

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. PAC

ADDRESS (number and street) 950 F Street NW Suite 500 Washington DC 20004

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, July 15, October 15, January 31, July 31, 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 09 / 01 / 2014 through 09 / 30 / 2014

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 10 / 19 / 2014

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. PAC

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="2014"/>	<input type="text" value="84748.59"/>	<input type="text" value="84748.59"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="113072.80"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="17409.36"/>	<input type="text" value="178142.12"/>
(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="130482.16"/>	<input type="text" value="262890.71"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="37005.35"/>	<input type="text" value="169413.90"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="93476.81"/>	<input type="text" value="93476.81"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Medtronic Inc. PAC

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).....	15279.74	130646.32
(ii) Unitemized	2129.62	47495.80
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17409.36	178142.12
(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)	17409.36	178142.12
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))..... ▶	17409.36	178142.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17409.36	178142.12

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	2005.35	22913.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2005.35	22913.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	146500.00
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)) ..	37005.35	169413.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37005.35	169413.90

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)	17409.36	178142.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17409.36	178142.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2005.35	22913.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2005.35	22913.90

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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. PAC

A. Mr. Ross A Allen
Full Name (Last, First, Middle Initial)
Mailing Address 1800 Pyramid Pl
Bldg C
City Memphis State TN Zip Code 38132-1703
FEC ID number of contributing federal political committee. **C**
Name of Employer Medtronic Inc. Occupation VP Finance Spinal
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1520.00**

Date of Receipt **09 / 12 / 2014**
Transaction ID : A2014-2034307
Amount of Each Receipt this Period **80.00**

B. Mr. Ross A Allen
Full Name (Last, First, Middle Initial)
Mailing Address 1800 Pyramid Pl
Bldg C
City Memphis State TN Zip Code 38132-1703
FEC ID number of contributing federal political committee. **C**
Name of Employer Medtronic Inc. Occupation VP Finance Spinal
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1600.00**

Date of Receipt **09 / 26 / 2014**
Transaction ID : A2014-2223689
Amount of Each Receipt this Period **80.00**

C. Ms. Sarah A Audet
Full Name (Last, First, Middle Initial)
Mailing Address 8200 Coral Sea St NE
City Mounds View State MN Zip Code 55112-4391
FEC ID number of contributing federal political committee. **C**
Name of Employer Medtronic Inc. Occupation Program Dir
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **247.00**

Date of Receipt **09 / 12 / 2014**
Transaction ID : A2014-2034313
Amount of Each Receipt this Period **13.00**

SUBTOTAL of Receipts This Page (optional)..... **173.00**
TOTAL This Period (last page this line number only).....

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

Form/Schedule: SA11AI
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 8 OF 110
	<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. PAC

A. Ms. Sarah A Audet
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Program Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 26 / 2014
Transaction ID : A2014-2223695
 Amount of Each Receipt this Period 13.00

B. Mr. Neil P Ayotte
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP/Deputy General Counsel CVG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2375.00

Date of Receipt 09 / 12 / 2014
Transaction ID : A2014-2034403
 Amount of Each Receipt this Period 125.00

C. Mr. Neil P Ayotte
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP/Deputy General Counsel CVG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 26 / 2014
Transaction ID : A2014-2223785
 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 263.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 110
<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. PAC

Full Name (Last, First, Middle Initial) A. Ms. Jessica E Battaglia		Date of Receipt
Mailing Address 950 F St NW Ste 500		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Washington	DC	20004-1478
FEC ID number of contributing federal political committee.		Transaction ID : A2014-2034465
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
Medtronic Inc.	Govt Affairs Consultant	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="760.00"/>	

