



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Friends of Medical Research Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="65696.32"/>	<input type="text" value="65696.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="65696.32"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="141400.00"/>	<input type="text" value="141400.00"/>
(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="207096.32"/>	<input type="text" value="207096.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="69611.35"/>	<input type="text" value="69611.35"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="137484.97"/>	<input type="text" value="137484.97"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Friends of Medical Research Political Action Committee

Report Covering the Period: From: 01 / 01 / 2015 To: 06 / 30 / 2015

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).....	139000.00	139000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	139000.00	139000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	139000.00	139000.00
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.....	2400.00	2400.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	141400.00	141400.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	141400.00	141400.00

**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 .....	9811.35	9811.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	9811.35	9811.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	59800.00	59800.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	69611.35	69611.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	69611.35	69611.35

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	139000.00	139000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	139000.00	139000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	9811.35	9811.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9811.35	9811.35

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

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

FOR LINE NUMBER: PAGE 6 OF 34  
(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)  
**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Jason Aryeh**

Mailing Address 34 Sumner Road

City State Zip Code  
 Greenwich CT 06831

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

Name of Employer Occupation  
 JALAA Equities Security Investor

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  
 02 / 26 / 2015  
**Transaction ID : SA11AI.4412**

Amount of Each Receipt this Period  
 5000.00

FOMR PAC Individual Contribution

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

Mailing Address 1 South West Oak Drive

City State Zip Code  
 Houston TX 77056

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

Name of Employer Occupation  
 Harvey Cleary Real Estate Construction

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  
 03 / 24 / 2015  
**Transaction ID : SA11AI.4488**

Amount of Each Receipt this Period  
 5000.00

FOMR PAC Contribution

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

Mailing Address 11 Greenway Plaza  
 Suite 1400

City State Zip Code  
 Houston TX 77046

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

Name of Employer Occupation  
 Weycer, Kaplan, Pulaski & Zube Attorney

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  
 03 / 13 / 2015  
**Transaction ID : SA11AI.4422**

Amount of Each Receipt this Period  
 5000.00

FOMR PAC Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00

**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 OF 34  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Jerian Cook**  
 Mailing Address 16694 County Road 208  
 City State Zip Code  
 East Bernard TX 77435-8311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A Housewife  
 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  
 03 / 24 / 2015  
**Transaction ID : SA11AI.4487**  
 Amount of Each Receipt this Period  
 5000.00  
 FOMR PAC Contribution

Full Name (Last, First, Middle Initial)  
**B. Thomas H. Estus**  
 Mailing Address 10247 Pineland Road  
 City State Zip Code  
 Houston TX 77024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A N/A  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2015  
**Transaction ID : SA11AI.4396**  
 Amount of Each Receipt this Period  
 2500.00  
 2015 FOMR PAC Contribution

Full Name (Last, First, Middle Initial)  
**C. Alexander Fisher**  
 Mailing Address PO Box 277  
 City State Zip Code  
 Bridgewater CT 06752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 A. Fisher Co., Inc. Self-Employed  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2015  
**Transaction ID : SA11AI.4389**  
 Amount of Each Receipt this Period  
 2500.00  
 2015 FOMR PAC Contribution

**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 8 OF 34  
(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)  
**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Lauren Grossbard**

Mailing Address 49 Briar Hollow Lane  
#1502

City Houston State TX Zip Code 77027

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
02 / 12 / 2015  
**Transaction ID : SA11AI.4383**

Amount of Each Receipt this Period  
3000.00

2015 FOMR PAC Contribution

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

Mailing Address 49 Briar Hollow Lane  
#1502

City Houston State TX Zip Code 77027

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

Name of Employer Miller Grossbard Advisors, LLP Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
02 / 12 / 2015  
**Transaction ID : SA11AI.4379**

Amount of Each Receipt this Period  
5000.00

2015 FOMR PAC Contribution

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

Mailing Address 26 Colonel Sheldon Lane

City Pound Ridge State NY Zip Code 10576

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
03 / 13 / 2015  
**Transaction ID : SA11AI.4571**

Amount of Each Receipt this Period  
2500.00

FOMR PAC Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10500.00

**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 OF 34  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Russell Hernandez**  
 Mailing Address 26 Colonel Sheldon Lane  
 City State Zip Code  
 Pound Ridge NY 10576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Atlantic State Development Real Estate Developer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11AI.4421**  
 Amount of Each Receipt this Period  
 2500.00  
 FOMR PAC Contribution

