

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
Advanced Medical Technology Association Political Action Committee

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00340356
3. IS THIS REPORT NEW OR AMENDED (N) (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 01 / 01 / 2019 through 06 / 30 / 2019

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 Crist, Greg, , ,

Signature of Treasurer Crist, Greg, , , [Electronically Filed] Date 07 / 25 / 2019

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Advanced Medical Technology Association 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="2019"/>	<input type="text" value="66358.22"/>	<input type="text" value="66358.22"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="66358.22"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="107408.02"/>	<input type="text" value="107408.02"/>
(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="173766.24"/>	<input type="text" value="173766.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="66448.25"/>	<input type="text" value="66448.25"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="107317.99"/>	<input type="text" value="107317.99"/>
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. 05/2016)

Write or Type Committee Name

Advanced Medical Technology Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2019 To: M M / D D / Y Y Y Y 06 / 30 / 2019

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).....	76474.67	76474.67
(ii) Unitemized	938.28	938.28
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	77412.95	77412.95
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	29500.00	29500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	106912.95	106912.95
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).....	495.07	495.07
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
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)).....▶	107408.02	107408.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	107408.02	107408.02

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	1548.25	1548.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1548.25	1548.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	64900.00	64900.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	66448.25	66448.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66448.25	66448.25

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	106912.95	106912.95
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	106912.95	106912.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1548.25	1548.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	495.07	495.07
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1053.18	1053.18

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Albert, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3536 North Drive
 City Bethlehem State PA Zip Code 18015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) B. Braun Occupation (for Individual) Senior VP and Chief Marketing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 29 / 2019
Transaction ID : C3919307
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Arduini, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 341 Pineville Rd
 City Newtown State PA Zip Code 18940-3111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Integra Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 21 / 2019
Transaction ID : C3868263
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Barko, Randall, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 Chiltern Hill Dr N
 City Worcester State MA Zip Code 01609-1227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ximedica LLC Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 20 / 2019
Transaction ID : C3867747
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 58
	<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)
Advanced Medical Technology Association Political Action Committee

A. Bipes, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6718 Kenwood Forest Ln
 City Chevy Chase State MD Zip Code 20815-6502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1971 Occupation (for Individual) 1971
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 05 / 2019**
Transaction ID : C3858740
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Branham, Chandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9228 Allwood Dr
 City Alexandria State VA Zip Code 22309-3211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AdvaMed Occupation (for Individual) VP Payment and Healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt **06 / 28 / 2019**
Transaction ID : C3922648
 Amount of Each Receipt this Period 250.02
 Memo Item
 * Payroll Deduction: \$41.67 per month

C. Breary, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4713 Carterwood Dr
 City Fairfax State VA Zip Code 22032-2414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AdvaMed Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 29 / 2019**
Transaction ID : C3922690
 Amount of Each Receipt this Period 500.00
 Memo Item
 * Payroll Deduction:

SUBTOTAL of Receipts This Page (optional).....	1000.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Briscuso, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4720 Rosedale Ave Apt 702
 City Bethesda State MD Zip Code 20814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Life Science Conference Group Occupation (for Individual) President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 28 / 2019
Transaction ID : C3922562
 Amount of Each Receipt this Period 750.00
 Memo Item
 * Payroll Deduction: \$125 per month

B. Brooks, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Biltmore Est Unit 217
 City Phoenix State AZ Zip Code 85016-2849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regenesys Biomedical Occupation (for Individual) President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 28 / 2019
Transaction ID : C3870504
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Cerone, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15110 Rollinmead Dr
 City Darnestown State MD Zip Code 20878-3906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Zimmer Occupation (for Individual) Global Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 01 / 2019
Transaction ID : C3919300
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Cetnarowski, Wes, , ,		Date of Receipt
Mailing Address 304 Mount Harmony Rd		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2019"/>
City Bernardsville	State NJ	Zip Code 07924-1415
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C3919309
Name of Employer (for Individual) B. Braun		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Occupation (for Individual) Information Requested		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Codrea, Cathy, , ,		Date of Receipt
Mailing Address 824 12th Ave		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2019"/>
City Bethlehem	State PA	Zip Code 18018-3524
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C3919306
Name of Employer (for Individual) B. Braun Medical Inc.		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Occupation (for Individual) Assistant G.C. & Corporate Com		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Crist, Greg, , ,		Date of Receipt
Mailing Address 118 Cameron Mews		<input type="text" value="01"/> / <input type="text" value="24"/> / <input type="text" value="2019"/>
City Alexandria	State VA	Zip Code 22314-2604
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C3840193
Name of Employer (for Individual) AdvaMed		Amount of Each Receipt this Period <input type="text" value="275.00"/>
Occupation (for Individual) Chief Advocacy Officer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="2216.55"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="2275.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Crist, Greg, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 118 Cameron Mews

City Alexandria	State VA	Zip Code 22314-2604
--------------------	-------------	------------------------

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

Name of Employer (for Individual) AdvaMed	Occupation (for Individual) Chief Advocacy Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2216.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2019

Transaction ID : C3853188

Amount of Each Receipt this Period
275.00

Memo Item

B. Crist, Greg, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 118 Cameron Mews

City Alexandria	State VA	Zip Code 22314-2604
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AdvaMed	Occupation (for Individual) Chief Advocacy Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2216.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2019

Transaction ID : C3868914

Amount of Each Receipt this Period
275.00

Memo Item

C. Crist, Greg, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 118 Cameron Mews

City Alexandria	State VA	Zip Code 22314-2604
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AdvaMed	Occupation (for Individual) Chief Advocacy Officer
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2216.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2019

Transaction ID : C3881727

Amount of Each Receipt this Period
463.85

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1013.85
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 58
	<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)
Advanced Medical Technology Association Political Action Committee

A. Crist, Greg, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 118 Cameron Mews

City Alexandria	State VA	Zip Code 22314-2604
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AdvaMed	Occupation (for Individual) Chief Advocacy Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2216.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2019

Transaction ID : C3896446

Amount of Each Receipt this Period
463.85

Memo Item

B. Crist, Greg, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 118 Cameron Mews

City Alexandria	State VA	Zip Code 22314-2604
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AdvaMed	Occupation (for Individual) Chief Advocacy Officer
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2216.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2019

