

# 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) 701 Pennsylvania Ave., NW  
Ste 800  
 Check if different than previously reported. (ACC)  
Washington DC 20004

2. **FEC IDENTIFICATION NUMBER** 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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2010 through 03 31 2010

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 04 15 2010

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 **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	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		33599.21
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	33599.21									
(c) Total Receipts (from Line 19) .....	52887.45	52887.45								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	86486.66	86486.66								
7. Total Disbursements (from Line 31) .....	42374.48	42374.48								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	44112.18	44112.18								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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) .....	39835.01	39835.01
(ii) Unitemized .....	502.44	502.44
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	40337.45	40337.45
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	12500.00	12500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	52837.45	52837.45
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	50.00	50.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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)) .....	52887.45	52887.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	52887.45	52887.45

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	74.48	74.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	74.48	74.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42300.00	42300.00
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))..	42374.48	42374.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42374.48	42374.48

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 29

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) .....	52837.45	52837.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	52837.45	52837.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	74.48	74.48
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	74.48	74.48

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 29  
(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)  
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 ▼ 1000.00

Date of Receipt MM / DD / YYYY  
03 / 02 / 2010

**Transaction ID:** C900191

Amount of Each Receipt this Period 1000.00

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

Mailing Address 110 Carlson Pkwy  
Apt 108

City State Zip Code  
Minnetonka MN 55305-5309

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
AGA Medical Corporation President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY  
03 / 04 / 2010

**Transaction ID:** C888173

Amount of Each Receipt this Period 1500.00

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

Mailing Address 4500 Island Cv

City State Zip Code  
Austin TX 78731-5142

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Biomet, Inc. President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID:** C906003

Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 4500.00

**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 / 29  
(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

**A.**

Full Name (Last, First, Middle Initial)  
Kevin Buehler

Mailing Address 6201 South Fwy

City State Zip Code  
Fort Worth TX 76134-2001

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

Name of Employer Alcon Laboratories, Inc. Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

Transaction ID: C900195

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Patricia Christian

Mailing Address 32 Bennington Rd

City State Zip Code  
Morristown NJ 07960-6127

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

Name of Employer CR Bard Occupation VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2010

Transaction ID: C900205

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Julie Cohen

Mailing Address 3460 39th St NW  
Apt B680

City State Zip Code  
Washington DC 20016-3764

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 ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

Transaction ID: C903300

Amount of Each Receipt this Period  
375.00

\* Payroll Deduction: \$125 per month

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5625.00**

**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 / 29  
(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

**A.**

Full Name (Last, First, Middle Initial)  
David Dvorak

Mailing Address 345 E Main St  
PO Box 708

City Warsaw State IN Zip Code 46580-2746

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

Name of Employer Zimmer, Inc. Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 25 / 2010  
**Transaction ID: C900134**  
Amount of Each Receipt this Period 5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Scott Garrett

Mailing Address 4300 N Harbor Blvd

City Fullerton State CA Zip Code 92835-1091

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

Name of Employer Beckman Coulter, Inc. Occupation President and Chief Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 18 / 2010  
**Transaction ID: C888177**  
Amount of Each Receipt this Period 2500.00

**C.**

Full Name (Last, First, Middle Initial)  
William Hawkins

Mailing Address 2750 Woolsey Ln

City Wayzata State MN Zip Code 55391-2751

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

Name of Employer Medtronic Occupation Chairman and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 12 / 2010  
**Transaction ID: C888172**  
Amount of Each Receipt this Period 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10000.00

**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 / 29  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Leah Kegler

Mailing Address 1126 25th St NW  
Apt 2

City Washington State DC Zip Code 20037-1464

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 ▼ 375.00

Date of Receipt 03 / 31 / 2010  
**Transaction ID: C903306**  
 Amount of Each Receipt this Period 375.00

\* Payroll Deduction: \$125 per month

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

Mailing Address 155 Thorntree Ln

City Winnetka State IL Zip Code 60093-3731

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

Name of Employer Roundtable Healthcare Partners Occupation Founding Partner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 09 / 2010  
**Transaction ID: C900192**  
 Amount of Each Receipt this Period 5000.00