Full Name (Last, First, Middle Initial)  
**B. Dan Levy**  
 Mailing Address 9250 Wilshire Blvd.  
 Suite 200  
 City State Zip Code  
 Beverly Hills CA 90212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Real Estate Investors  
 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  
 03 / 05 / 2015  
**Transaction ID : SA11AI.4419**  
 Amount of Each Receipt this Period  
 5000.00  
 FOMR PAC Contribution

Full Name (Last, First, Middle Initial)  
**C. Raymond Levy**  
 Mailing Address 9250 Wilshire Blvd  
 Suite 200  
 City State Zip Code  
 Beverly Hills CA 90212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Real Estate Investors  
 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  
 03 / 05 / 2015  
**Transaction ID : SA11AI.4418**  
 Amount of Each Receipt this Period  
 5000.00  
 FOMR PAC Contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 12500.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 10 OF 34  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Anthony Mannion**  
 Mailing Address 27 Tall Oak Drive  
 City State Zip Code  
 Huntington NY 11743-7123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lend Lease Real Estate Construction  
 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  
 03 / 24 / 2015  
**Transaction ID : SA11AI.4486**  
 Amount of Each Receipt this Period  
 500.00  
 FOMR PAC Contribution

Full Name (Last, First, Middle Initial)  
**B. Donald Manocherian**  
 Mailing Address 150 E 58th Street  
 City State Zip Code  
 New York NY 10155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Manocherian Brothers Real Estate  
 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  
 02 / 12 / 2015  
**Transaction ID : SA11AI.4408**  
 Amount of Each Receipt this Period  
 5000.00  
 FOMR PAC Individual Contribution

Full Name (Last, First, Middle Initial)  
**C. Fraydun Manocherian**  
 Mailing Address 145 E 50th Street  
 City State Zip Code  
 New York NY 10022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pan Am Equities, Inc. Executive  
 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  
 02 / 12 / 2015  
**Transaction ID : SA11AI.4390**  
 Amount of Each Receipt this Period  
 5000.00  
 2015 FOMR PAC Contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 10500.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 11 OF 34  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Friends of Medical Research Political Action Committee**

**A. Greg Manocherian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 52 S. Bedford Road  
 City Pound Ridge State NY Zip Code 10576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Real Estate  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 12 / 2015**  
**Transaction ID : SA11AI.4388**  
 Amount of Each Receipt this Period **5000.00**  
 2015 FOMR PAC Contribution

**B. Jennifer Manocherian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Griffen Avenue  
 City Scarsdale State NY Zip Code 10583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Theater Producer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 12 / 2015**  
**Transaction ID : SA11AI.4377**  
 Amount of Each Receipt this Period **5000.00**  
 2015 FOMR PAC Contribution

**C. Kim L Manocherian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 52 S. Bedford Road  
 City Pound Ridge State NY Zip Code 10576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation N/A  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 12 / 2015**  
**Transaction ID : SA11AI.4376**  
 Amount of Each Receipt this Period **5000.00**  
 2015 FOMR PAC Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **15000.00**  
**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 OF 34  
(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)  
**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Michael T Meagher**

Mailing Address 3931 Williamsburg Road

City State Zip Code  
Dallas TX 75220

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

Name of Employer Occupation  
Woodbranch Investments Corp. Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 12 / 2015  
**Transaction ID : SA11AI.4378**

Amount of Each Receipt this Period  
5000.00

2015 FOMR PAC Contribution

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

Mailing Address 412 10th Street

City State Zip Code  
Santa Monica CA 90402

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

Name of Employer Occupation  
N/A N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 12 / 2015  
**Transaction ID : SA11AI.4387**

Amount of Each Receipt this Period  
5000.00

2015 FOMR PAC Contribution

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

Mailing Address 3 Columbus Circle  
23rd Floor

City State Zip Code  
New York NY 10019

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

Name of Employer Occupation  
The Moinian Group CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 12 / 2015  
**Transaction ID : SA11AI.4409**

Amount of Each Receipt this Period  
5000.00

FOMR PAC Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 34  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Mahnaz Moinian**

Mailing Address 655 Park Avenue  
 Apartment 2F

City New York State NY Zip Code 10065

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

Name of Employer Self-Employed Occupation N/A

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 06 / 02 / 2015  
**Transaction ID : SA11AI.4489**