Transaction ID : C3906845

Amount of Each Receipt this Period
463.85

Memo Item

C. Dinardo, Charles, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1717 Whiteacre Dr

City Bethlehem	State PA	Zip Code 18015
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) B. Braun Medical Inc.	Occupation (for Individual) C.C.O. & S.V.P. - General Coun
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2019

Transaction ID : C3919303

Amount of Each Receipt this Period
1500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2427.70
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Donigan, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 Hart Ave
 City Doylestown State PA Zip Code 18901-5722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) B. Braun Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 22 / 2019**
Transaction ID : C3919310
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Dorsey, Dechane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1714 A St SE
 City Washington State DC Zip Code 20003-1617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advamed Occupation (for Individual) Associate Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt **06 / 28 / 2019**
Transaction ID : C3922615
 Amount of Each Receipt this Period 249.96
 Memo Item
 * Payroll Deduction: \$41.66 per month

C. Dugan, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 430 Essex Rd
 City Kenilworth State IL Zip Code 60043-1126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Water Street Healthcare Partners Occupation (for Individual) Healthcare
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 21 / 2019**
Transaction ID : C3868262
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6249.96
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 13 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Eyre, Brik, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Baxter Pkwy

City Deerfield	State IL	Zip Code 60015-4625
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Baxter International	Occupation (for Individual) SVP and President Americas
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2019

Transaction ID : C3858744

Amount of Each Receipt this Period
1000.00

Memo Item

B. Farhat, Camile, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 520 Lake Cook Rd

City Deerfield	State IL	Zip Code 60015-5611
-------------------	-------------	------------------------

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

Name of Employer (for Individual) RTI Surgical	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2019

Transaction ID : C3875630

Amount of Each Receipt this Period
2500.00

Memo Item

C. Fish, Andrew, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 Pennsylvania Ave NW
Ste 800

City Washington	State DC	Zip Code 20004-2654
--------------------	-------------	------------------------

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

Name of Employer (for Individual) AdvaMed	Occupation (for Individual) Vice President AdvaMedDx
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1249.98

Date of Receipt
MM / DD / YYYY
06 / 28 / 2019

Transaction ID : C3922627

Amount of Each Receipt this Period
1249.98

Memo Item

* Payroll Deduction: \$208.33 per month

SUBTOTAL of Receipts This Page (optional).....	4749.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Fruchterman, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3M Center
 Bldg 275-4W-02
 City Saint Paul State MN Zip Code 55144-1001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 3M Occupation (for Individual) President & GM Medical Segment
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 22 / 2019
Transaction ID : C3895625
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Gatewood, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1029 N Stuart St
 Apt 716
 City Arlington State VA Zip Code 22201-4754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advamed Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2019
Transaction ID : C3922689
 Amount of Each Receipt this Period 250.00
 Memo Item
 * Payroll Deduction:

C. Golden, Dave, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13002 Greenstone Ct
 City Silver Spring State MD Zip Code 20904-5322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advamed Occupation (for Individual) Director IT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 29 / 2019
Transaction ID : C3922688
 Amount of Each Receipt this Period 500.00
 Memo Item
 * Payroll Deduction:

SUBTOTAL of Receipts This Page (optional).....	3250.00
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 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Grispo, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 824 12th Ave
 City Bethlehem State PA Zip Code 18018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) B. Braun Occupation (for Individual) Sr VP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 23 / 2019**
Transaction ID : C3919305
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Groetelaars, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 W Walton St Apt 1102
 City Chicago State IL Zip Code 60610-7328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hill-Rom Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **03 / 06 / 2019**
Transaction ID : C3919314
 Amount of Each Receipt this Period 3000.00
 Memo Item

C. Helzer, Zach, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Pennsylvania Ave NW
 City Washington State DC Zip Code 20004-2608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AdvaMed Occupation (for Individual) AVP Global
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 28 / 2019**
Transaction ID : C3922580
 Amount of Each Receipt this Period 499.98
 Memo Item
 * Payroll Deduction: \$83.33 per month

SUBTOTAL of Receipts This Page (optional).....	4499.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Heugel, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 824 12th Ave
 City Bethlehem State PA Zip Code 18018-3524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) B. Braun Medical Inc. Occupation (for Individual) Chief Financial Officer - Seni
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 29 / 2019**
Transaction ID : C3919308
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Ives, Ralph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6211 Windham Hill Run
 City Alexandria State VA Zip Code 22315-3725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) advamed Occupation (for Individual) vice president
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **02 / 20 / 2019**
Transaction ID : C3919295
 Amount of Each Receipt this Period 1500.00
 Memo Item

C. Lobo, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 847 Seneca Rd
 City Franklin Lakes State NJ Zip Code 07417-2824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stryker Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 21 / 2019**
Transaction ID : C3868332
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MacMillan, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2296
 City Rancho Santa Fe State CA Zip Code 92067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hologic Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 26 / 2019**
Transaction ID : C3919302
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Maliekel, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 E Erie St 37H
 City Chicago State IL Zip Code 60611-3635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hollister Inc. Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **03 / 05 / 2019**
Transaction ID : C3858745
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. May, Don, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10411 Mannakee St
 City Kensington State MD Zip Code 20895-2927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AdvaMed Occupation (for Individual) EVP Payment
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **06 / 28 / 2019**
Transaction ID : C3922660
 Amount of Each Receipt this Period 750.00
 Memo Item
 * Payroll Deduction: \$125 per month

SUBTOTAL of Receipts This Page (optional).....	8250.00
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 18 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Miller, Brian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2653 N Geneva Ter

City Chicago	State IL	Zip Code 60614-9003
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Linden Capital Partners	Occupation (for Individual) Managing Partner
--	---

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	/	22	/	2019

Transaction ID : C3853146

Amount of Each Receipt this Period

5000.00

 Memo Item

B. Neubauer, Carol, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1790 Deer Run Rd

City Bethlehem	State PA	Zip Code 18015-5019
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) B. Braun	Occupation (for Individual) President & CEO
---	--

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
04	/	01	/	2019

Transaction ID : C3919304

Amount of Each Receipt this Period

2500.00

 Memo Item

C. O'Connor, Brian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1315 W St NW
Apt 731

City Washington	State DC	Zip Code 20009-6862
--------------------	-------------	------------------------

