Y Y Y Y  
06 / 15 / 2016

Transaction ID : D174785

Amount of Each Disbursement this Period

844.24

Memo Item  
2016 annual limit

Full Name (Last, First, Middle Initial)

**C. TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)**

Mailing Address 228 SOUTH WASHINGTON  
SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
staff time and resources for fundraiser

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District: 2016 annual limit

Date of Disbursement

M M / D D / Y Y Y Y Y  
06 / 15 / 2016

Transaction ID : D174839

Amount of Each Disbursement this Period

150.00

Memo Item  
2016 annual limit

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

2005.76

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. First National Bank Omaha**

Mailing Address PO Box 2557

City Omaha State NE Zip Code 68103-2557

Purpose of Disbursement  
Credit Card Payment - see below

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2016

**Transaction ID : D173769**

Amount of Each Disbursement this Period

383.86

Memo Item

Full Name (Last, First, Middle Initial)

**B. Charm City Concierge**

Mailing Address 1437 E Fort Ave

City Baltimore State MD Zip Code 21230-5215

Purpose of Disbursement  
food for Guthrie fundraiser

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2016

**Transaction ID : D173770**

Amount of Each Disbursement this Period

383.86

Memo Item

Full Name (Last, First, Middle Initial)

**C. First National Bank Omaha**

Mailing Address PO Box 2557

City Omaha State NE Zip Code 68103-2557

Purpose of Disbursement  
Credit Card Payment - see below

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2016

**Transaction ID : D173782**

Amount of Each Disbursement this Period

241.08

Memo Item

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

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

624.94

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Charm City Concierge**

Mailing Address 1437 E Fort Ave

City Baltimore State MD Zip Code 21230-5215

Purpose of Disbursement  
food for Black fundraiser

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2016

**Transaction ID : D173783**

Amount of Each Disbursement this Period

241.08

Memo Item

Full Name (Last, First, Middle Initial)

**B. First National Bank Omaha**

Mailing Address PO Box 2557

City Omaha State NE Zip Code 68103-2557

Purpose of Disbursement  
Credit Card Payment - see below

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 27 / 2016

**Transaction ID : D173793**

Amount of Each Disbursement this Period

278.75

Memo Item

Full Name (Last, First, Middle Initial)

**C. Charm City Concierge**

Mailing Address 1437 E Fort Ave

City Baltimore State MD Zip Code 21230-5215

Purpose of Disbursement  
food for Burr fundraiser

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2016

**Transaction ID : D173794**

Amount of Each Disbursement this Period

278.75

Memo Item

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

278.75

**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)

**Advanced Medical Technology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Duane Wright**

Mailing Address 2206 12th St NW

City Washington State DC Zip Code 20009-4404

Purpose of Disbursement  
Food for Tenn PAC Fundraiser

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
2016 annual limit

State: District:

Date of Disbursement

/  /

**Transaction ID : D174783**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Willard**

Mailing Address 1401 Pennsylvania Ave., NW

City Washington State DC Zip Code 20004

Purpose of Disbursement  
food for Tenn PAC fundraiser

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
2016 annual limit

State: District:

Date of Disbursement

/  /

**Transaction ID : D174784**

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

/  /

Amount of Each Disbursement this Period

Memo Item

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

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