Amount of Each Receipt this Period  
 5000.00

FOMR PAC Contribution

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

Mailing Address 655 Park Avenue  
 Apartment 2F

City New York State NY Zip Code 10065

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

Name of Employer N/A Occupation Student

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 06 / 02 / 2015  
**Transaction ID : SA11AI.4490**

Amount of Each Receipt this Period  
 5000.00

FOMR PAC Contribution

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

Mailing Address 260 West 54th Street  
 Apartment 44C&D

City New York State NY Zip Code 10019

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

Name of Employer The Moinian Group Occupation Lawyer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 06 / 02 / 2015  
**Transaction ID : SA11AI.4475**

Amount of Each Receipt this Period  
 5000.00

FOMR PAC Individual Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00

**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 14 OF 34  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Michaela Moinian**

Mailing Address 655 Park Avenue  
Apartment 2F

City New York State NY Zip Code 10065

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

Name of Employer N/A Occupation Student

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 / 02 / 2015  
**Transaction ID : SA11AI.4492**

Amount of Each Receipt this Period  
5000.00

FOMR PAC Contribution

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

Mailing Address 21 Astor Place

City New York State NY Zip Code 10003

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

Name of Employer The Moinian Group Occupation Real Estate

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 / 02 / 2015  
**Transaction ID : SA11AI.4474**

Amount of Each Receipt this Period  
5000.00

FOMR PAC Individual Contribution

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

Mailing Address 655 Park Avenue  
Apartment 2F

City New York State NY Zip Code 10065

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

Name of Employer N/A Occupation Student

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 / 02 / 2015  
**Transaction ID : SA11AI.4491**

Amount of Each Receipt this Period  
5000.00

FOMR PAC Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00

**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 15 OF 34
	<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)  
**Friends of Medical Research Political Action Committee**

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

Mailing Address 2315 Quenby Street

City Houston State TX Zip Code 77005

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

Name of Employer Berkadia Real Estate Advisors Occupation Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 26 / 2015  
**Transaction ID : SA11AI.4414**

Amount of Each Receipt this Period 500.00

FOMR PAC Individual Contribution

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

Mailing Address 714 N. Beverly Drive

City Beverly Hills State CA Zip Code 90510

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

Name of Employer Self-Employed Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 20 / 2015  
**Transaction ID : SA11AI.4405**

Amount of Each Receipt this Period 5000.00

FOMR PAC Contribution

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

Mailing Address 3515 Newcastle Drive

City Houston State TX Zip Code 77027

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

Name of Employer Carlyle Management Occupation Commercial Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 05 / 2015  
**Transaction ID : SA11AI.4417**

Amount of Each Receipt this Period 5000.00

FOMR PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 34  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Shannon Scoville**

Mailing Address 1810 Cherryhurst Street

City State Zip Code  
Houston TX 77006

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

Name of Employer Occupation  
Unilev Management Corporation Real Estate

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2015  
**Transaction ID : SA11AI.4406**

Amount of Each Receipt this Period  
2500.00

FOMR PAC Contribution

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

Mailing Address 510 Saddlewood Lane

City State Zip Code  
Houston TX 77024

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

Name of Employer Occupation  
N/A N/A

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2015  
**Transaction ID : SA11AI.4394**

Amount of Each Receipt this Period  
2500.00

2015 FOMR PAC Contribution

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

Mailing Address 1024 S Oakcrest Road

City State Zip Code  
Arlington VA 22202

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

Name of Employer Occupation  
N/A Retired

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  
 02 / 12 / 2015  
**Transaction ID : SA11AI.4391**

Amount of Each Receipt this Period  
5000.00

2015 FOMR PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	139000.00



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

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

FOR LINE NUMBER: PAGE 17 OF 34  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" 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)  
**Friends of Medical Research Political Action Committee**

**A. FRIENDS FOR HARRY REID**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 19163

City LAS VEGAS	State NV	Zip Code 89132
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FEC ID number of contributing federal political committee. **C** C00204370

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : SA16.4493**

Amount of Each Receipt this Period  
2400.00

Refund for 2016 General Election Contribution

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

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

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

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2400.00

**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 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)

**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cornerstone Government Affairs, LLC**

Mailing Address 300 Independence Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Payment for management & rent fees.

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 09 / 2015

**Transaction ID : SB21B.4494**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Cornerstone Government Affairs, LLC**

Mailing Address 300 Independence Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Payment for rent & mangement fees.

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2015

**Transaction ID : SB21B.4397**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Cornerstone Government Affairs, LLC**

Mailing Address 300 Independence Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Rent & mangement fees.

