

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, 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 11 / 29 / 2016 through 12 / 31 / 2016

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 Scott, Juan, C, ,

Signature of Treasurer Scott, Juan, C, , [Electronically Filed] Date 01 / 24 / 2017

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**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="2016"/>	<input type="text" value="52931.47"/>	<input type="text" value="52931.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="27908.98"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="15411.12"/>	<input type="text" value="166109.44"/>
(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="43320.10"/>	<input type="text" value="219040.91"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8555.88"/>	<input type="text" value="184276.69"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="34764.22"/>	<input type="text" value="34764.22"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

## DETAILED SUMMARY PAGE of Receipts

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 11 / 29 / 2016 To: M M / D D / Y Y Y Y 12 / 31 / 2016

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).....	10167.22	105681.62
(ii) Unitemized .....	195.00	2296.69
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10362.22	107978.31
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	56500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	15362.22	164478.31
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).....	48.90	1631.13
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)).....▶	15411.12	166109.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	15411.12	166109.44

**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 .....	55.88	1618.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	55.88	1618.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	182658.47
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)) ..	8555.88	184276.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8555.88	184276.69

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	15362.22	164478.31
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15362.22	164478.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	55.88	1618.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	48.90	1631.13
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6.98	-12.91

**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 21
	<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	

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. 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 ▼ 499.92

Date of Receipt 12 / 31 / 2016  
**Transaction ID : C3458417**  
 Amount of Each Receipt this Period 83.32  
 Memo Item  
 \* Payroll Deduction: \$41.66 per month

**B. Douglas, Ashli, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 615 25th St S  
 City Arlington State VA Zip Code 22202-2529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) lobbyist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : C3458400**  
 Amount of Each Receipt this Period 250.00  
 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 ▼ 2499.96

Date of Receipt 12 / 31 / 2016  
**Transaction ID : C3458427**  
 Amount of Each Receipt this Period 416.66  
 Memo Item  
 \* Payroll Deduction: \$208.33 per month

<b>SUBTOTAL</b> of Receipts This Page (optional).....	749.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Hartgen, Carrie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 864 N Jefferson St  
 City Arlington State VA Zip Code 22205-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AdvaMed Occupation (for Individual) Lobbyist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2016  
**Transaction ID : C3458425**  
 Amount of Each Receipt this Period 166.66  
 Memo Item  
 \* Payroll Deduction: 83.33 per month

**B. 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 ▼ 916.63

Date of Receipt 12 / 31 / 2016  
**Transaction ID : C3458407**  
 Amount of Each Receipt this Period 166.66  
 Memo Item  
 \* Payroll Deduction: \$83.33 per month

**C. Kegler, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1116 25th St NW Apt 2  
 City Washington State DC Zip Code 20037-1461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Edwards Lifesciences Occupation (for Individual) Director, GA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 05 / 2016  
**Transaction ID : C3434251**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	583.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
<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. 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
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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 ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2016

**Transaction ID : C3458435**

Amount of Each Receipt this Period  
250.00

Memo Item

\* Payroll Deduction: \$125 per month

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

Mailing Address 3389 Style Ave

City Laurel	State MD	Zip Code 20724-2261
----------------	-------------	------------------------

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

Name of Employer (for Individual) AdvaMed	Occupation (for Individual) Manager Intl Meetings
----------------------------------------------	------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2016

**Transaction ID : C3458413**

Amount of Each Receipt this Period  
41.66

Memo Item

\* Payroll Deduction: \$20.83 per month

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

Mailing Address 2621 S Arlington Ridge Rd

City Arlington	State VA	Zip Code 22202-2269
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2016

**Transaction ID : C3437240**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	541.66
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
	<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. Pika Sharp, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4545 Connecticut Ave NW  
 Apt 425  
 City Washington State DC Zip Code 20008-6021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advamed Occupation (for Individual) Lobbyist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 12 / 31 / 2016  
**Transaction ID : C3458419**  
 Amount of Each Receipt this Period 416.66  
 Memo Item  
 \* Payroll Deduction: \$125 per month

**B. 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 ▼ 1500.00

Date of Receipt 12 / 31 / 2016  
**Transaction ID : C3458423**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 \* Payroll Deduction: \$125 per month

**C. 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 ▼ 458.26

Date of Receipt 12 / 31 / 2016  
**Transaction ID : C3458405**  
 Amount of Each Receipt this Period 83.32  
 Memo Item  
 \* Payroll Deduction: \$41.66 per month