Full Name (Last, First, Middle Initial) B. Ms. Jessica E Battaglia		Date of Receipt
Mailing Address 950 F St NW Ste 500		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Washington	DC	20004-1478
FEC ID number of contributing federal political committee.		Transaction ID : A2014-2223847
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
Medtronic Inc.	Govt Affairs Consultant	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="800.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. Jonathan S Berry		Date of Receipt
Mailing Address 1800 Pyramid Pl Bldg C		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Memphis	TN	38132-1703
FEC ID number of contributing federal political committee.		Transaction ID : A2014-2034312
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
Medtronic Inc.	VP HR Spinal	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="570.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="110.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 10 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name (Last, First, Middle Initial)
A. Mr. Jonathan S Berry

Mailing Address 1800 Pyramid Pl
Bldg C

City State Zip Code
Memphis TN 38132-1703

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

Name of Employer Occupation
Medtronic Inc. VP HR Spinal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223694

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Mr. Timothy C Berry

Mailing Address 710 Medtronic Parkway NE

City State Zip Code
Minneapolis MN 55432

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

Name of Employer Occupation
Medtronic Inc. Physician Relations Consultant

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
 09 / 12 / 2014
Transaction ID : A2014-2034361

Amount of Each Receipt this Period
12.00

Full Name (Last, First, Middle Initial)
C. Mr. Timothy C Berry

Mailing Address 710 Medtronic Parkway NE

City State Zip Code
Minneapolis MN 55432

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

Name of Employer Occupation
Medtronic Inc. Physician Relations Consultant

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
 09 / 26 / 2014
Transaction ID : A2014-2223743

Amount of Each Receipt this Period
12.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 54.00

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 11 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

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

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation VP Finance Cardiology Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1444.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034559

Amount of Each Receipt this Period
76.00

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

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation VP Finance Cardiology Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223944

Amount of Each Receipt this Period
76.00

Full Name (Last, First, Middle Initial)
C. Mr. Frank L Blanchard

Mailing Address 710 Medtronic Parkway NE

City Minneapolis State MN Zip Code 55432

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

Name of Employer Medtronic Inc. Occupation Sr District Manager SHD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034392

Amount of Each Receipt this Period
13.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 165.00

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 110
	<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. PAC

A. Mr. Frank L Blanchard
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City State Zip Code
 Minneapolis MN 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. Sr District Manager SHD
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223774
 Amount of Each Receipt this Period
 13.00

B. Mr. Michael Bolen
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City State Zip Code
 Minneapolis MN 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. Govt Affairs Strategist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034569
 Amount of Each Receipt this Period
 40.00

C. Mr. Michael Bolen
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City State Zip Code
 Minneapolis MN 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. Govt Affairs Strategist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223954
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional).....▶	93.00
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 13 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. PAC

A. Mr. Patrick E Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City State Zip Code
 Minneapolis MN 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP Area Sales CVG
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2714.34

Date of Receipt
 09 / 12 / 2014
Transaction ID : A2014-2034532
 Amount of Each Receipt this Period
 142.86

B. Mr. Patrick E Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City State Zip Code
 Minneapolis MN 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP Area Sales CVG
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2857.20

Date of Receipt
 09 / 26 / 2014
Transaction ID : A2014-2223917
 Amount of Each Receipt this Period
 142.86

C. Mr. John E Burnes
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City State Zip Code
 Minneapolis MN 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. Program Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.74

Date of Receipt
 09 / 12 / 2014
Transaction ID : A2014-2034544
 Amount of Each Receipt this Period
 13.46

SUBTOTAL of Receipts This Page (optional).....▶	299.18
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 110
	<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. PAC

A. Mr. John E Burnes
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City Minneapolis State MN Zip Code 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Program Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.20

Date of Receipt
 09 / 26 / 2014
Transaction ID : A2014-2223929
 Amount of Each Receipt this Period
 13.46

B. Mr. Jeffrey M Burrows
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Sr Program Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 09 / 12 / 2014
Transaction ID : A2014-2034290
 Amount of Each Receipt this Period
 15.00

C. Mr. Jeffrey M Burrows
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Sr Program Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 09 / 26 / 2014
Transaction ID : A2014-2223672
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	43.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 110
	<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. PAC