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2015

**Transaction ID : SB21B.4457**

Amount of Each Disbursement this Period

1000.00

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

3000.00

**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 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)

**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cornerstone Government Affairs, LLC**

Mailing Address 300 Independence Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Rent & management fees.

011

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2015

**Transaction ID : SB21B.4458**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Cornerstone Government Affairs, LLC**

Mailing Address 300 Independence Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Reimbursement of legal fees.

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2015

**Transaction ID : SB21B.4459**

Amount of Each Disbursement this Period

804.00
--------

Full Name (Last, First, Middle Initial)

**C. Cornerstone Government Affairs, LLC**

Mailing Address 300 Independence Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Rent & management fees.

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2015

**Transaction ID : SB21B.4464**

Amount of Each Disbursement this Period

1000.00
---------

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

2804.00
---------

**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)

<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)

**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cornerstone Government Affairs, LLC**

Mailing Address 300 Independence Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Rent & management fees.

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2015

Transaction ID : SB21B.4465

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kelley, Drye & Warren LLP**

Mailing Address 101 Park Avenue

City New York State NY Zip Code 10178

Purpose of Disbursement  
Legal fees.

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2015

Transaction ID : SB21B.4461

Amount of Each Disbursement this Period

862.50

Full Name (Last, First, Middle Initial)

**C. Perkins Coie LLP**

Mailing Address 1201 Third Avenue  
Suite 4900

City Seattle State WA Zip Code 98101

Purpose of Disbursement  
Payment for legal fees.

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2015

Transaction ID : SB21B.4460

Amount of Each Disbursement this Period

367.50

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

2230.00

**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 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)  
**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Stephens**

Mailing Address 1024 S Oakcrest Road

City State Zip Code  
Arlington VA 22202

Purpose of Disbursement  
Reimbursement for membership fees.

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 22 / 2015

Transaction ID : SB21B.4463

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Michael Stephens**

Mailing Address 1024 S Oakcrest Road

City State Zip Code  
Arlington VA 22202

Purpose of Disbursement  
Reimbursement for office desk purchase.

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 01 / 2015

Transaction ID : SB21B.4466

Amount of Each Disbursement this Period

487.60

Full Name (Last, First, Middle Initial)

**C. Michael Stephens**

Mailing Address 1024 S Oakcrest Road

City State Zip Code  
Arlington VA 22202

Purpose of Disbursement  
FOMR PAC Travel Expenses -- Taxi & Train Fares

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 16 / 2015

Transaction ID : SB21B.4568

Amount of Each Disbursement this Period

289.75

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

1777.35

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

9811.35

**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)

**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ALMA ADAMS FOR CONGRESS**

Mailing Address P.O. BOX 20622

City GREENSBORO State NC Zip Code 27420

Purpose of Disbursement FOMR PAC Political Contribution

011

Candidate Name

**ALMA SHEALEY ADAMS**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NC District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2015

**Transaction ID : SB23.4528**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR COCHRAN**

Mailing Address PO BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement FOMR PAC Contribution

011

Candidate Name

**THAD COCHRAN**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : SB23.4445**

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR COCHRAN**

Mailing Address PO BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement FOMR PAC Contribution - Election Debt

011

Candidate Name

**THAD COCHRAN**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : SB23.4447**

Amount of Each Disbursement this Period

2400.00

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

6000.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.4447

2014 General Election Debt

Form/Schedule:

Transaction ID:

**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)

**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. COLE FOR CONGRESS**

Mailing Address P.O. BOX 722256

City NORMAN State OK Zip Code 73070

Purpose of Disbursement  
FOMR PAC Political Contribution

011

Category/  
Type

Candidate Name  
**TOM COLE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OK District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Transaction ID : SB23.4513

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. DIANA DEGETTE FOR CONGRESS**

Mailing Address P.O. BOX 61337

City DENVER State CO Zip Code 80206

Purpose of Disbursement  
FOMR PAC Contribution

011

Category/  
Type

Candidate Name  
**DIANA L. DEGETTE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

Transaction ID : SB23.4431

Amount of Each Disbursement this Period

2600.00
---------

Full Name (Last, First, Middle Initial)

**C. DIANA DEGETTE FOR CONGRESS**

Mailing Address P.O. BOX 61337

City DENVER State CO Zip Code 80206

Purpose of Disbursement  
FOMR PAC Contribution

011

Category/  
Type

Candidate Name  
**DIANA L. DEGETTE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

