

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**
Medical Device Manufacturers Association PAC

ADDRESS (number and street) P.O. Box 34591
Check if different than previously reported. (ACC) Washington DC 20043

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00484162 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:
 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 (12S)
Election on [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [01] / [01] / [2017] through [06] / [30] / [2017]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
DeVinney, Sheri, , ,
Type or Print Name of Treasurer

Signature of Treasurer DeVinney, Sheri, , , [Electronically Filed] Date [07] / [12] / [2017]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Medical Device Manufacturers Association PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		<input type="text" value="54822.58"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="54822.58"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="57970.92"/>	<input type="text" value="57970.92"/>
(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="112793.50"/>	<input type="text" value="112793.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="55919.95"/>	<input type="text" value="55919.95"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="56873.55"/>	<input type="text" value="56873.55"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

Medical Device Manufacturers Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2017 To: M M / D D / Y Y Y Y 06 / 30 / 2017

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).....	52250.00	52250.00
(ii) Unitemized	300.97	300.97
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	52550.97	52550.97
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	57550.97	57550.97
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	419.95	419.95
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)).....▶	57970.92	57970.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	57970.92	57970.92

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	419.95	419.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	419.95	419.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55500.00	55500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	55919.95	55919.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55919.95	55919.95

DETAILED SUMMARY PAGE
of Disbursements

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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)	57550.97	57550.97
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57550.97	57550.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	419.95	419.95
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	419.95	419.95

**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 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Medical Device Manufacturers Association PAC

A. Kiani, Massi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Parker
 City Irvine State CA Zip Code 92618-1604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Masimo Corp. Occupation (for Individual) Spouse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 21 / 2017**
Transaction ID : 10357526
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Packer, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Kendall Dr.
 City Westborough State MA Zip Code 01581-3840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ZOLL Medical Corp. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **04 / 12 / 2017**
Transaction ID : 10445782
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Mazzo, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2576 Monaco Dr.
 City Laguna Beach State CA Zip Code 92651-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carl Zeiss Meditec Occupation (for Individual) Global President Opthamalic Division
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 21 / 2017**
Transaction ID : 10457885
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	11000.00
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: (check only one)	PAGE 7 OF 25
	<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)
Medical Device Manufacturers Association PAC

A. Humann, Walter, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3901 Bryn Mawr Drive
 City Dallas State TX Zip Code 75225-7030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OsteoMed Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 21 / 2017**
Transaction ID : 10457886
 Amount of Each Receipt this Period 500.00
 Memo Item

B. LaViolette, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 73 Woodlawn Ave.
 City Wellesley State MA Zip Code 02481-3113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) S V Life Sciences Occupation (for Individual) Executive Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **04 / 24 / 2017**
Transaction ID : 10471795
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Kerr, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 224 Elvernan Drive
 City West Lafayette State IN Zip Code 47906-7900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cook Medical Occupation (for Individual) President Cook Research
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 25 / 2017**
Transaction ID : 10471797
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6500.00
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: (check only one)	PAGE 8 OF 25
	<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)
Medical Device Manufacturers Association PAC

A. Leondis, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6102 Chamberlyne Drive
 City Frisco State TX Zip Code 75034-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Argon Medical Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 26 / 2017**
Transaction ID : 10473514
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Smith, Benson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 550 E. Swedesford Rd. #400
 City Wayne State PA Zip Code 19087-1607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MDMA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **04 / 27 / 2017**
Transaction ID : 10475780
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Moghadam, Alex, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2917 13th Street
 City Boulder State CO Zip Code 80304-3101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Zoll Medical Occupation (for Individual) President Data Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **04 / 27 / 2017**
Transaction ID : 10475781
 Amount of Each Receipt this Period 1500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	7500.00
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: (check only one)	PAGE 9 OF 25
	<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)
Medical Device Manufacturers Association PAC

A. Linder, Marshal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 Hummingbird Lane
 City New Kensington State PA Zip Code 15068-9549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Zoll Medical Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 27 / 2017**
Transaction ID : 10475782
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Damico, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1388 W. Lake St.
 City Libertyville State IL Zip Code 60048-1730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MDMA Occupation (for Individual) Founding Partner & CoChairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **04 / 28 / 2017**
Transaction ID : 10477651
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Cox, Carol, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4910 Rancho Grande
 City Del Mar State CA Zip Code 92014-4242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NuVasive Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 28 / 2017**
Transaction ID : 10477711
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6500.00
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: (check only one)	PAGE 10 OF 25
<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)
Medical Device Manufacturers Association PAC