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

Name of Employer (for Individual) AdvaMed	Occupation (for Individual) VP, Alliance Development
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2019

Transaction ID : C3922544

Amount of Each Receipt this Period

600.00

 Memo Item

* Payroll Deduction: \$100 per month

SUBTOTAL of Receipts This Page (optional).....	8100.00
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 19 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Price, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4535 Windom Place NW
 City Washington State DC Zip Code 20016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AdvaMed Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 28 / 2019
Transaction ID : C3922621
 Amount of Each Receipt this Period 750.00
 Memo Item
 * Payroll Deduction: \$125 per month

B. Reali, Ken, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 960 N Eastcapitol Blvd
 City Salt Lake City State UT Zip Code 84103-2216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clinical Innovations Occupation (for Individual) Healthcare Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 10 / 2019
Transaction ID : C3876953
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Rosebrough, Walter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32000 Pinetree Rd
 City Pepper Pike State OH Zip Code 44124-5900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STERIS Occupation (for Individual) management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 09 / 2019
Transaction ID : C3919298
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6250.00
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 20 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Rothstein, Zach, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1312 Seaport Lane
 City Alexandria State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AdvaMed Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 28 / 2019
Transaction ID : C3922572
 Amount of Each Receipt this Period 249.96
 Memo Item
 * Payroll Deduction: \$41.66 per month

B. Silverman, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9724 Woodland Dr
 City Silver Spring State MD Zip Code 20910-1419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AdvaMed Occupation (for Individual) VP Technology and Regulatory
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 28 / 2019
Transaction ID : C3922556
 Amount of Each Receipt this Period 249.96
 Memo Item
 * Payroll Deduction: \$41.66 per month

C. Swinehart, Riley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Nelway Dr
 City Mc Lean State VA Zip Code 22101-3137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AdvaMed Occupation (for Individual) Vice President, Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 28 / 2019
Transaction ID : C3922666
 Amount of Each Receipt this Period 750.00
 Memo Item
 * Payroll Deduction: \$125 per month

SUBTOTAL of Receipts This Page (optional).....	1249.92
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 21 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Travis, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1214 Duncan PI NE
 City Washington State DC Zip Code 20002-6336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AdvaMed Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 06 / 28 / 2019
Transaction ID : C3922609
 Amount of Each Receipt this Period 825.00
 Memo Item
 * Payroll Deduction: \$125 per month

B. Trunzo, Janet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2151 Jamieson Avenue #1405
 City Alexandria State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AdvaMed Occupation (for Individual) Senior VP Global Regulatory Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 28 / 2019
Transaction ID : C3922590
 Amount of Each Receipt this Period 499.98
 Memo Item
 * Payroll Deduction: \$83.33 per month

C. Tull, Whitney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 403 Crown View Dr
 City Alexandria State VA Zip Code 22314-4803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STERIS Occupation (for Individual) Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 08 / 2019
Transaction ID : C3889722
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1574.98
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Van Meter, Susan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2032 48th St NW

City Washington	State DC	Zip Code 20007-1552
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AdvaMed	Occupation (for Individual) Executive Director AdvaMedDx
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2019

Transaction ID : C3896439

Amount of Each Receipt this Period
1500.00

Memo Item

B. Walsh, Amanda, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1218 Florida Ave NE

City Washington	State DC	Zip Code 20002-7106
--------------------	-------------	------------------------

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

Name of Employer (for Individual) AdvaMed	Occupation (for Individual) Associate Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2019

Transaction ID : C3922694

Amount of Each Receipt this Period
333.36

Memo Item

* Payroll Deduction: \$111.12 per month

C. Whitaker, Scott, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 Pennsylvania Ave NW
Suite 800

City Washington	State DC	Zip Code 20004
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AdvaMed	Occupation (for Individual) President and CEO
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2499.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2019

Transaction ID : C3922538

Amount of Each Receipt this Period
2499.96

Memo Item

* Payroll Deduction: \$416.66 per month

SUBTOTAL of Receipts This Page (optional).....	4333.32
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 23 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. White, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 892 Coachway
 City Annapolis State MD Zip Code 21401-6472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advamed Occupation (for Individual) General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **04 / 20 / 2019**
Transaction ID : C3919312
 Amount of Each Receipt this Period 1500.00
 Memo Item

B. wilson, dow, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 548 E Crescent Dr
 City Palo Alto State CA Zip Code 94301-3107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 21 / 2019**
Transaction ID : C3868330
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Wittorf, Ashley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 191 Somerville St Apt 311
 City Alexandria State VA Zip Code 22304-8216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AdvaMed Occupation (for Individual) VP Emerging Growth Company Council
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt **06 / 28 / 2019**
Transaction ID : C3922654
 Amount of Each Receipt this Period 249.96
 Memo Item
 * Payroll Deduction: \$41.66 per month

SUBTOTAL of Receipts This Page (optional).....	6749.96
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 24 OF 58
(check only one)

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wright, Duane, , ,

Mailing Address 2206 12th St NW

City Washington	State DC	Zip Code 20009-4404
--------------------	-------------	------------------------

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

Name of Employer (for Individual) AdvaMed	Occupation (for Individual) Vice President GA
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2019

Transaction ID : **C3922642**

Amount of Each Receipt this Period
750.00

Memo Item

* Payroll Deduction: \$125 per month

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	76474.67

**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 25 OF 58
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Abbott Laboratories Employee PAC

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

Mailing Address 100 Abbott Park Road
D312 Ap6d

City Abbott Park State IL Zip Code 60064

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

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

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 / 08 / 2019

Transaction ID : C3919297

Amount of Each Receipt this Period
5000.00

Memo Item

B. Abiomed PAC

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

Mailing Address 22 Cherry Hill Dr

City Danvers State MA Zip Code 01923-2575

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

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

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 / 12 / 2019

Transaction ID : C3919313

Amount of Each Receipt this Period
5000.00

Memo Item

C. Boston Scientific Corporation Political

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

Mailing Address 1 Boston Scientific Pl

City Natick State MA Zip Code 01760-1536

FEC ID number of contributing federal political committee. **C** C00357863

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

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
03 / 28 / 2019

Transaction ID : C3919301

Amount of Each Receipt this Period
2500.00

Memo Item

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: (check only one)	PAGE 26 OF 58
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Cardinal Healthcare PAC

