

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
Friends of Medical Research Political Action Committee

ADDRESS (number and street) 300 Independence Avenue SE
Washington DC 20003
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00566042 3. IS THIS REPORT NEW (N) OR AMENDED (A) 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 [] / [] / [] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] / [] / [] in the State of []

5. Covering Period [07] / [01] / [2015] through [12] / [31] / [2015]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Stephens

Signature of Treasurer Michael Stephens [Electronically Filed] Date [04] / [06] / [2016]

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="137484.97"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="26000.00"/>	<input type="text" value="167400.00"/>
(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="163484.97"/>	<input type="text" value="233096.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="109388.21"/>	<input type="text" value="178999.56"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="54096.76"/>	<input type="text" value="54096.76"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Friends of Medical Research Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	26000.00	165000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	26000.00	165000.00
(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)	26000.00	165000.00
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.....	0.00	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))..... ▶	26000.00	167400.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	26000.00	167400.00

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	13488.21	23299.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	13488.21	23299.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	95900.00	155700.00
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)) ..	109388.21	178999.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	109388.21	178999.56

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)	26000.00	165000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26000.00	165000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	13488.21	23299.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13488.21	23299.56

**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 23
(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

A. Jed Manocherian
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 E 50th Street
 City New York State NY Zip Code 10022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Woodbranch Investments Occupation Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.4575
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Individual Contribution

B. Jonathan Manocherian
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 E 50th Street
 City New York State NY Zip Code 10022
 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 09 / 15 / 2015
Transaction ID : SA11AI.4584
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Individual Contribution

C. Joshua Manocherian
 Full Name (Last, First, Middle Initial)
 Mailing Address 145 W 67th Street Apt. 47E
 City New York State NY Zip Code 10023
 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 09 / 15 / 2015
Transaction ID : SA11AI.4585
 Amount of Each Receipt this Period 5000.00
 Memo Item
 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: (check only one)	PAGE 7 OF 23
	<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	<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. Alexandra Parker

Mailing Address 314 Lytton Avenue
Suite 200

City Palo Alto State CA Zip Code 94301

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

Name of Employer Self-employed Occupation Private Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 24 / 2015
Transaction ID : SA11AI.4593

Amount of Each Receipt this Period
5000.00

Memo Item
Individual Contribution

Full Name (Last, First, Middle Initial)
B. Sean Parker

Mailing Address 314 Lytton Avenue
Suite 200

City Palo Alto State CA Zip Code 94301

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

Name of Employer Self-Employed Occupation Private Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 24 / 2015
Transaction ID : SA11AI.4573

Amount of Each Receipt this Period
5000.00

Memo Item
Individual Contribution

Full Name (Last, First, Middle Initial)
C. Francis Patrick White

Mailing Address 3315 Elm Terrace

City Falls Church State VA Zip Code 22042

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

Name of Employer ACT for NIH Occupation Non-Profit Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 07 / 2015
Transaction ID : SA11AI.4589

Amount of Each Receipt this Period
1000.00

Memo Item
Individual Contribution

SUBTOTAL of Receipts This Page (optional).....	11000.00
TOTAL This Period (last page this line number only).....	26000.00

**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. ACT for NIH

Mailing Address 300 Independence Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Overhead Expense - Personnel Salary Reimbursement

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.4580

Amount of Each Disbursement this Period

1125.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ACT for NIH

Mailing Address 300 Independence Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Overhead Expense - Personnel Salary Reimbursement

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.4599

Amount of Each Disbursement this Period

1125.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ACT for NIH

Mailing Address 300 Independence Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Overhead Expense - Personnel Salary Reimbursement

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2015

Transaction ID : SB21B.4600

Amount of Each Disbursement this Period

1125.00

Memo Item

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

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

3375.00

**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. ACT for NIH

Mailing Address 300 Independence Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Overhead Expense - Personnel Salary Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB21B.4601

Amount of Each Disbursement this Period

1125.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ACT for NIH

Mailing Address 300 Independence Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Overhead Expense - Personnel Salary Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2015

Transaction ID : SB21B.4602

Amount of Each Disbursement this Period

1125.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ACT for NIH

Mailing Address 300 Independence Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Overhead Expense - Personnel Salary Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.4603

Amount of Each Disbursement this Period

1125.00

Memo Item

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

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

3375.00

**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
Overhead Rent Expense - July 2015

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.4579

Amount of Each Disbursement this Period

1000.00

Memo Item

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
Overhead Rent Expense - August 2015

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.4595

Amount of Each Disbursement this Period

1000.00

Memo Item

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
Overhead Rent Expense - September 2015

