

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 Medtronic Inc. Medical Technology Fund

ADDRESS (number and street) 950 F Street NW Suite 500 Washington DC 20004 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00311878 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 02 / 01 / 2012 through 02 / 29 / 2012

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 Gary Ellis

Signature of Treasurer Gary Ellis [Electronically Filed] Date 03 / 16 / 2012

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Medtronic Inc. Medical Technology Fund**

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="2012"/>	<input type="text" value="36409.16"/>	<input type="text" value="36409.16"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="47089.46"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="10642.24"/>	<input type="text" value="21359.48"/>
(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="57731.70"/>	<input type="text" value="57768.64"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21318.05"/>	<input type="text" value="21354.99"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="36413.65"/>	<input type="text" value="36413.65"/>
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. 06/2004)

Write or Type Committee Name

**Medtronic Inc. Medical Technology Fund**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3322.62	4603.93
(ii) Unitemized .....	7319.62	16755.55
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10642.24	21359.48
(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) .....	10642.24	21359.48
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	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))..... ▶	10642.24	21359.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10642.24	21359.48

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	3818.05	3854.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3818.05	3854.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	17500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	21318.05	21354.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21318.05	21354.99

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	10642.24	21359.48
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10642.24	21359.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	3818.05	3854.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3818.05	3854.99

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

Form/Schedule: F3XN  
Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:  
Transaction ID:

**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 20
	<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)  
**Medtronic Inc. Medical Technology Fund**

Full Name (Last, First, Middle Initial)  
**A. Dale F Beumer**

Mailing Address 710 Medtronic Parkway NE

City State Zip Code  
Minneapolis MN 55432-5604

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

Name of Employer Occupation  
Medtronic Inc. VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
228.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2012

**Transaction ID : A2012-450793**

Amount of Each Receipt this Period  
76.00

Full Name (Last, First, Middle Initial)  
**B. Dale F Beumer**

Mailing Address 710 Medtronic Parkway NE

City State Zip Code  
Minneapolis MN 55432-5604

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

Name of Employer Occupation  
Medtronic Inc. VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
304.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2012

**Transaction ID : A2012-451096**

Amount of Each Receipt this Period  
76.00

Full Name (Last, First, Middle Initial)  
**C. Charles L Dennis II**

Mailing Address 8200 Coral Sea Street NE

City State Zip Code  
Mounds View MN 55112

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

Name of Employer Occupation  
Medtronic Inc. VP CRDM Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
321.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2012

**Transaction ID : A2012-450515**

Amount of Each Receipt this Period  
107.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	259.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Medtronic Inc. Medical Technology Fund**

Full Name (Last, First, Middle Initial)  
**A. Charles L Dennis II**

Mailing Address 8200 Coral Sea Street NE

City Mounds View State MN Zip Code 55112

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

Name of Employer Medtronic Inc. Occupation VP CRDM Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **428.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 17 / 2012**

**Transaction ID : A2012-450820**

Amount of Each Receipt this Period  
**107.00**

Full Name (Last, First, Middle Initial)  
**B. Gary L Ellis**

Mailing Address 710 Medtronic Parkway NE

City Minneapolis State MN Zip Code 55432-5604

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

Name of Employer Medtronic Inc. Occupation Sr VP & CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **579.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 03 / 2012**

**Transaction ID : A2012-450538**

Amount of Each Receipt this Period  
**193.00**

Full Name (Last, First, Middle Initial)  
**C. Gary L Ellis**

Mailing Address 710 Medtronic Parkway NE

City Minneapolis State MN Zip Code 55432-5604

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

Name of Employer Medtronic Inc. Occupation Sr VP & CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **772.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 17 / 2012**

**Transaction ID : A2012-450842**

Amount of Each Receipt this Period  
**193.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>493.00</b>
<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 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Medtronic Inc. Medical Technology Fund**

**A. Donald C Findlay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 710 Medtronic Parkway NE  
 City State Zip Code  
 Minneapolis MN 55432-5604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medtronic Inc. Sr VP Gen Counsel/Corp Sec  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 576.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 03 / 2012  
**Transaction ID : A2012-450767**  
 Amount of Each Receipt this Period  
 192.00

**B. Donald C Findlay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 710 Medtronic Parkway NE  
 City State Zip Code  
 Minneapolis MN 55432-5604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medtronic Inc. Sr VP Gen Counsel/Corp Sec  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 768.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2012  
**Transaction ID : A2012-451071**  
 Amount of Each Receipt this Period  
 192.00

**C. Mark Fletcher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6743 Southpoint Drive North  
 City State Zip Code  
 Jacksonville FL 32216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medtronic Inc. VP Marketing & Sales ENT/NT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 03 / 2012  
**Transaction ID : A2012-450516**  
 Amount of Each Receipt this Period  
 76.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	460.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Medtronic Inc. Medical Technology Fund**