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

Mailing Address 7000 Cardinal Pl

City Dublin	State OH	Zip Code 43017-1091
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00332833

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

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		05		2019

Transaction ID : C3919294

Amount of Each Receipt this Period
5000.00

Memo Item

B. Hill-Rom PAC

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

Mailing Address 1069 State Route 46 East

City Batesville	State IN	Zip Code 47006
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00448993

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2019

Transaction ID : C3919311

Amount of Each Receipt this Period
2000.00

Memo Item

C. Medtronic PAC

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

Mailing Address 900 F Street NW

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

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

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

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
01		31		2019

Transaction ID : C3919296

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	12000.00
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 27 OF 58
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. STERISPAC

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

Mailing Address 5960 Heisly Road

City Mentor	State OH	Zip Code 44060
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00368720

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

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	/	11	/	2019

Transaction ID : C3919299

Amount of Each Receipt this Period
5000.00

Memo Item

B.

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C.

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	29500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 58
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Advamed		Date of Receipt
Mailing Address 701 Pennsylvania Ave NW Ste 800		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2019"/>
City Washington	State DC	Zip Code 20004-2654
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C3922259
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="495.07"/>
Aggregate Year-to-Date ▼ <input type="text" value="495.07"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
Aggregate Year-to-Date ▼ <input type="text"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Memo Item
Aggregate Year-to-Date ▼ <input type="text"/>		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="495.07"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="495.07"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. PNC Merchant Services

Mailing Address 1 Pnc Plz

City
Pittsburgh

State
PA

Zip Code
15265-0000

Purpose of Disbursement
credit card processing fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : D187595

Amount of Each Disbursement this Period

[REDACTED] 117.24

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Merchant Services

Mailing Address 1 Pnc Plz

City
Pittsburgh

State
PA

Zip Code
15265-0000

Purpose of Disbursement
credit card processing fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : D187596

Amount of Each Disbursement this Period

[REDACTED] 53.11

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Merchant Services

Mailing Address 1 Pnc Plz

City
Pittsburgh

State
PA

Zip Code
15265-0000

Purpose of Disbursement
credit card processing fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : D187597

Amount of Each Disbursement this Period

[REDACTED] 10.49

Memo Item

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

[REDACTED] 180.84

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. PNC Merchant Services

Mailing Address 1 Pnc Plz

City
Pittsburgh

State
PA

Zip Code
15265-0000

Purpose of Disbursement
credit card processing fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : D187598

Amount of Each Disbursement this Period

[REDACTED] 0.01

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Merchant Services

Mailing Address 1 Pnc Plz

City
Pittsburgh

State
PA

Zip Code
15265-0000

Purpose of Disbursement
credit card processing fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : D187599

Amount of Each Disbursement this Period

[REDACTED] 8.73

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Merchant Services

Mailing Address 1 Pnc Plz

City
Pittsburgh

State
PA

Zip Code
15265-0000

Purpose of Disbursement
credit card processing fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : D187600

Amount of Each Disbursement this Period

[REDACTED] 24.23

Memo Item

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

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

[REDACTED] 32.97

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. PNC Merchant Services

Mailing Address 1 Pnc Plz

City
Pittsburgh

State
PA

Zip Code
15265-0000

Purpose of Disbursement
credit card processing fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : D187601

Amount of Each Disbursement this Period

[REDACTED] 23.70

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Merchant Services

Mailing Address 1 Pnc Plz

City
Pittsburgh

State
PA

Zip Code
15265-0000

Purpose of Disbursement
credit card processing fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : D187602

Amount of Each Disbursement this Period

[REDACTED] 154.24

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Merchant Services

Mailing Address 1 Pnc Plz

City
Pittsburgh

State
PA

Zip Code
15265-0000

Purpose of Disbursement
credit card processing fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : D187603

Amount of Each Disbursement this Period

[REDACTED] 16.10

Memo Item

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

[REDACTED] 194.04

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. PNC Merchant Services

Mailing Address 1 Pnc Plz

City
Pittsburgh

State
PA

Zip Code
15265-0000

Purpose of Disbursement
credit card processing fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			05			2019			

FEC Identification Number

C

Transaction ID : D187604

Amount of Each Disbursement this Period

1.77

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Merchant Services

Mailing Address 1 Pnc Plz

City
Pittsburgh

State
PA

Zip Code
15265-0000

Purpose of Disbursement
credit card processing fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
04			03			2019			

FEC Identification Number

C

Transaction ID : D187605

Amount of Each Disbursement this Period

672.43

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Merchant Services

Mailing Address 1 Pnc Plz

City
Pittsburgh

State
PA

Zip Code
15265-0000

Purpose of Disbursement
credit card processing fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
04			03			2019			

FEC Identification Number

C

Transaction ID : D187606

Amount of Each Disbursement this Period

32.02

Memo Item

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

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

706.22

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. PNC Merchant Services

Mailing Address 1 Pnc Plz

City
Pittsburgh

State
PA

Zip Code
15265-0000

Purpose of Disbursement
credit card processing fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : D187607

Amount of Each Disbursement this Period

[REDACTED] 27.36

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Merchant Services

Mailing Address 1 Pnc Plz

City
Pittsburgh

State
PA

Zip Code
15265-0000

Purpose of Disbursement
credit card processing fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : D187608

Amount of Each Disbursement this Period

[REDACTED] 101.53

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Merchant Services

Mailing Address 1 Pnc Plz

City
Pittsburgh

State
PA

Zip Code
15265-0000

Purpose of Disbursement
credit card processing fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : D187609

Amount of Each Disbursement this Period

[REDACTED] 102.87

Memo Item

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

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

[REDACTED] 231.76

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. PNC Merchant Services

Mailing Address 1 Pnc Plz

City
Pittsburgh

State
PA

Zip Code
15265-0000

Purpose of Disbursement
credit card processing 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		03		2019