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2015

Transaction ID : SB21B.4596

Amount of Each Disbursement this Period

1000.00

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 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
Overhead Rent Expense - October 2015

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB21B.4682

Amount of Each Disbursement this Period

1000.00

Memo Item

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 Compliance Training Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB21B.4683

Amount of Each Disbursement this Period

380.41

Memo Item

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
Overhead rent expense - November 2015

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB21B.4597

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

2380.41

**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
Overhead Rent Expense - December 2015

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4598

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Stephens

Mailing Address 1024 S Oakcrest Road

City Arlington State VA Zip Code 22202

Purpose of Disbursement
Reimbursement for 11/14 Trainfare Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4583

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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

**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. AMERIPAC: THE FUND FOR A GREATER AMERICA

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
FOMR PAC Contribution 2015

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2015

Transaction ID : SB23.4628

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BLUEGRASS COMMITTEE

Mailing Address 228 S. WASHINGTON ST., STE. 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FOMR PAC Contribution 2015

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB23.4651

Amount of Each Disbursement this Period

1000.00

Memo Item

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
Political Contribution to Legal Debt 2014 Retirement

Candidate Name
THAD COCHRAN

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB23.4643

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

7000.00

**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. CITIZENS FOR COCHRAN

Mailing Address PO BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement
Political Contribution to Legal Debt 2014 Retirement

011

Candidate Name
THAD COCHRAN

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : **SB23.4645**

Amount of Each Disbursement this Period

1000.00

Memo Item

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
Political Contribution

011

Candidate Name
THAD COCHRAN

Category/
Type

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

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2015

Transaction ID : **SB23.4666**

Amount of Each Disbursement this Period

1000.00

Memo Item

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
Political Contribution

011

Candidate Name
THAD COCHRAN

Category/
Type

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

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : **SB23.4675**

Amount of Each Disbursement this Period

1000.00

Memo Item

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. COLE FOR CONGRESS

Mailing Address P.O. BOX 722256

City State Zip Code
NORMAN OK 73070

Purpose of Disbursement
Political Contribution

011

Candidate Name
TOM COLE

Category/
Type

Office Sought: House
 Senate
 President
State: OK District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2015

Transaction ID : **SB23.4646**

Amount of Each Disbursement this Period

2700.00

Memo Item

Full Name (Last, First, Middle Initial)

B. COLE FOR CONGRESS

Mailing Address P.O. BOX 722256

City State Zip Code
NORMAN OK 73070

Purpose of Disbursement
Political Contribution

011

Candidate Name
TOM COLE

Category/
Type

Office Sought: House
 Senate
 President
State: OK District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2015

Transaction ID : **SB23.4647**

Amount of Each Disbursement this Period

2300.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CONSERVATIVE OPPURTUNITY LEADERSHIP AND ENTERPRISE PAC (COLE PAC)

Mailing Address 12176 CHANCERY STATION CIRCLE

City State Zip Code
RESTON VA 20190

Purpose of Disbursement
FOMR PAC Contribution 2015

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2015

Transaction ID : **SB23.4648**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

10000.00

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. ELISE FOR CONGRESS

Mailing Address PO BOX 500

City State Zip Code
GLENS FALLS NY 12801

Purpose of Disbursement
Political Contribution

011

Candidate Name

ELISE M. STEFANIK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2015

Transaction ID : **SB23.4676**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FREE STATE PAC

Mailing Address P.O. BOX 2712

City State Zip Code
TOPEKA KS 66601

Purpose of Disbursement
FOMR PAC Contribution 2015

011

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
07 / 20 / 2015

Transaction ID : **SB23.4621**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF PAT TOOMEY

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
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

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : **SB23.4650**

Amount of Each Disbursement this Period

1000.00

Memo Item

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. FRIENDS OF ROY BLUNT

Mailing Address PO BOX 10178

City COLUMBIA State MO Zip Code 65205

Purpose of Disbursement
Political Contribution

011

Candidate Name
ROY BLUNT

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2015

Transaction ID : **SB23.4679**

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ROY BLUNT

Mailing Address PO BOX 10178

City COLUMBIA State MO Zip Code 65205

Purpose of Disbursement
Political Contribution

011

Candidate Name
ROY BLUNT

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2015

Transaction ID : **SB23.4681**

Amount of Each Disbursement this Period

5000.00

Memo Item

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
Political Contribution

011

Candidate Name
HAROLD DALLAS ROGERS

Category/
Type

Office Sought: House
 Senate
 President
State: KY District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2015