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

Mailing Address 3309 23rd St N

City Arlington State VA Zip Code 22201-4310

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

Name of Employer Advamed Occupation V.P., Government Affairs

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.98

Date of Receipt 03 / 31 / 2010  
**Transaction ID: C903312**  
 Amount of Each Receipt this Period 1249.98

\* Payroll Deduction: \$416.66 per month

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6624.98**

**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: PAGE 10 / 29  
(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

**A.**

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

Mailing Address 605 Piermont Rd

City State Zip Code  
Demarest NJ 07627-1104

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

Name of Employer Occupation  
Becton Dickenson CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2010

Transaction ID: C888174

Amount of Each Receipt this Period  
5000.00

**B.**

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

Mailing Address 2500 Monaco Dr

City State Zip Code  
Laguna Beach CA 92651-1009

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

Name of Employer Occupation  
Abbott President AMO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2010

Transaction ID: C877823

Amount of Each Receipt this Period  
2500.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael McGarry

Mailing Address 4109 N River St

City State Zip Code  
McLean VA 22101-5818

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

Name of Employer Occupation  
Advamed EVP of Public Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.05

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

Transaction ID: C903315

Amount of Each Receipt this Period  
250.05

\* Payroll Deduction: \$83.-  
35 per month

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **7750.05**

**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 / 29  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mike Mussallem

Mailing Address 1 Edwards Way

City State Zip Code  
Irvine CA 92614-5688

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

Name of Employer Occupation  
Edwards Lifesciences Chairman and 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  
03 / 04 / 2010

**Transaction ID:** C881597

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 4545 Connecticut Ave NW  
Apt 425

City State Zip Code  
Washington DC 20008-6021

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

Name of Employer Occupation  
Advamed Lobbyist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2010

**Transaction ID:** C903318

Amount of Each Receipt this Period  
375.00

\* Payroll Deduction: \$125 per month

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

Mailing Address 4535 Windom Place NW

City State Zip Code  
Washington DC 20016

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

Name of Employer Occupation  
AdvaMed Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2010

**Transaction ID:** C903321

Amount of Each Receipt this Period  
210.00

\* Payroll Deduction: \$70 per month

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1585.00

**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 12 / 29  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Timothy Ring

Mailing Address 1 Green Hill Road

City State Zip Code  
Mendham NJ 07945

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

Name of Employer Occupation  
C. R. Bard, Inc. Chairman & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID:** C900193

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 1900 Massachusetts Ave

City State Zip Code  
McLean VA 22101-4907

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

Name of Employer Occupation  
Advamed President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.98

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

**Transaction ID:** C903327

Amount of Each Receipt this Period  
1249.98

\* Payroll Deduction: \$416-.66 per month

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3749.98**

**TOTAL** This Period (last page this line number only) ..... ► **39835.01**

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

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

FOR LINE NUMBER: PAGE 13 / 29  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Abbott Laboratories Employee PAC

Mailing Address 100 Abbott Park Road  
D312 Ap6d

City State Zip Code  
Abbott Park IL 60064

FEC ID number of contributing federal political committee. **C** C00040279

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	/	1	6	/	2	0	1	0

**Transaction ID:** C900201

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 22 Cherry Hill Dr

City State Zip Code  
Danvers MA 01923-2575

FEC ID number of contributing federal political committee. **C** C00426445

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

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

**Transaction ID:** C888175

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
Medtronic Medical Technology Fund

Mailing Address 900 F Street NW

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00311878

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	1	/	2	5	/	2	0	1	0

**Transaction ID:** C900199

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **12500.00**

**TOTAL** This Period (last page this line number only) ..... ► **12500.00**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 29  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

A.

Full Name (Last, First, Middle Initial)  
EVAN BAYH COMMITTEE

Mailing Address 251 E Ohio St  
Ste 350

City State Zip Code  
Indianapolis IN 46204-2285

FEC ID number of contributing federal political committee. **C** C00306860

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 1 0

Transaction ID: C906004

Amount of Each Receipt this Period  
50.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 29

<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

A.	Full Name (Last, First, Middle Initial) Express EMPS	Transaction ID: D93844 Date of Disbursement
	Mailing Address PO Box 6600	<input type="text" value="01"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card fees	<input type="text" value="23.95"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Express EMPS	Transaction ID: D93845 Date of Disbursement
	Mailing Address PO Box 6600	<input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card fees	<input type="text" value="50.53"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Express EMPS	Transaction ID: D93847 Date of Disbursement
	Mailing Address PO Box 6600	<input type="text" value="03"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card fees	<input type="text" value="0.53"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="75.01"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

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<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

A.