FEC Identification Number

C

Transaction ID : D187610

Amount of Each Disbursement this Period

32.50

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Merchant Services

Mailing Address 1 Pnc Plz

City
Pittsburgh

State
PA

Zip Code
15265-0000

Purpose of Disbursement
credit card processing 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		03		2019

FEC Identification Number

C

Transaction ID : D187611

Amount of Each Disbursement this Period

0.01

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Merchant Services

Mailing Address 1 Pnc Plz

City
Pittsburgh

State
PA

Zip Code
15265-0000

Purpose of Disbursement
credit card processing 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
06		05		2019

FEC Identification Number

C

Transaction ID : D187612

Amount of Each Disbursement this Period

137.18

Memo Item

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

169.69

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. PNC Merchant Services

Mailing Address 1 Pnc Plz

City
Pittsburgh

State
PA

Zip Code
15265-0000

Purpose of Disbursement
credit card processing fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	5		2	0	1	9		

FEC Identification Number

C

Transaction ID : D187613

Amount of Each Disbursement this Period

2	3	.	0	5
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Merchant Services

Mailing Address 1 Pnc Plz

City
Pittsburgh

State
PA

Zip Code
15265-0000

Purpose of Disbursement
credit card processing fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	5		2	0	1	9		

FEC Identification Number

C

Transaction ID : D187614

Amount of Each Disbursement this Period

9	.	6	8
---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--

Memo Item

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

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

3	2	.	7	3
---	---	---	---	---

1	5	4	8	.	2	5
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Advamed

Mailing Address 701 Pennsylvania Ave NW
Ste 800

City
Washington

State
DC

Zip Code
20004-2654

Purpose of Disbursement
staff time for Gardner fundraiser

011

Category/
Type

Candidate Name

Gardner, Cory, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CO District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	7		2	0	1	9		

FEC Identification Number

C C00492454

Transaction ID : D187575

Amount of Each Disbursement this Period

150.00

* In-Kind

Memo Item

Full Name (Last, First, Middle Initial)

B. Advamed

Mailing Address 701 Pennsylvania Ave NW
Ste 800

City
Washington

State
DC

Zip Code
20004-2654

Purpose of Disbursement
staff time and room rental for Tillis fundraiser

011

Category/
Type

Candidate Name

Tillis, Thom, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: NC District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	7		2	0	1	9		

FEC Identification Number

C C00545772

Transaction ID : D187576

Amount of Each Disbursement this Period

300.00

* In-Kind

Memo Item

Full Name (Last, First, Middle Initial)

C. Advamed

Mailing Address 701 Pennsylvania Ave NW
Ste 800

City
Washington

State
DC

Zip Code
20004-2654

Purpose of Disbursement
staff time for Brady fundraiser

011

Category/
Type

Candidate Name

Brady, Kevin, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

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

FEC Identification Number

C C00311043

Transaction ID : D187504

Amount of Each Disbursement this Period

150.00

* In-Kind

Memo Item

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

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

600.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Advamed

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2019

Mailing Address 701 Pennsylvania Ave NW
Ste 800

City Washington State DC Zip Code 20004-2654

Purpose of Disbursement
staff time for Walden fundraiser

011
Category/ Type

FEC Identification Number

C	C00333427
---	-----------

Transaction ID : D187505

Amount of Each Disbursement this Period

150.00

* In-Kind

Memo Item

Candidate Name

Walden, Greg, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: OR District: 02

Full Name (Last, First, Middle Initial)

B. Advamed

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		08		2019

Mailing Address 701 Pennsylvania Ave NW
Ste 800

City Washington State DC Zip Code 20004-2654

Purpose of Disbursement
staff time for Kuster fundraiser

011
Category/ Type

FEC Identification Number

C	C00462861
---	-----------

Transaction ID : D187536

Amount of Each Disbursement this Period

150.00

* In-Kind

Memo Item

Candidate Name

Kuster, Ann, McLane, Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: NH District: 02

Full Name (Last, First, Middle Initial)

C. Advamed

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		08		2019

Mailing Address 701 Pennsylvania Ave NW
Ste 800

City Washington State DC Zip Code 20004-2654

Purpose of Disbursement
staff time for Braun fundraiser

011
Category/ Type

FEC Identification Number

C	C00653147
---	-----------

Transaction ID : D187537

Amount of Each Disbursement this Period

150.00

* In-Kind

Memo Item

Candidate Name

Braun, Mike, , Sen,

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼

State: IN District: 00

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

450.00

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

--

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Advamed

Mailing Address 701 Pennsylvania Ave NW
Ste 800

City Washington State DC Zip Code 20004-2654

Purpose of Disbursement
staff time and room rental for Toomey fundraiser

Category/
Type

Candidate Name
Toomey, Patrick, J., Sen.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: PA District: 00

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : D187551

Amount of Each Disbursement this Period

* In-Kind

Memo Item

Full Name (Last, First, Middle Initial)

B. Advamed

Mailing Address 701 Pennsylvania Ave NW
Ste 800

City Washington State DC Zip Code 20004-2654

Purpose of Disbursement
staff time and room rental for McSally fundraiser

Category/
Type

Candidate Name
McSally, Martha, , Sen,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify)

State: AZ District: 00

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : D187556

Amount of Each Disbursement this Period

* In-Kind

Memo Item

Full Name (Last, First, Middle Initial)

C. Advamed

Mailing Address 701 Pennsylvania Ave NW
Ste 800

City Washington State DC Zip Code 20004-2654

Purpose of Disbursement
staff time for Walorski fundraiser

Category/
Type

Candidate Name
Walorski, Jackie, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: IN District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : D187557

Amount of Each Disbursement this Period

* In-Kind

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. ANGIE CRAIG FOR CONGRESS

Mailing Address PO BOX 22116

City
EAGAN

State
MN

Zip Code
55122

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Craig, Angie, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 27 / 2019

FEC Identification Number

C C00575209

Transaction ID : D187579

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BEATTY FOR CONGRESS

Mailing Address 222 EAST TOWN STREET
SUITE 2W

City
COLUMBUS

State
OH

Zip Code
43215

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Beatty, Joyce, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: OH District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 31 / 2019

FEC Identification Number

C C00507368

Transaction ID : D187559

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Blue Dog Political Action Committee