A. Rennert, Jonathan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39 Revolutionary Rd.

City Concord	State MA	Zip Code 01742-2648
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Zoll Medical	Occupation (for Individual) President
---------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2017

Transaction ID : 10477712

Amount of Each Receipt this Period
500.00

Memo Item

B. Frinzi, Thomas, G, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Emerald Ave

City Balboa Island	State CA	Zip Code 92662-1007
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Johnson & Johnson	Occupation (for Individual) President
--------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2017

Transaction ID : 10477713

Amount of Each Receipt this Period
5000.00

Memo Item

C. Huennekens, Deborah, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1865 Soledad Ave.

City La Jolla	State CA	Zip Code 92037-3821
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Volcano Corporation	Occupation (for Individual) Spouse
----------------------------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2017

Transaction ID : 10479369

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6500.00
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: (check only one)	PAGE 11 OF 25
	<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)
Medical Device Manufacturers Association PAC

A. Richey, Robert, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 McKinney St
 Suite 3602
 City Houston State TX Zip Code 77010-4068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LivaNova, PLC Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **05 / 01 / 2017**
Transaction ID : 10479370
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Lucier, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3317 Poppy Hills Lane
 City Encinitas State CA Zip Code 92024-7054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NuVasive, Inc. Occupation (for Individual) Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 03 / 2017**
Transaction ID : 10487035
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Drake, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6638 Legend Ridge Trail
 City Niwot State CO Zip Code 80503-7189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Incept LLC Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **05 / 09 / 2017**
Transaction ID : 10500989
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 25
	<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)
Medical Device Manufacturers Association PAC

A. Drant, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3026 44th Pl. NW
 City Washington State DC Zip Code 20016-3557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 New Enterprise Associates General Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2017
Transaction ID : 10500990
 Amount of Each Receipt this Period
 3000.00
 Memo Item

B. Whiton, A. Ernest, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Tyler Lane
 City Middleton State MA Zip Code 01949-2482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Zoll Director
 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 / 04 / 2017
Transaction ID : 10501085
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Major, Eric, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38253 North Fork Road
 City Purcellville State VA Zip Code 20132-5137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 MDMA Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2017
Transaction ID : 10617379
 Amount of Each Receipt this Period
 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	8250.00
TOTAL This Period (last page this line number only).....	52250.00

**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 13 OF 25
<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)
Medical Device Manufacturers Association PAC

A. CryoLife Inc PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1333 H Street NW
Suite 400 West

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00386771

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2017

Transaction ID : 10507860

Amount of Each Receipt this Period
5000.00

Memo Item

Direct Contribution

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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 of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL 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: (check only one)	PAGE 14 OF 25
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medical Device Manufacturers Association PAC

A. Medical Device Manuf. Assoc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1333 H. Street, NW
Suite 400W

City Washington State DC Zip Code 20005

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
419.95

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2017

Transaction ID : 10599854

Amount of Each Receipt this Period
 275.30

Memo Item

Reimburse for credit card processing fees

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.30
TOTAL This Period (last page this line number only).....	275.30

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072

Purpose of Disbursement
Operating Expenses

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	5		2	0	1	7		

FEC Identification Number

C []

Transaction ID : 10492784

Amount of Each Disbursement this Period

[] 275.30

Operating Expenses

Memo Item

Full Name (Last, First, Middle Initial)

B.

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

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C []

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

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

[] 275.30

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

[] 275.30

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial)

A. Rhode Island Pennsylvania Victory Fund

Mailing Address 918 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2017

FEC Identification Number

C []

Transaction ID : 10318942

Amount of Each Disbursement this Period

[] 2500.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Bill Cassidy for US Senate

Mailing Address PO Box 80505

City
Baton Rouge

State
LA

Zip Code
70898

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Cassidy, Bill, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: LA District:

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2017

FEC Identification Number

C C00543983

Transaction ID : 10325399

Amount of Each Disbursement this Period

[] 5000.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Tom Rice for Congress

Mailing Address PO Box 70098

City
Myrtle Beach

State
SC

Zip Code
29572

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Rice, Tom, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: SC District: 07