Full Name (Last, First, Middle Initial)

Express EMPS

Mailing Address PO Box 6600

City  
Hagerstown

State  
MD

Zip Code  
21740

Purpose of Disbursement  
reversal of credit card fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D93848

Date of Disbursement

03 / 05 / 2010

Amount of Each Disbursement this Period

-0.53

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

-0.53

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

74.48



# 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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Advamed</p> <p>Mailing Address 701 Pennsylvania Ave NW Ste 800</p> <p>City Washington State DC Zip Code 20004-2654</p> <p>Purpose of Disbursement staff time and room rental for FR</p> <p>Candidate Name Rep. Baron Hill</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D93560 <b>Date of Disbursement</b> 03 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>011 Category/ Type</p> <p>* In-Kind</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Advamed</p> <p>Mailing Address 701 Pennsylvania Ave NW Ste 800</p> <p>City Washington State DC Zip Code 20004-2654</p> <p>Purpose of Disbursement staff time and resources for fundraiser</p> <p>Candidate Name Rep. Erik Paulsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D93561 <b>Date of Disbursement</b> 03 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 150.00</p> <p>011 Category/ Type</p> <p>* In-Kind</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Advamed</p> <p>Mailing Address 701 Pennsylvania Ave NW Ste 800</p> <p>City Washington State DC Zip Code 20004-2654</p> <p>Purpose of Disbursement staff time and room rental for FR</p> <p>Candidate Name Rep. Dave Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D93562 <b>Date of Disbursement</b> 03 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>011 Category/ Type</p> <p>* In-Kind</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	750.00
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) Advamed	Transaction ID: D93566 Date of Disbursement 03 / 31 / 2010
	Mailing Address 701 Pennsylvania Ave NW Ste 800	Amount of Each Disbursement this Period 300.00
	City Washington State DC Zip Code 20004-2654	
	Purpose of Disbursement staff time and room rental for FR	011 Category/ Type
	Candidate Name Rep. Peter J. Roskam	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 06	* In-Kind

B.	Full Name (Last, First, Middle Initial) Advamed	Transaction ID: D93567 Date of Disbursement 03 / 31 / 2010
	Mailing Address 701 Pennsylvania Ave NW Ste 800	Amount of Each Disbursement this Period 300.00
	City Washington State DC Zip Code 20004-2654	
	Purpose of Disbursement staff time and room rental for FR	011 Category/ Type
	Candidate Name Rep. John Shimkus	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 19	* In-Kind

C.	Full Name (Last, First, Middle Initial) Advamed	Transaction ID: D93568 Date of Disbursement 03 / 31 / 2010
	Mailing Address 701 Pennsylvania Ave NW Ste 800	Amount of Each Disbursement this Period 300.00
	City Washington State DC Zip Code 20004-2654	
	Purpose of Disbursement staff time and room rental for FR	
	Candidate Name Rep. Charles W. Boustany, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: LA District: 07	* In-Kind

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

900.00

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)

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<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

A.	Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee	Transaction ID: D93551 Date of Disbursement 02 / 01 / 2010
	Mailing Address 6849 Old Dominion Dr Ste 222	Amount of Each Disbursement this Period 2500.00
	City McLean State VA Zip Code 22101-3705	
	Purpose of Disbursement Leadership PAC Contribution Candidate Name Blue Dog Political Action Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: 2010 annual limit	011 Category/ Type

B.	Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee	Transaction ID: D93552 Date of Disbursement 03 / 31 / 2010
	Mailing Address 6849 Old Dominion Dr Ste 222	Amount of Each Disbursement this Period 2500.00
	City McLean State VA Zip Code 22101-3705	
	Purpose of Disbursement Leadership PAC Contribution Candidate Name Blue Dog Political Action Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: 2010 annual limit	011 Category/ Type

C.	Full Name (Last, First, Middle Initial) MAJORITY COMMITTEE PAC--MC PAC	Transaction ID: D93582 Date of Disbursement 03 / 31 / 2010
	Mailing Address P.O. BOX 10134	Amount of Each Disbursement this Period 1500.00
	City BAKERSFIELD State CA Zip Code 93389	
	Purpose of Disbursement Leadership PAC Contribution Candidate Name MAJORITY COMMITTEE PAC--MC PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: 2010 annual limit	011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6500.00</b>
<b>TOTAL</b> 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

A.