Mailing Address 6849 Old Dominion Dr
Ste 222

City
McLean

State
VA

Zip Code
22101-3705

Purpose of Disbursement
Leadership PAC Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) ▼
2019 annual limit

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 27 / 2019

FEC Identification Number

C C00305318

Transaction ID : D187580

Amount of Each Disbursement this Period

5000.00

Memo Item

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chrissy Houlahan for Congress

Mailing Address PO Box 222

City
Devon

State
PA

Zip Code
19333-0222

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Houlahan, Chrissy, , Rep,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2019

FEC Identification Number

C C00637371

Transaction ID : D187582

Amount of Each Disbursement this Period

2250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Curtis for Congress

Mailing Address 370 E South Temple
Ste 580

City
Salt Lake City

State
UT

Zip Code
84111-1349

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Curtis, John, , Rep,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: UT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2019

FEC Identification Number

C C00647339

Transaction ID : D187560

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. EMMER FOR CONGRESS

Mailing Address PO BOX 998

City
ANOKA

State
MN

Zip Code
55303

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Emmer, Tom, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2019

FEC Identification Number

C C00545749

Transaction ID : D187561

Amount of Each Disbursement this Period

2000.00

Memo Item

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

4750.00

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Ben McAdams

Mailing Address PO Box 522167

City
Salt Lake City

State
UT

Zip Code
84152-2167

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

McAdams, Ben, , Rep,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: UT District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 27 / 2019

FEC Identification Number

C C00658633

Transaction ID : D187588

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JASON SMITH FOR CONGRESS

Mailing Address PO BOX 1324

City
CAPE GIRARDEAU

State
MO

Zip Code
63702

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Smith, Jason, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: MO District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 05 / 2019

FEC Identification Number

C C00541862

Transaction ID : D187512

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LAHOOD FOR CONGRESS

Mailing Address P.O. BOX 10735

City
PEORIA

State
IL

Zip Code
61612

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

LaHood, Darin, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 27 / 2019

FEC Identification Number

C C00575050

Transaction ID : D187591

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)..... ▶

2500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. LISA BLUNT ROCHESTER FOR CONGRESS

Mailing Address PO BOX 9767

City
WILMINGTON

State
DE

Zip Code
19809

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Rochester, Lisa, Blunt, ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2019

FEC Identification Number

C C00590778

Transaction ID : D187592

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LIZ CHENEY FOR WYOMING

Mailing Address P. O. BOX 697

City
CASPER

State
WY

Zip Code
82602

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Cheney, Liz, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: WY District:

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2019

FEC Identification Number

C C00607556

Transaction ID : D187593

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LOU CORREA FOR CONGRESS

Mailing Address 420 N TWIN OAKS VALLEY RD #2229

City
SAN MARCOS

State
CA

Zip Code
92079

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Correa, Lou, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CA District: 46

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2019

FEC Identification Number

C C00578302

Transaction ID : D187511

Amount of Each Disbursement this Period

2000.00

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. MARC VEASEY CONGRESSIONAL CAMPAIGN COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	21	/	2019

Mailing Address PO BOX 50084

City FORT WORTH State TX Zip Code 76105

FEC Identification Number

C C00506832

Purpose of Disbursement campaign contribution

011
Category/
Type

Transaction ID : D187554

Amount of Each Disbursement this Period

1000.00

Candidate Name

Veasey, Marc, , Rep.,

Office Sought: House Senate President
State: TX District: 33

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. MCSALLY FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	16	/	2019

Mailing Address PO BOX 19128

City TUCSON State AZ Zip Code 85731

FEC Identification Number

C C00666040

Purpose of Disbursement staff time and room rental for fundraiser

011
Category/
Type

Transaction ID : D187555

Amount of Each Disbursement this Period

300.00

Candidate Name

McSally, Martha, , Sen,

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

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. MCSALLY FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	16	/	2019

Mailing Address PO BOX 19128

City TUCSON State AZ Zip Code 85731

FEC Identification Number

C C00666040

Purpose of Disbursement food for fundraiser

011
Category/
Type

Transaction ID : D187567

Amount of Each Disbursement this Period

351.37

Candidate Name

McSally, Martha, , Sen,

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

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. MCSALLY FOR SENATE

Mailing Address PO BOX 19128

City
TUCSON

State
AZ

Zip Code
85731

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

McSally, Martha, , Sen,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: AZ

District: 00

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2019

FEC Identification Number

C00666040

Transaction ID : D187570

Amount of Each Disbursement this Period

1348.63

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Braun for Indiana

Mailing Address PO Box 159

City
Zionsville

State
IN

Zip Code
46077-0159

Purpose of Disbursement
staff time and resources for fundraiser

011

Category/
Type

Candidate Name

Braun, Mike, , Sen,

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify)

State: IN

District: 00

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2019

FEC Identification Number

C00653147

Transaction ID : D187546

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Braun for Indiana

Mailing Address PO Box 159

City
Zionsville

State
IN

Zip Code
46077-0159

Purpose of Disbursement
2018 Debt retirement

011

Category/
Type

Candidate Name

Braun, Mike, , Sen,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: IN

District: 00

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2019

FEC Identification Number

C00653147

Transaction ID : D187548

Amount of Each Disbursement this Period

1850.00

Memo Item

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

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

3198.63

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. New Democrat PAC

Mailing Address 607 14th St NW Ste 800

City
Washington

State
DC

Zip Code
20005-2005

Purpose of Disbursement
Leadership PAC Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) ▼
2019 annual limit

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2019

FEC Identification Number

C c00409730

Transaction ID : D187513

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. NRSC

Mailing Address 425 2nd St NE

City
Washington

State
DC

Zip Code
20002-4914

Purpose of Disbursement
Party Committee Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify)
2019 annual limit

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2019

FEC Identification Number

C c00027466

Transaction ID : D187509

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BERA FOR CONGRESS

Mailing Address POST OFFICE BOX 582496

City
ELK GROVE

State
CA

Zip Code
95758

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Bera, Ami, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2019

FEC Identification Number

C C00461061

Transaction ID : D187516

Amount of Each Disbursement this Period

1000.00

Memo Item

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

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. KUSTER FOR CONGRESS, INC.