Date of Disbursement

MM / DD / YYYY
02 / 22 / 2017

FEC Identification Number

C C00506048

Transaction ID : 10358013

Amount of Each Disbursement this Period

[] 1000.00

Direct Contribution

Memo Item

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

[] 8500.00

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial) A. Walters for Congress			Date of Disbursement MM / DD / YYYY 02 / 28 / 2017	
Mailing Address 9070 Irvine Center Drive #150			FEC Identification Number C00546853 Transaction ID : 10366664	
City Irvine	State CA	Zip Code 92618	Amount of Each Disbursement this Period 1000.00 Direct Contribution	
Purpose of Disbursement Direct Contribution		Category/Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Walters, Mimi, , Rep.,		Disbursement For: 2018		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: CA	District: 45			

Full Name (Last, First, Middle Initial) B. George Holding for Congress, Inc.			Date of Disbursement MM / DD / YYYY 02 / 28 / 2017	
Mailing Address PO Box 97187			FEC Identification Number C00499236 Transaction ID : 10366670	
City Raleigh	State NC	Zip Code 27624	Amount of Each Disbursement this Period 1000.00 Direct Contribution	
Purpose of Disbursement Direct Contribution		Category/Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Holding, George, , Rep.,		Disbursement For: 2018		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NC	District: 13			

Full Name (Last, First, Middle Initial) C. Walden for Congress			Date of Disbursement MM / DD / YYYY 03 / 01 / 2017	
Mailing Address PO Box 1091			FEC Identification Number C00333427 Transaction ID : 10368777	
City Hood River	State OR	Zip Code 97031	Amount of Each Disbursement this Period 3000.00 Direct Contribution	
Purpose of Disbursement Direct Contribution		Category/Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Walden, Greg, , Rep.,		Disbursement For: 2018		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: OR	District: 02			

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial)

A. Kaine Victory Fund

Mailing Address 1490-5A Quarterpath Rd #272

City Williamsburg

State VA

Zip Code 23185

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Kaine, Tim, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: VA

District:

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2017

FEC Identification Number

C00629378

Transaction ID : 10369104

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Joe Kennedy for Congress

Mailing Address c/o Julia Hoffman
185 Devonshire St., Ste 601

City Boston

State MA

Zip Code 02110

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Kennedy, Joseph, , Rep., III

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: MA

District: 04

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2017

FEC Identification Number

C00512970

Transaction ID : 10369108

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Marsha Blackburn for Congress, Inc.

Mailing Address PO Box 3750

City Brentwood

State TN

Zip Code 37024

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Blackburn, Marsha, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: TN

District: 07

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2017

FEC Identification Number

C00376939

Transaction ID : 10371468

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Medical Device Manufacturers Association PAC

A. Majority Committee PAC

Full Name (Last, First, Middle Initial)

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Majority Committee PAC

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

Date of Disbursement
MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number
C00428052
Transaction ID : 10405376
Amount of Each Disbursement this Period
2500.00

Memo Item

B. Tiberi for Congress

Full Name (Last, First, Middle Initial)

Mailing Address 217 3rd Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Tiberi, Pat, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)
State: OH District: 12

Date of Disbursement
MM / DD / YYYY
03 / 22 / 2017

FEC Identification Number
C00347492
Transaction ID : 10406725
Amount of Each Disbursement this Period
1000.00

Memo Item

C. Michael Burgess for Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Burgess, Michael, , Rep., M.D.

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TX District: 26

Date of Disbursement
MM / DD / YYYY
03 / 23 / 2017

FEC Identification Number
C00372532
Transaction ID : 10406746
Amount of Each Disbursement this Period
3000.00

Memo Item

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

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial)

A. Carlos Curbelo Congress

Mailing Address 8724 Sw 72nd St

City
Miami

State
FL

Zip Code
33173

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Curbelo, Carlos, , Rep.,

Office Sought: House
 Senate
 President
State: FL District: 26

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C C00546846

Transaction ID : 10453707

Amount of Each Disbursement this Period

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Walorski for Congress Inc

Mailing Address PO Box 954

City
Mishawaka

State
IN

Zip Code
46546

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Walorski, Jackie, , Rep.,

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

Disbursement For: 2018
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

C C00468579

Transaction ID : 10486454

Amount of Each Disbursement this Period

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Heller for Senate

Mailing Address PO Box 371907

City
Las Vegas

State
NV

Zip Code
89137

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Heller, Dean, , Sen.,

Office Sought: House
 Senate
 President
State: NV District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C C00494229

Transaction ID : 10500998

Amount of Each Disbursement this Period

Direct Contribution

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial)

A. TEAM MCHENRY

Mailing Address 228 S Washington St
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
05 / 11 / 2017