A. Mr. Kevin M Callahan
Full Name (Last, First, Middle Initial)

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation Sr Clinical Research Mgr USA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **365.37**

Date of Receipt **09 / 12 / 2014**

Transaction ID : A2014-2034335

Amount of Each Receipt this Period **19.23**

B. Mr. Kevin M Callahan
Full Name (Last, First, Middle Initial)

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation Sr Clinical Research Mgr USA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt **09 / 26 / 2014**

Transaction ID : A2014-2223717

Amount of Each Receipt this Period **19.23**

C. Mr. Robert G Carson
Full Name (Last, First, Middle Initial)

Mailing Address 1800 Pyramid Pl Bldg D

City Memphis State TN Zip Code 38132-1703

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

Name of Employer Medtronic Inc. Occupation VP Marketing Complex Spine

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1520.00**

Date of Receipt **09 / 12 / 2014**

Transaction ID : A2014-2034474

Amount of Each Receipt this Period **80.00**

SUBTOTAL of Receipts This Page (optional)..... **118.46**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 110
	<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. PAC

A. Mr. Robert G Carson
Full Name (Last, First, Middle Initial)

Mailing Address 1800 Pyramid Pl
Bldg D

City Memphis State TN Zip Code 38132-1703

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

Name of Employer Medtronic Inc. Occupation VP Marketing Complex Spine

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
09 / 26 / 2014
Transaction ID : A2014-2223856

Amount of Each Receipt this Period
80.00

B. Ms. Mary Centoni
Full Name (Last, First, Middle Initial)

Mailing Address 3540 Unocal Pl

City Santa Rosa State CA Zip Code 95403-1774

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

Name of Employer Medtronic Inc. Occupation Sr Tax Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
09 / 12 / 2014
Transaction ID : A2014-2034273

Amount of Each Receipt this Period
25.00

C. Ms. Mary Centoni
Full Name (Last, First, Middle Initial)

Mailing Address 3540 Unocal Pl

City Santa Rosa State CA Zip Code 95403-1774

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

Name of Employer Medtronic Inc. Occupation Sr Tax Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 26 / 2014
Transaction ID : A2014-2223655

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 110
	<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. PAC

Full Name (Last, First, Middle Initial)
A. Carey R Chastain

Mailing Address 710 Medtronic Parkway NE

City State Zip Code
Minneapolis MN 55432

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

Name of Employer Occupation
Medtronic Inc. District Sales Mgr II CRDM

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
09 / 12 / 2014
Transaction ID : A2014-2034340

Amount of Each Receipt this Period
12.00

Full Name (Last, First, Middle Initial)
B. Carey R Chastain

Mailing Address 710 Medtronic Parkway NE

City State Zip Code
Minneapolis MN 55432

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

Name of Employer Occupation
Medtronic Inc. District Sales Mgr II CRDM

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
09 / 26 / 2014
Transaction ID : A2014-2223722

Amount of Each Receipt this Period
12.00

Full Name (Last, First, Middle Initial)
C. Mr. Brent P Chelgren

Mailing Address 8200 Coral Sea St NE

City State Zip Code
Mounds View MN 55112-4391

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

Name of Employer Occupation
Medtronic Inc. Sr Program Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014
Transaction ID : A2014-2034299

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 39.00

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 18 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. PAC

Full Name (Last, First, Middle Initial)
A. Mr. Brent P Chelgren

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation Sr Program Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : A2014-2223681

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
B. Mr. Steven R Christenson

Mailing Address 7000 Central Ave NE
PO Box 1350

City Minneapolis State MN Zip Code 55432-3568

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

Name of Employer Medtronic Inc. Occupation Engineering Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : A2014-2034323

Amount of Each Receipt this Period
13.00

Full Name (Last, First, Middle Initial)
C. Mr. Steven R Christenson

Mailing Address 7000 Central Ave NE
PO Box 1350

City Minneapolis State MN Zip Code 55432-3568

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

Name of Employer Medtronic Inc. Occupation Engineering Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : A2014-2223705