Mailing Address P.O. BOX 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement
staff time and resources for fundraiser

011

Category/
Type

Candidate Name

Kuster, Ann, McLane, Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: NH District: 02

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2019

FEC Identification Number

C C00462861

Transaction ID : D187545

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KUSTER FOR CONGRESS, INC.

Mailing Address P.O. BOX 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Kuster, Ann, McLane, Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify)

State: NH District: 02

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2019

FEC Identification Number

C C00462861

Transaction ID : D187549

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR BOYLE

Mailing Address PO BOX 11545

City PHILADELPHIA State PA Zip Code 19116

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Boyle, Brendan, F., Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: PA District: 13

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2019

FEC Identification Number

C C00543363

Transaction ID : D187553

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)..... ▶

2000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. GUTHRIE FOR CONGRESS

Mailing Address PO Box 9639

City
Bowling Green

State
KY

Zip Code
42102

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Guthrie, Brett, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2019

FEC Identification Number

C C00445023

Transaction ID : D187590

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHERI BUSTOS

Mailing Address 1050 17TH ST NW STE 590

City
WASHINGTON

State
DC

Zip Code
20036

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Bustos, Cheri, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: IL District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2019

FEC Identification Number

C C00498568

Transaction ID : D187589

Amount of Each Disbursement this Period

500.00

Memo Item

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
campaign contribution

011

Category/
Type

Candidate Name

DeGette, Diana, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2019

FEC Identification Number

C C00311639

Transaction ID : D187584

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).....▶

2500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. DREW FERGUSON FOR CONGRESS INC.

Mailing Address PO BOX 387

City
WEST POINT

State
GA

Zip Code
31833

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Ferguson, Drew, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: GA District: 03

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2019

FEC Identification Number

C C00607838

Transaction ID : D187547

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ELISE FOR CONGRESS

Mailing Address PO BOX 500

City
GLENS FALLS

State
NY

Zip Code
12801

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Stefanik, Elise, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify)

State: NY District: 21

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2019

FEC Identification Number

C C00547893

Transaction ID : D187517

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. UPTON FOR ALL OF US

Mailing Address P.O. Box 490

City
St. Joseph

State
MI

Zip Code
49085

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Upton, Fred, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2019

FEC Identification Number

C C00200584

Transaction ID : D187520

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

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
Replacement for lost check

011

Category/
Type

Candidate Name

Upton, Fred, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	9

FEC Identification Number

C C00200584

Transaction ID : D187573

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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
Lost check - stop payment

011

Category/
Type

Candidate Name

Upton, Fred, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: MI District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	9

FEC Identification Number

C C00200584

Transaction ID : D187574

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. BUTTERFIELD FOR CONGRESS

Mailing Address PO Box 2571

City
Wilson

State
NC

Zip Code
27894

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Butterfield, G.K., , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NC District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	9

FEC Identification Number

C C00401190

Transaction ID : D187581

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

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

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

1	0	0	0	0	0	0	0	0	0

1	0	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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. WALDEN FOR CONGRESS

Mailing Address PO Box 1091

City
Hood River

State
OR

Zip Code
97031

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Walden, Greg, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	9

FEC Identification Number

C C00333427

Transaction ID : D187514

Amount of Each Disbursement this Period

1850.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WALDEN FOR CONGRESS

Mailing Address PO Box 1091

City
Hood River

State
OR

Zip Code
97031

Purpose of Disbursement
staff time and resources for fundraiser

011

Category/
Type

Candidate Name

Walden, Greg, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: OR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	1	9

FEC Identification Number

C C00333427

Transaction ID : D187507

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BILIRAKIS FOR CONGRESS

Mailing Address PO BOX 606

City
TARPON SPRINGS

State
FL

Zip Code
34688

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Bilirakis, Gus, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

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

FEC Identification Number

C C00408534

Transaction ID : D187552

Amount of Each Disbursement this Period

1000.00

Memo Item

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

2850.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. WALORSKI FOR CONGRESS INC

Mailing Address PO BOX 954

City
MISHAWAKA

State
IN

Zip Code
46546

Purpose of Disbursement
staff time and resources for fundraiser

011

Category/
Type

Candidate Name

Walorski, Jackie, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

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

FEC Identification Number

C C00468579

Transaction ID : D187558

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WALORSKI FOR CONGRESS INC

Mailing Address PO BOX 954

City
MISHAWAKA

State
IN

Zip Code
46546

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Walorski, Jackie, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: IN District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	9

FEC Identification Number

C C00468579

Transaction ID : D187572

Amount of Each Disbursement this Period

1850.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BRADY FOR CONGRESS

Mailing Address P.O. Box 8277

City
The Woodlands

State
TX

Zip Code
77387

Purpose of Disbursement
staff time and resources for fundraiser

011

Category/
Type

Candidate Name

Brady, Kevin, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

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

FEC Identification Number

C C00311043

Transaction ID : D187506

Amount of Each Disbursement this Period

150.00

Memo Item

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

1850.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BRADY FOR CONGRESS

Mailing Address P.O. Box 8277

City
The Woodlands

State
TX

Zip Code
77387

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Brady, Kevin, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2019

FEC Identification Number

C C00311043

Transaction ID : D187510

Amount of Each Disbursement this Period

1850.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO Box 12667

City
Bakersfield

State
CA

Zip Code
93389

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

McCarthy, Kevin, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: CA District: 22

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2019

FEC Identification Number

C C00420935

Transaction ID : D187569

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SCOTT PETERS FOR CONGRESS

Mailing Address PO BOX 70980

City
WASHINGTON

State
DC

Zip Code
20024

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Peters, Scott, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2019

FEC Identification Number

C C00503110

Transaction ID : D187571

Amount of Each Disbursement this Period

2000.00

Memo Item

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

5850.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROSEN FOR NEVADA

Mailing Address 1000 N GREEN VALLEY PKWY
#440-177

City HENDERSON State NV Zip Code 89074

Purpose of Disbursement
campaign contribution

010
 011
 012
011
Category/
Type

Candidate Name
Rosen, Jacky, , ,

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: NV District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2019

