

**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. PAC

Full Name (Last, First, Middle Initial)

A. New Democrat Coalition PAC

Mailing Address 700 13th Street NW #600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: US District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : B448826

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. AdvaMed PAC

Mailing Address 701 Pennsylvania Ave. NW Suite 800

City Washington State DC Zip Code 20004

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: US District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 07 / 2013

Transaction ID : B449174

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Blue Dog Political Action Cmte

Mailing Address 6849 Old Dominion Dr. Suite 222

City Mclean State VA Zip Code 22101

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: US District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 14 / 2013

Transaction ID : B455943

Amount of Each Disbursement this Period

5000.00

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

15000.00

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