Full Name (Last, First, Middle Initial)  
**A. Mark Fletcher**

Mailing Address 6743 Southpoint Drive North

City Jacksonville State FL Zip Code 32216

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

Name of Employer Medtronic Inc. Occupation VP Marketing & Sales ENT/NT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **304.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 17 / 2012**

**Transaction ID : A2012-450821**

Amount of Each Receipt this Period  
**76.00**

Full Name (Last, First, Middle Initial)  
**B. Christopher G Garland**

Mailing Address 8200 Coral Sea Street NE

City Mounds View State MN Zip Code 55112

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

Name of Employer Medtronic Inc. Occupation VP CRDM Communications

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **291.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 03 / 2012**

**Transaction ID : A2012-450744**

Amount of Each Receipt this Period  
**97.00**

Full Name (Last, First, Middle Initial)  
**c. Christopher G Garland**

Mailing Address 8200 Coral Sea Street NE

City Mounds View State MN Zip Code 55112

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

Name of Employer Medtronic Inc. Occupation VP CRDM Communications

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **388.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 17 / 2012**

**Transaction ID : A2012-451048**

Amount of Each Receipt this Period  
**97.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>270.00</b>
<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 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Medtronic Inc. Medical Technology Fund**

**A. William A Hawkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 710 Medtronic Parkway NE

City State Zip Code  
Minneapolis MN 55432-5604

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

Name of Employer Occupation  
Medtronic Inc. Chairman & Chief Exec Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2012  
**Transaction ID : A2012-450498**

Amount of Each Receipt this Period  
192.00

**B. William A Hawkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 710 Medtronic Parkway NE

City State Zip Code  
Minneapolis MN 55432-5604

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

Name of Employer Occupation  
Medtronic Inc. Chairman & Chief Exec Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
768.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2012  
**Transaction ID : A2012-450803**

Amount of Each Receipt this Period  
192.00

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

Mailing Address 710 Medtronic Parkway NE

City State Zip Code  
Minneapolis MN 55432-5604

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

Name of Employer Occupation  
Medtronic Inc. VP & Chief IP Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2012  
**Transaction ID : A2012-450621**

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 459.00

**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 12 OF 20
<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)  
**Medtronic Inc. Medical Technology Fund**

Full Name (Last, First, Middle Initial)  
**A. Michael J Jaro**

Mailing Address 710 Medtronic Parkway NE

City State Zip Code  
Minneapolis MN 55432-5604

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

Name of Employer Occupation  
Medtronic Inc. VP & Chief IP Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2012

**Transaction ID : A2012-450925**

Amount of Each Receipt this Period  
75.00

Full Name (Last, First, Middle Initial)  
**B. David F Miller**

Mailing Address 1800 Pyramid Place

City State Zip Code  
Memphis TN 38132

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

Name of Employer Occupation  
Medtronic Inc. VP Medical Societies/Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2012

**Transaction ID : A2012-450512**

Amount of Each Receipt this Period  
115.00

Full Name (Last, First, Middle Initial)  
**C. David F Miller**

Mailing Address 1800 Pyramid Place

City State Zip Code  
Memphis TN 38132

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

Name of Employer Occupation  
Medtronic Inc. VP Medical Societies/Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
460.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2012

**Transaction ID : A2012-450817**

Amount of Each Receipt this Period  
115.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	305.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 20
	<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)  
**Medtronic Inc. Medical Technology Fund**

Full Name (Last, First, Middle Initial)  
**A. Christopher J O'Connell**

Mailing Address 710 Medtronic Parkway NE

City State Zip Code  
Minneapolis MN 55432-5604

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

Name of Employer Occupation  
Medtronic Inc. EVP/Grp PresNeurDiaSTSpine

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**576.93**

Date of Receipt  
MM / DD / YYYY  
**02 / 03 / 2012**

**Transaction ID : A2012-450497**

Amount of Each Receipt this Period  
**192.31**

Full Name (Last, First, Middle Initial)  
**B. Christopher J O'Connell**

Mailing Address 710 Medtronic Parkway NE

City State Zip Code  
Minneapolis MN 55432-5604

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

Name of Employer Occupation  
Medtronic Inc. EVP/Grp PresNeurDiaSTSpine

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**769.24**

Date of Receipt  
MM / DD / YYYY  
**02 / 17 / 2012**

**Transaction ID : A2012-450802**

Amount of Each Receipt this Period  
**192.31**

Full Name (Last, First, Middle Initial)  
**C. Stephen N Oesterle**

Mailing Address 710 Medtronic Parkway NE

City State Zip Code  
Minneapolis MN 55432-5604

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

Name of Employer Occupation  
Medtronic Inc. Sr VP Medicine & Technology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**525.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 03 / 2012**

**Transaction ID : A2012-450524**

Amount of Each Receipt this Period  
**175.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>559.62</b>
<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 14 OF 20
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Medtronic Inc. Medical Technology Fund**