Transaction ID : SB23.4432

Amount of Each Disbursement this Period

2400.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00
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**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)

<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)  
**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. FRIENDS OF JOHN THUNE

Mailing Address PO BOX 841

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement  
FOMR PAC Political Contribution

011

Candidate Name  
**JOHN THUNE**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: SD District: 00

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2015

Transaction ID : SB23.4563

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

### B. FRIENDS OF PAT TOOMEY

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FOMR PAC Political Contribution

011

Candidate Name  
**PATRICK JOSEPH TOOMEY**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: PA District: 00

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2015

Transaction ID : SB23.4564

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

### C. FRIENDS OF ROY BLUNT

Mailing Address PO BOX 10178

City COLUMBIA State MO Zip Code 65205

Purpose of Disbursement  
FOMR PAC Contribution

011

Candidate Name  
**ROY BLUNT**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: MO District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : SB23.4456

Amount of Each Disbursement this Period

1000.00

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"/> 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)

**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. GRACE FOR NEW YORK**

Mailing Address PO BOX 656555

City FRESH MEADOWS State NY Zip Code 11365

Purpose of Disbursement FOMR PAC Political Contribution

011

Category/  
Type

Candidate Name

**GRACE MENG**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NY District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2015

**Transaction ID : SB23.4531**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. GRAHAM FOR CONGRESS**

Mailing Address PO BOX 310

City TALLAHASSEE State FL Zip Code 32302

Purpose of Disbursement FOMR PAC Political Contribution

011

Category/  
Type

Candidate Name

**GWEN GRAHAM**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: FL District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2015

**Transaction ID : SB23.4530**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. HAL ROGERS FOR CONGRESS**

Mailing Address P.O. BOX 1214

City SOMERSET State KY Zip Code 42502

Purpose of Disbursement FOMR PAC Contribution

011

Category/  
Type

Candidate Name

**HAROLD DALLAS ROGERS**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: KY District: 05

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2015

**Transaction ID : SB23.4453**

Amount of Each Disbursement this Period

1000.00

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

3000.00

**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)

**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. HOOSIERS FOR ROKITA, INC.**

Mailing Address 5802 OAK AVENUE

City INDIANAPOLIS State IN Zip Code 46219

Purpose of Disbursement FOMR PAC Political Contribution

011

Candidate Name

**THEODORE EDWARD ROKITA**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IN District: 04

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

Transaction ID : SB23.4480

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. JOE KENNEDY FOR CONGRESS**

Mailing Address PO BOX 590464

City NEWTON State MA Zip Code 02459

Purpose of Disbursement FOMR PAC Political Contribution

011

Candidate Name

**JOSEPH P III KENNEDY**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MA District: 04

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2015

Transaction ID : SB23.4526

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. JULIA BROWNLEY FOR CONGRESS**

Mailing Address PO BOX 2018

City THOUSAND OAKS State CA Zip Code 91358

Purpose of Disbursement FOMR PAC Political Contribution

011

Candidate Name

**JULIA BROWNLEY**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 26

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2015

Transaction ID : SB23.4520

Amount of Each Disbursement this Period

1000.00

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

2500.00

**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)  
**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. KUSTER FOR CONGRESS, INC.**

Mailing Address P.O. BOX 1498

City State Zip Code  
CONCORD NH 03302

Purpose of Disbursement  
FOMR PAC Political Contribution

011

Candidate Name  
**ANN MCLANE KUSTER**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2015

Transaction ID : **SB23.4524**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. M-PAC**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City State Zip Code  
WASHINGTON DC 20005

Purpose of Disbursement  
FOMR PAC Contribution

011

Candidate Name  
**PATTY MURRAY**

Category/  
Type

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2015

Transaction ID : **SB23.4517**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. MARIO DIAZ-BALART FOR CONGRESS**

Mailing Address 8770 SW 72ND STREET  
# 420

City State Zip Code  
MIAMI FL 33173

Purpose of Disbursement  
FOMR PAC Contribution

011

Candidate Name  
**MARIO DIAZ-BALART**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 25

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2015

Transaction ID : **SB23.4452**

Amount of Each Disbursement this Period

2000.00

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

8000.00

**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)

**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MARK POCAN FOR CONGRESS**

Mailing Address PO BOX 327

City MADISON State WI Zip Code 53701

Purpose of Disbursement  
FOMR PAC Political Contribution

011

Category/  
Type

Candidate Name

**MARK POCAN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	5

**Transaction ID : SB23.4527**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR PATTY MURRAY**

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement  
FOMR PAC Contribution