FEC Identification Number

C
Transaction ID : 10505005
Amount of Each Disbursement this Period
2500.00
Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Walorski for Congress Inc

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Walorski, Jackie, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)
State: IN District: 02

Date of Disbursement

MM / DD / YYYY
05 / 11 / 2017

FEC Identification Number

C C00468579
Transaction ID : 10505021
Amount of Each Disbursement this Period
1000.00
Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Guthrie for Congress

Mailing Address 499 South Capitol Street, SW
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Guthrie, Brett, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: KY District: 02

Date of Disbursement

MM / DD / YYYY
05 / 11 / 2017

FEC Identification Number

C C00445023
Transaction ID : 10506506
Amount of Each Disbursement this Period
1500.00
Direct Contribution

Memo Item

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial) A. Friends of Todd Young			Date of Disbursement MM / DD / YYYY 05 / 11 / 2017	
Mailing Address 526 6th Street, SE				
City Washington	State DC	Zip Code 20003	FEC Identification Number C00459255 Transaction ID : 10506508	
Purpose of Disbursement Direct Contribution			Amount of Each Disbursement this Period 1000.00 Direct Contribution	
Candidate Name Young, Todd, , Rep.,			Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: IN District: 09	Category/Type 011			

Full Name (Last, First, Middle Initial) B. Donnelly for Indiana			Date of Disbursement MM / DD / YYYY 05 / 17 / 2017	
Mailing Address 1050 17th St Nw Ste 590				
City Washington	State DC	Zip Code 20036	FEC Identification Number C00393652 Transaction ID : 10509543	
Purpose of Disbursement Direct Contribution			Amount of Each Disbursement this Period 1000.00 Direct Contribution	
Candidate Name Donnelly, Joseph, , Rep.,			Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: IN District: 02	Category/Type 011			

Full Name (Last, First, Middle Initial) C. Donnelly for Indiana			Date of Disbursement MM / DD / YYYY 05 / 17 / 2017	
Mailing Address 1050 17th St Nw Ste 590				
City Washington	State DC	Zip Code 20036	FEC Identification Number C00393652 Transaction ID : 10509602	
Purpose of Disbursement Direct Contribution			Amount of Each Disbursement this Period 1000.00 Direct Contribution	
Candidate Name Donnelly, Joseph, , Rep.,			Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: IN District: 02	Category/Type 011			

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial)

A. Donnelly for Indiana

Mailing Address 1050 17th St Nw Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Donnelly, Joseph, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IN District: 02

Date of Disbursement

/ /

FEC Identification Number

C C00393652

Transaction ID : 10521834

Amount of Each Disbursement this Period

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Hudson for Congress

Mailing Address 412 South Capitol Street, SE Suite B

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Hudson, Richard, , Rep., Jr.

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NC District: 08

Date of Disbursement

/ /

FEC Identification Number

C C00504522

Transaction ID : 10532440

Amount of Each Disbursement this Period

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Zeldin for Congress

Mailing Address 47 Flintlock Drive

City Shirley State NY Zip Code 11967

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Zeldin, Lee, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NY District: 01

Date of Disbursement

/ /

FEC Identification Number

C C00552547

Transaction ID : 10574707

Amount of Each Disbursement this Period

Direct Contribution

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Medical Device Manufacturers Association PAC

A. Devin Nunes Campaign Committee

Full Name (Last, First, Middle Initial)
Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement Direct Contribution

Candidate Name Nunes, Devin, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 22

Date of Disbursement: 06 / 14 / 2017

FEC Identification Number: C00370056
Transaction ID : 10575087

Amount of Each Disbursement this Period: 1000.00

Direct Contribution Memo Item

B. Wenstrup for Congress

Full Name (Last, First, Middle Initial)
Wenstrup for Congress

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209

Purpose of Disbursement Direct Contribution

Candidate Name Wenstrup, Brad, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: OH District: 02

Date of Disbursement: 06 / 20 / 2017

FEC Identification Number: C00497818
Transaction ID : 10600170

Amount of Each Disbursement this Period: 1000.00

Direct Contribution Memo Item

C. Friends of Susan Brooks

Full Name (Last, First, Middle Initial)
Friends of Susan Brooks

Mailing Address 410 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Direct Contribution

Candidate Name Brooks, Susan, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: IN District: 05

Date of Disbursement: 06 / 22 / 2017

FEC Identification Number: C00500207
Transaction ID : 10603145

Amount of Each Disbursement this Period: 2500.00

Direct Contribution Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	55500.00