Full Name (Last, First, Middle Initial)  
**A. Stephen N Oesterle**

Mailing Address 710 Medtronic Parkway NE

City State Zip Code  
Minneapolis MN 55432-5604

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

Name of Employer Occupation  
Medtronic Inc. Sr VP Medicine & Technology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 17 / 2012  
**Transaction ID : A2012-450828**

Amount of Each Receipt this Period  
175.00

Full Name (Last, First, Middle Initial)  
**B. Arlen L Overvig**

Mailing Address 8200 Coral Sea Street NE

City State Zip Code  
Mounds View MN 55112

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

Name of Employer Occupation  
Medtronic Inc. Prin Firmware Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 17 / 2012  
**Transaction ID : A2012-450964**

Amount of Each Receipt this Period  
52.00

Full Name (Last, First, Middle Initial)  
**C. Ron Shettler**

Mailing Address 1800 Pyramid Place

City State Zip Code  
Memphis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. VP Info Tech Spinal&Biologics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 17 / 2012  
**Transaction ID : A2012-450849**

Amount of Each Receipt this Period  
60.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	287.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 20
	<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)  
**Medtronic Inc. Medical Technology Fund**

**A. Peter B Slone**  
Full Name (Last, First, Middle Initial)  
Mailing Address 950 F Street NW  
City Washington State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Medtronic Inc. Occupation VP Government Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2012  
**Transaction ID : A2012-450504**  
Amount of Each Receipt this Period  
115.00

**B. Peter B Slone**  
Full Name (Last, First, Middle Initial)  
Mailing Address 950 F Street NW  
City Washington State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Medtronic Inc. Occupation VP Government Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2012  
**Transaction ID : A2012-450809**  
Amount of Each Receipt this Period  
115.00

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3322.62

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Medtronic Inc. Medical Technology Fund**

Full Name (Last, First, Middle Initial)

**A. Public Affairs Support Services Inc.**

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement  
Admin expen-Report prep.

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: VA District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Not Applicable

Date of Disbursement

/  /

**Transaction ID : B404490**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Public Affairs Support Services Inc.**

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement  
Admin expen-Report prep.

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: VA District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Not Applicable

Date of Disbursement

/  /

**Transaction ID : B405487**

Amount of Each Disbursement this Period

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Medtronic Inc. Medical Technology Fund**

Full Name (Last, First, Middle Initial)

**A. Cmte to Re-elect Loretta Sanchez**

Mailing Address P.O. Box 6037

City Santa Ana State CA Zip Code 92706

Purpose of Disbursement  
Contribution

011

Candidate Name

**Loretta Sanchez**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 47

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	8		2	0	1	2

**Transaction ID : B404487**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Citizens for Harkin**

Mailing Address 426 C Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

011

Candidate Name

**Tom Harkin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	2

**Transaction ID : B405489**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Friends of Dick Lugar Inc**

Mailing Address PO Box 120697

City St. Paul State MN Zip Code 55112

Purpose of Disbursement  
Contribution

011

Candidate Name

**Richard G Lugar**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	2

**Transaction ID : B405497**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	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"/> 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)

**Medtronic Inc. Medical Technology Fund**

Full Name (Last, First, Middle Initial)

**A. John Tierney for Congress**

Mailing Address 228 Second Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

**John F Tierney**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: MA District: 06

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2012

Transaction ID : B405490

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dave Camp for Congress**

Mailing Address 20 F Street NW Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement Contribution

011

Candidate Name

**Dave Camp**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2012

Transaction ID : B405496

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Rogers for Congress**

Mailing Address 499 South Capitol Street SW Suite

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

**Mike J Rogers**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: MI District: 08

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2012

Transaction ID : B405495

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Medtronic Inc. Medical Technology Fund**

Full Name (Last, First, Middle Initial)

**A. Upton for All of Us**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement Contribution

011

Candidate Name

**Frederick S Upton**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2012

**Transaction ID : B405493**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Follow The North Star Fund**

Mailing Address 316 E Hennepin Avenue Suite 201

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement Contribution

011

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼ Not Applicable

State: MN District:

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2012

**Transaction ID : B405488**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Bass Victory Committee**

Mailing Address P.O. Box 3451

City Concord State NH Zip Code 03302

Purpose of Disbursement Contribution

011

Candidate Name

**Charles F Bass**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: NH District: 02

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2012

**Transaction ID : B404489**

Amount of Each Disbursement this Period

1000.00

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Medtronic Inc. Medical Technology Fund**

Full Name (Last, First, Middle Initial)

**A. Republican Main Street Partnership PAC**

Mailing Address c/o G&W 2201 Wisconsin Ave. NW #32

City Washington State DC Zip Code 20007

Purpose of Disbursement Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: US District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Not Applicable

Date of Disbursement

/  /

**Transaction ID : B404488**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Friends of John Barrasso**

Mailing Address 406 Virginia Avenue

City Alexandria State VA Zip Code 22302

Purpose of Disbursement Contribution

Category/  
Type

Candidate Name

**John Barrasso**

Office Sought:  House  Senate  President  
State: WY District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : B405494**

Amount of Each Disbursement this Period

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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