Full Name (Last, First, Middle Initial)  
New Democrat PAC

Transaction ID: D93558  
Date of Disbursement

Mailing Address 607 14th St NW Ste 800

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	0

City Washington State DC Zip Code 20005-2005

Amount of Each Disbursement this Period

Purpose of Disbursement  
Leadership PAC Contribution

011
Category/ Type

5000.00
---------

Candidate Name  
New Democrat PAC

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District: 2010 annual limit

B.

Full Name (Last, First, Middle Initial)  
Pat Roberts Victory Committee

Transaction ID: D93621  
Date of Disbursement

Mailing Address 610 S Boulevard St

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

City Tampa State FL Zip Code 33606

Amount of Each Disbursement this Period

Purpose of Disbursement  
campaign contribution

011
Category/ Type

1000.00
---------

Candidate Name  
Pat Roberts Victory Committee

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District: Joint Committee

C.

Full Name (Last, First, Middle Initial)  
HOOSIERS FOR HILL

Transaction ID: D93579  
Date of Disbursement

Mailing Address PO Box 1071

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

City Seymour State IN Zip Code 47274

Amount of Each Disbursement this Period

Purpose of Disbursement  
campaign contribution

011
Category/ Type

1317.34
---------

Candidate Name  
Rep. Baron Hill

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: IN District: 09

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

7317.34
---------

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

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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)

PAGE 21 / 29

<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

A.	Full Name (Last, First, Middle Initial) HOOSIERS FOR HILL	Transaction ID: D93580 Date of Disbursement 03 / 24 / 2010
	Mailing Address PO Box 1071	Amount of Each Disbursement this Period 300.00
	City Seymour State IN Zip Code 47274	
	Purpose of Disbursement staff time and room rental for FR	011 Category/ Type
	Candidate Name Rep. Baron Hill	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) HOOSIERS FOR HILL	Transaction ID: D93581 Date of Disbursement 03 / 24 / 2010
	Mailing Address PO Box 1071	Amount of Each Disbursement this Period 382.66
	City Seymour State IN Zip Code 47274	
	Purpose of Disbursement food for fundraising event	011 Category/ Type
	Candidate Name Rep. Baron Hill	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) ELLSWORTH FOR INDIANA	Transaction ID: D93578 Date of Disbursement 03 / 31 / 2010
	Mailing Address P.O. Box 62	Amount of Each Disbursement this Period 1000.00
	City Evansville State IN Zip Code 47701	
	Purpose of Disbursement campaign contribution	011 Category/ Type
	Candidate Name Rep. Brad Ellsworth	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1000.00
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) <b>CHARLES BOUSTANY JR MD FOR CONGRESS INC</b>	<b>Transaction ID:</b> D93570
	Mailing Address <b>PO Box 80126</b>	Date of Disbursement MM / DD / YYYY <b>03 / 31 / 2010</b>
	City <b>Lafayette</b> State <b>LA</b> Zip Code <b>70598</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement campaign contribution	<b>011</b> Category/ Type
	Candidate Name <b>Rep. Charles W. Boustany, Jr.</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>LA</b> District: <b>07</b>	

B.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF DAN MAFFEI</b>	<b>Transaction ID:</b> D93554
	Mailing Address <b>PO Box 74</b>	Date of Disbursement MM / DD / YYYY <b>02 / 01 / 2010</b>
	City <b>Syracuse</b> State <b>NY</b> Zip Code <b>13214</b>	Amount of Each Disbursement this Period <b>2000.00</b>
	Purpose of Disbursement campaign contribution	<b>011</b> Category/ Type
	Candidate Name <b>Rep. Dan Maffei</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>NY</b> District: <b>25</b>	