Transaction ID : **SB23.4619**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

10000.00

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. HOYER'S MAJORITY FUND

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Joint Fund Political Contribution - Hoyer for Congress Primary 2016

011

Candidate Name

HOYER FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : **SB23.4664**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HOYER'S MAJORITY FUND

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Joint Fund Political Contribution - Hoyer for Congress General 2016

011

Candidate Name

HOYER FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : **SB23.4665**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement
Political Contribution

011

Candidate Name

KEVIN MCCARTHY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : **SB23.4610**

Amount of Each Disbursement this Period

2700.00

Memo Item

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

12700.00

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. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement
Political Contribution

011

Candidate Name

KEVIN MCCARTHY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : **SB23.4613**

Amount of Each Disbursement this Period

2300.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MAJORITY COMMITTEE PAC--MC PAC

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement
FOMR PAC Contribution 2015

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : **SB23.4616**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MCCONNELL FOR MAJORITY LEADER COMMITTEE

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Joint Fund Political Contribution - McConnell Senate Committee Primary 2016

011

Candidate Name

MCCONNELL SENATE COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 00

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2015

Transaction ID : **SB23.4655**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

12300.00

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. MCCONNELL FOR MAJORITY LEADER COMMITTEE

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Joint Fund Political Contribution - McConnell Senate Committee General

011

Candidate Name
MCCONNELL SENATE COMMITTEE

Category/
Type

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

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2015

Transaction ID : **SB23.4663**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PETE KING FOR CONGRESS COMMITTEE

Mailing Address PO BOX 1428

City SEAFORD State NY Zip Code 11783

Purpose of Disbursement
Political Contribution

011

Candidate Name
PETER T. HON. KING

Category/
Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 02

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : **SB23.4671**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PETE KING FOR CONGRESS COMMITTEE

Mailing Address PO BOX 1428

City SEAFORD State NY Zip Code 11783

Purpose of Disbursement
Political Contribution

011

Candidate Name
PETER T. HON. KING

Category/
Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 02

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : **SB23.4674**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

15000.00

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. RESPONSIBILITY AND FREEDOM WORK PAC (RFWPAC)

Mailing Address POST OFFICE BOX 80

City JACKSON State MS Zip Code 39205

Purpose of Disbursement FOMR PAC Contribution 2015

011

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SB23.4667

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. RYAN FOR CONGRESS, INC.

Mailing Address PO BOX 1488

City JANESVILLE State WI Zip Code 53547

Purpose of Disbursement Political Contribution

011

Candidate Name

PAUL D. RYAN

Office Sought: House Senate President
State: WI District: 01

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2015

Transaction ID : SB23.4618

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SEARCHLIGHT LEADERSHIP FUND

Mailing Address 700 13TH STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement FOMR PAC Contribution 2015

011

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2015

Transaction ID : SB23.4685

Amount of Each Disbursement this Period

2400.00

Memo Item

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

5400.00

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. STEVE COHEN FOR CONGRESS

Mailing Address 349 KENILWORTH PLACE

City MEMPHIS State TN Zip Code 38112

Purpose of Disbursement
Political Contribution

011

Candidate Name
STEPHEN IRA COHEN

Category/
Type

Office Sought: House
 Senate
 President
State: TN District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2015

Transaction ID : **SB23.4636**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. THE CONGRESSMAN JOE BARTON COMMITTEE

Mailing Address P.O. BOX 1444

City ENNIS State TX Zip Code 75120

Purpose of Disbursement
Political Contribution

Category/
Type

Candidate Name
JOE LINUS BARTON

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 17 / 2015

Transaction ID : **SB23.4642**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS

Mailing Address 228 S. WASHINGTON STREET
SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FOMR PAC Contribution 2015

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2015

Transaction ID : **SB23.4588**

Amount of Each Disbursement this Period

5000.00

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"/> 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. UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City ST. JOSEPH State MI Zip Code 49085

Purpose of Disbursement
Political Contribution

011

Candidate Name
FREDERICK STEPHEN UPTON

Category/
Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MI District: 06

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : **SB23.4576**

Amount of Each Disbursement this Period

2700.00

Memo Item

Full Name (Last, First, Middle Initial)

B. UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City ST. JOSEPH State MI Zip Code 49085

Purpose of Disbursement
Political Contribution

011

Candidate Name
FREDERICK STEPHEN UPTON

Category/
Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MI District: 06

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : **SB23.4604**

Amount of Each Disbursement this Period

2300.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

5000.00

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

95900.00