

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines ASSOCIATION OF MEDICAL DEVICE REPROCESSORS PAC

ADDRESS (number and street) 1400 16TH STREET NW SUITE 400 Check if different than previously reported. (ACC) WASHINGTON DC 20036

2. FEC IDENTIFICATION NUMBER C00375790 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, 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 Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 10 01 2007 through 12 31 2007

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 Daniel Joseph Vukelich

Signature of Treasurer Electronically Filed by Daniel Joseph Vukelich Date 01 08 2008

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

Office Use Only table with 7 columns and 1 row

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
ASSOCIATION OF MEDICAL DEVICE REPROCESSORS PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		413.72
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	724.16									
(c) Total Receipts (from Line 19)	6001.17	6402.01								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6725.33	6815.73								
7. Total Disbursements (from Line 31)	1031.40	1121.80								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5693.93	5693.93								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
ASSOCIATION OF MEDICAL DEVICE REPROCESSORS PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	6000.00	6000.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	6000.00	6000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6000.00	6000.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1.17	2.01
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	400.00
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 Transfer (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))	6001.17	6402.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6001.17	6402.01

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	30.00
(b) Other Federal Operating Expenditures.....	31.40	91.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	31.40	121.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	1031.40	1121.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1031.40	1091.80

DETAILED SUMMARY PAGE
of Disbursements

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)	6000.00	6000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6000.00	6000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	31.40	91.80
37. Offsets to Operating Expenditures (from Line 15, page 3)	1.17	2.01
38. Net Operating Expenditures (subtract Line 37 from Line 36)	30.23	89.79

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 9
(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

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)
ASSOCIATION OF MEDICAL DEVICE REPROCESSORS PAC

A.

Full Name (Last, First, Middle Initial)
Moira Barton-Varty

Mailing Address 2625 N. 24th Street #6

City State Zip Code
Mesa AZ 85213

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

Name of Employer Occupation
Ascent Healthcare Solutions Senior Director, Regulatory Affairs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.4279

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Timothy Einwechter

Mailing Address 2403 West Rockrose Way

City State Zip Code
Chandler AZ 85248

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

Name of Employer Occupation
Ascent Healthcare Solutions Chief Financial Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.4276

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Rick Ferreira

Mailing Address 6990 E. Buckhorn Trl.

City State Zip Code
Scottsdale AZ 85262

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

Name of Employer Occupation
Ascent Healthcare Solutions Chief Operations Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00

Date of Receipt

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

Transaction ID: SA11AI.4280

Amount of Each Receipt this Period

850.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 9
(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)
ASSOCIATION OF MEDICAL DEVICE REPROCESSORS PAC

A.

Full Name (Last, First, Middle Initial)
John B. Grotting

Mailing Address 15940 Via Del Alba
PO Box 1405

City Rancho Santa Fe State CA Zip Code 92067

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

Name of Employer Ascent Healthcare Solutions Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 15 / 2007
Transaction ID: SA11AI.4281
Amount of Each Receipt this Period 850.00

B.

Full Name (Last, First, Middle Initial)
Kevin Liszewski

Mailing Address 21945 N. 69th Ave.

City Glendale State AZ Zip Code 85310

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

Name of Employer Ascent Healthcare Solutions Occupation VP of Corporate Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 15 / 2007
Transaction ID: SA11AI.4277
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Paul O'Neill

Mailing Address 5511 Kings Mont. Drive

City Lakeland State FL Zip Code 33813

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

Name of Employer Vanguard Medical Concepts, Inc Occupation Sr. VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 15 / 2007
Transaction ID: SA11AI.4275
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1400.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 8 / 9

(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)
ASSOCIATION OF MEDICAL DEVICE REPROCESSORS PAC

A.

Full Name (Last, First, Middle Initial)
Elizabeth Stoneman

Mailing Address 3131 E. Legacy Drive No. 1043

City State Zip Code
Phoenix AZ 85042

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

Name of Employer Occupation
Ascent Healthcare Solutions Vice President of Client Services

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.4278

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Brian F. Sullivan

Mailing Address 2400 Bantle Farm Road

City State Zip Code
Medina MN 55340

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

Name of Employer Occupation
SterilMed, Inc. CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt

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

Transaction ID: SA11AI.4274

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

6000.00

**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)

PAGE 9 / 9

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

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF MEDICAL DEVICE REPROCESSORS PAC

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF SHERROD BROWN

Transaction ID: SB23.4283

Date of Disbursement

Mailing Address PO BOX 76187
Suite 800

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	7

City WASHINGTON State DC Zip Code 20013

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 00

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

TOTAL This Period (last page this line number only) ►

1000.00