C.	Full Name (Last, First, Middle Initial) <b>DAVIS FOR CONGRESS/FRIENDS OF DAVIS</b>	<b>Transaction ID:</b> D93553
	Mailing Address <b>5956 W. Race Avenue</b>	Date of Disbursement MM / DD / YYYY <b>02 / 01 / 2010</b>
	City <b>Chicago</b> State <b>IL</b> Zip Code <b>60644</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement campaign contribution	<b>011</b> Category/ Type
	Candidate Name <b>Rep. Danny K. Davis</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>IL</b> District: <b>07</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> 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 23 / 29

<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

A.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS	Transaction ID: D93576 Date of Disbursement
	Mailing Address 5915 EASTMAN AVE. SUITE 100	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City MIDLAND State MI Zip Code 48640	Amount of Each Disbursement this Period
	Purpose of Disbursement campaign contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Dave Camp	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS	Transaction ID: D93577 Date of Disbursement
	Mailing Address 5915 EASTMAN AVE. SUITE 100	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City MIDLAND State MI Zip Code 48640	Amount of Each Disbursement this Period
	Purpose of Disbursement cancelation fee to caterer	<input type="text" value="100.00"/>
	Candidate Name Rep. Dave Camp	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN	Transaction ID: D93583 Date of Disbursement
	Mailing Address P.O. Box 44369	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City Eden Prairie State MN Zip Code 55344	Amount of Each Disbursement this Period
	Purpose of Disbursement campaign contribution	<input type="text" value="1850.00"/>
	Candidate Name Rep. Erik Paulsen	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF ERIK PAULSEN</b>  Mailing Address P.O. Box 44369  City Eden Prairie State MN Zip Code 55344  Purpose of Disbursement staff time and resources for fundraiser Candidate Name Rep. Erik Paulsen  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D93584 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 1 0	Amount of Each Disbursement this Period  150.00
			<b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>WALDEN FOR CONGRESS</b>  Mailing Address PO Box 1091  City Hood River State OR Zip Code 97031  Purpose of Disbursement campaign contribution Candidate Name Rep. Greg Walden  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D93565 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0	Amount of Each Disbursement this Period  500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>MATHESON FOR CONGRESS</b>  Mailing Address PO Box 521048  City Salt Lake City State UT Zip Code 84152  Purpose of Disbursement campaign contribution Candidate Name Rep. Jim Matheson  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D93555 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 1 0	Amount of Each Disbursement this Period  3000.00

**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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>VOLUNTEERS FOR SHIMKUS</b> <hr/> Mailing Address <b>PO Box 5458</b> <hr/> City <b>Springfield</b> State <b>IL</b> Zip Code <b>62705</b> <hr/> Purpose of Disbursement campaign contribution Candidate Name <b>Rep. John Shimkus</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>IL</b> District: <b>19</b> <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>D93586</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> <hr/> Category/Type <table border="1"> <tr> <td style="text-align: center;">011</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	0	1000.00	011
M	M	/	D	D	/	Y	Y	Y	Y															
0	3		3	1		2	0	1	0															
1000.00																								
011																								
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>TEXANS FOR LAMAR SMITH</b> <hr/> Mailing Address <b>PO Box 6155</b> <hr/> City <b>San Antonio</b> State <b>TX</b> Zip Code <b>78209</b> <hr/> Purpose of Disbursement campaign contribution Candidate Name <b>Rep. Lamar S. Smith</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>TX</b> District: <b>21</b> <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>D93587</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> <hr/> Category/Type <table border="1"> <tr> <td style="text-align: center;">011</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	0	1000.00	011
M	M	/	D	D	/	Y	Y	Y	Y															
0	3		3	1		2	0	1	0															
1000.00																								
011																								
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>COMMITTEE TO RE-ELECT LINDA SANCHEZ</b> <hr/> Mailing Address <b>1212 S. Victory Blvd</b> <hr/> City <b>BURBANK</b> State <b>CA</b> Zip Code <b>91502</b> <hr/> Purpose of Disbursement campaign contribution Candidate Name <b>Rep. Linda T. Sanchez</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CA</b> District: <b>39</b> <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>D93559</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> <hr/> Category/Type <table border="1"> <tr> <td style="text-align: center;">011</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	1	0	2000.00	011
M	M	/	D	D	/	Y	Y	Y	Y															
0	3		1	9		2	0	1	0															
2000.00																								
011																								