FEC Identification Number

C C00606939

Transaction ID : D187519

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CORY GARDNER FOR SENATE

Mailing Address 9227 E LINCOLN AVE #200-234

City LONE TREE State CO Zip Code 80124

Purpose of Disbursement
staff time and resources for fundraiser

010
 011
 012
011
Category/
Type

Candidate Name
Gardner, Cory, , Sen.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: CO District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2019

FEC Identification Number

C C00492454

Transaction ID : D187577

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CORY GARDNER FOR SENATE

Mailing Address 9227 E LINCOLN AVE #200-234

City LONE TREE State CO Zip Code 80124

Purpose of Disbursement
campaign contribution

010
 011
 012
011
Category/
Type

Candidate Name
Gardner, Cory, , Sen.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: CO District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2019

FEC Identification Number

C C00492454

Transaction ID : D187583

Amount of Each Disbursement this Period

1850.00

Memo Item

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

3850.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. ENZI FOR US SENATE

Mailing Address PO BOX 2775

City
CODY

State
WY

Zip Code
82414

Purpose of Disbursement
campaign contribution

011

Candidate Name

Enzi, Michael, B., Sen.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: WY District: 00

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2019

FEC Identification Number

C C00317503

Transaction ID : D187518

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MCCONNELL SENATE COMMITTEE

Mailing Address PO BOX 1496

City
LOUISVILLE

State
KY

Zip Code
40201

Purpose of Disbursement
campaign contribution

011

Candidate Name

McConnell, Mitch, , Sen.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify)

State: KY District: 00

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2019

FEC Identification Number

C C00193342

Transaction ID : D187515

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF PAT TOOMEY

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
staff time and room rental for fundraiser

011

Candidate Name

Toomey, Patrick, J., Sen.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: PA District: 00

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2019

FEC Identification Number

C C00461046

Transaction ID : D187550

Amount of Each Disbursement this Period

300.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF PAT TOOMEY

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
food for fundraiser

011

Category/
Type

Candidate Name

Toomey, Patrick, J., Sen.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: PA District: 00

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2019

FEC Identification Number

C C00461046

Transaction ID : D187566

Amount of Each Disbursement this Period

289.22

Memo Item

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
campaign contribution

011

Category/
Type

Candidate Name

Toomey, Patrick, J., Sen.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify)

State: PA District: 00

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2019

FEC Identification Number

C C00461046

Transaction ID : D187568

Amount of Each Disbursement this Period

1410.78

Memo Item

Full Name (Last, First, Middle Initial)

C. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Collins, Susan, , Sen.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: ME District: 00

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2019

FEC Identification Number

C C00314575

Transaction ID : D187508

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)..... ▶

2410.78

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. THOM TILLIS COMMITTEE

Mailing Address PO BOX 97396

City
RALEIGH

State
NC

Zip Code
27624

Purpose of Disbursement
staff time and room rental for fundraiser

011

Category/
Type

Candidate Name

Tillis, Thom, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NC District: 00

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2019

FEC Identification Number

C C00545772

Transaction ID : D187578

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

B. THOM TILLIS COMMITTEE

Mailing Address PO BOX 97396

City
RALEIGH

State
NC

Zip Code
27624

Purpose of Disbursement
food for fundraiser

011

Category/
Type

Candidate Name

Tillis, Thom, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: NC District: 00

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2019

FEC Identification Number

C C00545772

Transaction ID : D187587

Amount of Each Disbursement this Period

324.33

Memo Item

Full Name (Last, First, Middle Initial)

C. THOM TILLIS COMMITTEE

Mailing Address PO BOX 97396

City
RALEIGH

State
NC

Zip Code
27624

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Tillis, Thom, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NC District: 00

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2019

FEC Identification Number

C C00545772

Transaction ID : D187594

Amount of Each Disbursement this Period

1375.67

Memo Item

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

1375.67

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. First National Bank Omaha

Mailing Address PO Box 2557

City
Omaha

State
NE

Zip Code
68103-2557

Purpose of Disbursement
Credit Card Payment - see below

011

Category/
Type

Candidate Name

Toomey, Patrick, J., Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: PA District: 00

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2019

FEC Identification Number

C C00461046

Transaction ID : D187562

Amount of Each Disbursement this Period

289.22

Memo Item

Full Name (Last, First, Middle Initial)

B. Charm City Concierge

Mailing Address 1437 E Fort Ave

City
Baltimore

State
MD

Zip Code
21230-5215

Purpose of Disbursement
food for Toomey fundraiser

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2019

FEC Identification Number

C

Transaction ID : D187564

Amount of Each Disbursement this Period

289.22

Memo Item

Full Name (Last, First, Middle Initial)

C. First National Bank Omaha

Mailing Address PO Box 2557

City
Omaha

State
NE

Zip Code
68103-2557

Purpose of Disbursement
Credit Card Payment - see below

011

Category/
Type

Candidate Name

McSally, Martha, , Sen,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: AZ District: 00

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2019

FEC Identification Number

C C00666040

Transaction ID : D187563

Amount of Each Disbursement this Period

351.37

Memo Item

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

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

640.59

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charm City Concierge

Mailing Address 1437 E Fort Ave

City Baltimore State MD Zip Code 21230-5215

Purpose of Disbursement
food for McSalley fundraiser

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2019

FEC Identification Number

C
Transaction ID : D187565
Amount of Each Disbursement this Period
351.37

Memo Item

Full Name (Last, First, Middle Initial)

B. First National Bank Omaha

Mailing Address PO Box 2557

City Omaha State NE Zip Code 68103-2557

Purpose of Disbursement
Credit Card Payment - see below

011

Category/
Type

Candidate Name

Tillis, Thom, , Sen.,

Office Sought: House Senate President

Disbursement For: 2020
 Primary General
 Other (specify)

State: NC District: 00

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2019

FEC Identification Number

C C00545772
Transaction ID : D187585
Amount of Each Disbursement this Period
324.33

Memo Item

Full Name (Last, First, Middle Initial)

C. Charm City Concierge

Mailing Address 1437 E Fort Ave

City Baltimore State MD Zip Code 21230-5215

Purpose of Disbursement
food for Tillis fundraiser

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2019

FEC Identification Number

C
Transaction ID : D187586
Amount of Each Disbursement this Period
324.33

Memo Item

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

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

324.33

64900.00