

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 80
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

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

A. Kapfer, Thomas, , ,

Mailing Address 1000 Ashley Ln

City
LibertyvilleState
ILZip Code
60048-3813FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Roundtable Healthcare PartnersOccupation (for Individual)
Senior Operating Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12	/	16	/	2019

Transaction ID : C4013118

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

B. Kegler, Elizabeth, , ,Mailing Address 1116 25th St NW
Apt 2City
WashingtonState
DCZip Code
20037-1461FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Edwards LifesciencesOccupation (for Individual)
Senior Director, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12	/	04	/	2019

Transaction ID : C3985056

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Kuntz, Richard, , ,

Mailing Address 2754 W Lake of the Isles Pkwy

City
MinneapolisState
MNZip Code
55416-4337FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MedtronicOccupation (for Individual)
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12	/	31	/	2019

Transaction ID : C4001231

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

10500.00

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