**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 26 / 29

<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

A.	Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS	Transaction ID: D93549 Date of Disbursement 02 / 01 / 2010
	Mailing Address P.O. Box 8508	Amount of Each Disbursement this Period 1000.00
	City Utica State NY Zip Code 13505	
	Purpose of Disbursement campaign contribution	011 Category/ Type
	Candidate Name Rep. Michael A. Arcuri	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District: 24	

B.	Full Name (Last, First, Middle Initial) ROSKAM FOR CONGRESS COMMITTEE	Transaction ID: D93805 Date of Disbursement 03 / 31 / 2010
	Mailing Address P. O. Box 713	Amount of Each Disbursement this Period 1000.00
	City Wheaton State IL Zip Code 60187	
	Purpose of Disbursement campaign contribution	011 Category/ Type
	Candidate Name Rep. Peter J. Roskam	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 06	

C.	Full Name (Last, First, Middle Initial) SCOTT MURPHY FOR CONGRESS COMMITTEE	Transaction ID: D93557 Date of Disbursement 03 / 19 / 2010
	Mailing Address 615 GLEN ST	Amount of Each Disbursement this Period 1000.00
	City GLENS FALLS State NY Zip Code 12801	
	Purpose of Disbursement campaign contribution	011 Category/ Type
	Candidate Name Rep. Scott Murphy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District: 20	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Scott Brown for US Senate <hr/> Mailing Address PO Box 395 <hr/> City Wrentham State MA Zip Code 02093-0395 <hr/> Purpose of Disbursement campaign contribution Candidate Name Sen Scott Brown <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D93573 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) KLOBUCHAR FOR MINNESOTA 2012 <hr/> Mailing Address PO BOX 4146 <hr/> City ST PAUL State MN Zip Code 55104 <hr/> Purpose of Disbursement campaign contribution Candidate Name Sen. Amy Klobuchar <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D93556 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) ALEXANDER FOR SENATE 2014 INC <hr/> Mailing Address 228 S WASHINGTON STREET SUITE 115 <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement campaign contribution Candidate Name Sen. Lamar Alexander <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D93569 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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

A.	Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE	Transaction ID: D93575 Date of Disbursement 03 / 31 / 2010
	Mailing Address POST OFFICE BOX 5928	Amount of Each Disbursement this Period 1000.00
	City WINSTON-SALEM State NC Zip Code 27113	
	Purpose of Disbursement campaign contribution Candidate Name Sen. Richard Burr Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) MENENDEZ FOR SENATE	Transaction ID: D93563 Date of Disbursement 03 / 26 / 2010
	Mailing Address P.O. Box 848	Amount of Each Disbursement this Period 1000.00
	City Union City State NJ Zip Code 07087	
	Purpose of Disbursement campaign contribution Candidate Name Sen. Robert Menendez Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Senate Majority Fund	Transaction ID: D93585 Date of Disbursement 03 / 31 / 2010
	Mailing Address P.O. Box 32025	Amount of Each Disbursement this Period 2000.00
	City Phoenix State AZ Zip Code 85064	
	Purpose of Disbursement Leadership PAC Contribution Candidate Name Senate Majority Fund Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 annual limit	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> 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 29 / 29

<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

A.	Full Name (Last, First, Middle Initial) First National Bank Omaha	Transaction ID: D93618 Date of Disbursement 03 / 31 / 2010
	Mailing Address PO Box 2557	Amount of Each Disbursement this Period 482.66
	City Omaha State NE Zip Code 68103-2557	
	Purpose of Disbursement Credit card payment see below	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Devour Catering	Transaction ID: D93619 Date of Disbursement 03 / 17 / 2010
	Mailing Address 4600 Connecticut Ave NW Apt 613	Amount of Each Disbursement this Period 100.00
	City Washington State DC Zip Code 20008-5705	
	Purpose of Disbursement Cancelation fee for Camp fundraiser	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
	State: District:	

C.	Full Name (Last, First, Middle Initial) Devour Catering	Transaction ID: D93620 Date of Disbursement 03 / 24 / 2010
	Mailing Address 4600 Connecticut Ave NW Apt 613	Amount of Each Disbursement this Period 382.66
	City Washington State DC Zip Code 20008-5705	
	Purpose of Disbursement food for Baron Hill fundraising event	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	482.66
<b>TOTAL</b> This Period (last page this line number only) .....	42300.00