<b>SUBTOTAL</b> of Receipts This Page (optional).....	749.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
	<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. Scott, Juan, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3118 Military Rd  
 City Arlington State VA Zip Code 22207-4136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AdvaMed Occupation (for Individual) Senior VP Federal Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.92

Date of Receipt 12 / 31 / 2016  
**Transaction ID : C3458429**  
 Amount of Each Receipt this Period 833.32  
 Memo Item  
 \* Payroll Deduction: \$416.66 per month

**B. Seltman, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 514 Ashford Rd  
 City Silver Spring State MD Zip Code 20910-4201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Smith & Nephew, Inc. Occupation (for Individual) attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 08 / 2016  
**Transaction ID : C3438290**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Spangler, Todd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6235 19th St N  
 City Arlington State VA Zip Code 22205-2021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BD Occupation (for Individual) Lobbyist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 30 / 2016  
**Transaction ID : C3432246**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1333.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 21
	<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. Strandlund, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1515 Jefferson Davis Hwy  
 Apt 1514  
 City Arlington State VA Zip Code 22202-3317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AdvaMed Occupation (for Individual) Grassroots Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 12 / 31 / 2016  
**Transaction ID : C3458421**  
 Amount of Each Receipt this Period 41.66  
 Memo Item  
 \* Payroll Deduction: \$20.83 per month

**B. 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 ▼ 1500.00

Date of Receipt 12 / 31 / 2016  
**Transaction ID : C3458437**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 \* Payroll Deduction: \$125 per month

**C. 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 ▼ 504.00

Date of Receipt 12 / 31 / 2016  
**Transaction ID : C3458415**  
 Amount of Each Receipt this Period 84.00  
 Memo Item  
 \* Payroll Deduction: \$42 per month

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 21
<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. Tremble, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3103 Tremont Ave  
 City Cheverly State MD Zip Code 20785-1134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advamed Occupation (for Individual) Associate VP State Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.92

Date of Receipt 12 / 31 / 2016  
**Transaction ID : C3458409**  
 Amount of Each Receipt this Period 83.32  
 Memo Item  
 \* Payroll Deduction: \$41.66 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 ▼ 833.30

Date of Receipt 12 / 31 / 2016  
**Transaction ID : C3458411**  
 Amount of Each Receipt this Period 166.66  
 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) Zimmer Biomet Occupation (for Individual) Government Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 08 / 2016  
**Transaction ID : C3436083**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	499.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 21
	<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. 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  
 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 ▼ 5000.00

Date of Receipt 12 / 31 / 2016  
**Transaction ID : C3458401**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 \* Payroll Deduction:

**B. 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 ▼ 499.92

Date of Receipt 12 / 31 / 2016  
**Transaction ID : C3458433**  
 Amount of Each Receipt this Period 83.32  
 Memo Item  
 \* Payroll Deduction: \$41.66 per month

**C. Wright, Duane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 1500.00

Date of Receipt 12 / 31 / 2016  
**Transaction ID : C3458431**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 \* Payroll Deduction: \$125 per month

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5333.32
<b>TOTAL</b> This Period (last page this line number only).....	10167.22

**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 21
<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Edwards Lifesciences PAC**

Mailing Address One Edwards Way

City Irvine	State CA	Zip Code 92314
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00411900

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
12	/	02	/	2016

**Transaction ID : C3439962**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 21
<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. Advamed**

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) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1631.13

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2016

**Transaction ID : C3458438**

Amount of Each Receipt this Period  
48.90

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	48.90
<b>TOTAL</b> This Period (last page this line number only).....	48.90

**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
12			02			2016			

FEC Identification Number

C

Transaction ID : D177677

Amount of Each Disbursement this Period

6.65

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
12			05			2016			

FEC Identification Number

C

Transaction ID : D177678

Amount of Each Disbursement this Period

49.20

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
12			05			2016			

FEC Identification Number

C

Transaction ID : D177679

Amount of Each Disbursement this Period

0.03

Memo Item

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

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

55.88

55.88



**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 Young fundraiser

011

Category/  
Type

Candidate Name

**Young, Todd, , Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2022

Primary  General  
 Other (specify) ▼

State: IN District: 00

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2016

FEC Identification Number

C C00459255

**Transaction ID : D177668**

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 for Murphy fundraiser

011

Category/  
Type

Candidate Name

**Murphy, Christopher, S., Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify)

State: CT District:

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2016

FEC Identification Number

C C00492645

**Transaction ID : D177669**

Amount of Each Disbursement this Period

150.00

\* In-Kind

Memo Item

Full Name (Last, First, Middle Initial)

**C. Chris PAC**

Mailing Address 499 S Capitol St SW  
Ste 420

City  
Washington

State  
DC

Zip Code  
20003-4027

Purpose of Disbursement  
Leadership PAC contribution

Category/  
Type

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify) ▼

State: District: 2016 annual limit

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2016

FEC Identification Number

C C00554535

**Transaction ID : D177675**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

1300.00

**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. Duckworth Victory Fund**

Mailing Address PO Box 10793

City  
Chicago

State  
IL

Zip Code  
60610-0793

Purpose of Disbursement  
JFC contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

2016 annual limit

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2016

FEC Identification Number

C C00577189

Transaction ID : D177665

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. KLOBUCHAR FOR MINNESOTA 2018**

Mailing Address PO BOX 4146

City  
ST PAUL

State  
MN

Zip Code  
55104

Purpose of Disbursement  
stop payment lost check

011

Category/  
Type

Candidate Name

**Klobuchar, Amy, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: MN District: 00

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2016

FEC Identification Number

C C00431353

Transaction ID : D177666

Amount of Each Disbursement this Period

-3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. KLOBUCHAR FOR MINNESOTA 2018**

Mailing Address PO BOX 4146

City  
ST PAUL

State  
MN

Zip Code  
55104

Purpose of Disbursement  
re-issue lost check

011

Category/  
Type

Candidate Name

**Klobuchar, Amy, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MN District: 00

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2016

FEC Identification Number

C C00431353

Transaction ID : D177667

Amount of Each Disbursement this Period

3000.00

Memo Item

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

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

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. FRIENDS OF CHRIS MURPHY**

Mailing Address PO Box 127

City  
Cheshire

State  
CT

Zip Code  
06410-0127

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Murphy, Christopher, S., Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2016

FEC Identification Number

C C00492645

**Transaction ID : D177672**

Amount of Each Disbursement this Period

850.00
--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MURPHY**

Mailing Address PO Box 127

City  
Cheshire

State  
CT

Zip Code  
06410-0127

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Murphy, Christopher, S., Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2016

FEC Identification Number

C C00492645

**Transaction ID : D177673**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MURPHY**

Mailing Address PO Box 127

City  
Cheshire

State  
CT

Zip Code  
06410-0127

Purpose of Disbursement  
staff time for Murphy fundraiser

011

Category/  
Type

Candidate Name

**Murphy, Christopher, S., Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2016

FEC Identification Number

C C00492645

**Transaction ID : D177674**

Amount of Each Disbursement this Period

150.00
--------

Memo Item

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

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

1850.00
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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. HATCH ELECTION COMMITTEE INC**

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement  
campaign contribution

**011**  
Category/  
Type

Candidate Name  
**Hatch, Orrin, G., Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: UT District: 00

Date of Disbursement  
MM / DD / YYYY  
12 / 15 / 2016

FEC Identification Number

**C** C00104752

**Transaction ID : D177676**  
Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. WYDEN FOR SENATE**

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement  
staff time and resources for fundraiser

**011**  
Category/  
Type

Candidate Name  
**Wyden, Ron, , Sen.,**

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

Date of Disbursement  
MM / DD / YYYY  
12 / 01 / 2016

FEC Identification Number

**C** C00308676

**Transaction ID : D177354**  
Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF TODD YOUNG**

Mailing Address POST OFFICE BOX 1053

City BLOOMINGTON State IN Zip Code 47402

Purpose of Disbursement  
staff time for Young fundraiser

**011**  
Category/  
Type

Candidate Name  
**Young, Todd, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: IN District: 00

Date of Disbursement  
MM / DD / YYYY  
12 / 15 / 2016

FEC Identification Number

**C** C00459255

**Transaction ID : D177670**  
Amount of Each Disbursement this Period

150.00

Memo Item

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

1500.00

**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 TODD YOUNG**

Mailing Address POST OFFICE BOX 1053

City  
BLOOMINGTON

State  
IN

Zip Code  
47402

Purpose of Disbursement  
2016 Debt Retirement

011

Category/  
Type

Candidate Name

**Young, Todd, , Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify) ▼

State: IN

District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2016

FEC Identification Number

C C00459255

Transaction ID : D177671

Amount of Each Disbursement this Period

2850.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

2850.00

8500.00