011

Category/  
Type

Candidate Name

**PATTY MURRAY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	1	5

**Transaction ID : SB23.4448**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. PEOPLE FOR PATTY MURRAY**

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement  
FOMR Political Contribution

011

Category/  
Type

Candidate Name

**PATTY MURRAY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	5

**Transaction ID : SB23.4476**

Amount of Each Disbursement this Period

2	4	0	0	0	0	0	0	0	0

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

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

4	4	0	0	0	0	0	0	0	0

4	4	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PEOPLE FOR PATTY MURRAY**

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement  
FOMR PAC Political Contribution

011

Candidate Name

**PATTY MURRAY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	5

Transaction ID : **SB23.4477**

Amount of Each Disbursement this Period

1	4	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. PRAIRIE POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 2002

City SPRINGFIELD State IL Zip Code 62705

Purpose of Disbursement  
FOMR PAC Contribution

011

Candidate Name

**RICHARD J DURBIN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: IL District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	5

Transaction ID : **SB23.4451**

Amount of Each Disbursement this Period

2	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. RICHARD BURR COMMITTEE; THE**

Mailing Address POST OFFICE BOX 5928

City WINSTON-SALEM State NC Zip Code 27113

Purpose of Disbursement  
FOMR PAC Contribution

011

Candidate Name

**RICHARD BURR**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	5

Transaction ID : **SB23.4455**

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

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

3	9	0	0	0	0
---	---	---	---	---	---

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

3	9	0	0	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ROBIN KELLY FOR CONGRESS**

Mailing Address PO BOX 6953

City CHICAGO State IL Zip Code 60680

Purpose of Disbursement  
FOMR PAC Political Contribution

011

Candidate Name

**ROBIN L. KELLY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 17 / 2015

Transaction ID : **SB23.4525**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. RON JOHNSON FOR SENATE INC**

Mailing Address 219 E WASHINGTON AVE  
SUITE 101

City OSHKOSH State WI Zip Code 54901

Purpose of Disbursement  
FOMR PAC Contribution

011

Candidate Name

**RONALD HAROLD JOHNSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2015

Transaction ID : **SB23.4450**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. RYAN FOR CONGRESS, INC.**

Mailing Address PO BOX 1488

City JANESVILLE State WI Zip Code 53547

Purpose of Disbursement  
FOMR PAC Political Contribution

011

Candidate Name

**PAUL D. RYAN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 10 / 2015

Transaction ID : **SB23.4515**

Amount of Each Disbursement this Period

1500.00

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

3000.00

**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)  
**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. SCHATZ FOR SENATE**

Mailing Address PO BOX 3828

City HONOLULU State HI Zip Code 96812

Purpose of Disbursement  
FOMR PAC Contribution

011

Candidate Name

**BRIAN SCHATZ**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: HI District: 00

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2015

Transaction ID : **SB23.4443**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FOMR Contribution

011

Candidate Name

**LAMAR ALEXANDER**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: TN District: 00

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2015

Transaction ID : **SB23.4398**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. VAN HOLLEN FOR SENATE**

Mailing Address 10605 CONCORD ST SUITE 202

City KENSINGTON State MD Zip Code 20895

Purpose of Disbursement  
FOMR PAC Political Contribution

011

Candidate Name

**CHRIS VAN HOLLEN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : **SB23.4516**

Amount of Each Disbursement this Period

1000.00

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

7000.00

**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)

**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. YODER FOR CONGRESS, INC**

Mailing Address PO BOX 26742

City OVERLAND PARK State KS Zip Code 66225

Purpose of Disbursement  
FOMR PAC Political Contribution

011

Category/  
Type

Candidate Name

**KEVIN YODER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2015

**Transaction ID : SB23.4533**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. YODER FOR CONGRESS, INC**

Mailing Address PO BOX 26742

City OVERLAND PARK State KS Zip Code 66225

Purpose of Disbursement  
FOMR PAC Political Contribution

011

Category/  
Type

Candidate Name

**KEVIN YODER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2015

**Transaction ID : SB23.4535**

Amount of Each Disbursement this Period

5000.00
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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 M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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

10000.00
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**TOTAL** This Period (last page this line number only)..... ▶

59800.00
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