Amount of Each Receipt this Period
13.00

SUBTOTAL of Receipts This Page (optional).....▶	41.00
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 19 OF 110 (check only one)
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name (Last, First, Middle Initial) A. Mr. Robert E Clark		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 Transaction ID : A2014-2034270
Mailing Address 710 Medtronic Pkwy		Amount of Each Receipt this Period 100.00
City Minneapolis	State MN	Zip Code 55432-5603
FEC ID number of contributing federal political committee. C	Name of Employer Medtronic Inc.	Occupation VP Corporate Communications
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	

Full Name (Last, First, Middle Initial) B. Mr. Robert E Clark		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 Transaction ID : A2014-2223652
Mailing Address 710 Medtronic Pkwy		Amount of Each Receipt this Period 100.00
City Minneapolis	State MN	Zip Code 55432-5603
FEC ID number of contributing federal political committee. C	Name of Employer Medtronic Inc.	Occupation VP Corporate Communications
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Ms. Alexandra T Clyde		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 Transaction ID : A2014-2034488
Mailing Address 710 Medtronic Pkwy		Amount of Each Receipt this Period 35.71
City Minneapolis	State MN	Zip Code 55432-5603
FEC ID number of contributing federal political committee. C	Name of Employer Medtronic Inc.	Occupation VP Gbl HealthPol-Reimb-HCEcon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 678.49	

SUBTOTAL of Receipts This Page (optional).....▶	235.71
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 110
	<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. PAC

A. Ms. Alexandra T Clyde
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City Minneapolis State MN Zip Code 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Gbl HealthPol-Reimb-HCEcon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 714.20

Date of Receipt 09 / 26 / 2014
Transaction ID : A2014-2223870
 Amount of Each Receipt this Period 35.71

B. Mr. Gerardo De La Concha
 Full Name (Last, First, Middle Initial)
 Mailing Address 1851 E Deere Ave
 City Santa Ana State CA Zip Code 92705-5720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Operations Mexico
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 12 / 2014
Transaction ID : A2014-2034291
 Amount of Each Receipt this Period 15.00

C. Mr. Gerardo De La Concha
 Full Name (Last, First, Middle Initial)
 Mailing Address 1851 E Deere Ave
 City Santa Ana State CA Zip Code 92705-5720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Operations Mexico
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 26 / 2014
Transaction ID : A2014-2223673
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.71
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 110
	<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. PAC

A. Mr. Douglas W DeLeeuw
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City Minneapolis State MN Zip Code 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation HROC Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **285.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034317
 Amount of Each Receipt this Period
15.00

B. Mr. Douglas W DeLeeuw
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City Minneapolis State MN Zip Code 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation HROC Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223699
 Amount of Each Receipt this Period
15.00

C. Mr. Charles L Dennis II
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Open Innovation - IP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2565.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034287
 Amount of Each Receipt this Period
135.00

SUBTOTAL of Receipts This Page (optional).....	165.00
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 22 OF 110
	<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. PAC

A. Mr. Charles L Dennis II
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Open Innovation - IP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 09 / 26 / 2014
Transaction ID : A2014-2223669
 Amount of Each Receipt this Period 135.00

B. Mr. Craig L Drager
 Full Name (Last, First, Middle Initial)
 Mailing Address 6743 Southpoint Dr N
 City Jacksonville State FL Zip Code 32216-6218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP R/D and ProjMgmt Surg Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 12 / 2014
Transaction ID : A2014-2034283
 Amount of Each Receipt this Period 100.00

c. Mr. Craig L Drager
 Full Name (Last, First, Middle Initial)
 Mailing Address 6743 Southpoint Dr N
 City Jacksonville State FL Zip Code 32216-6218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP R/D and ProjMgmt Surg Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 26 / 2014
Transaction ID : A2014-2223665
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 335.00
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 23 OF 110
	<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. PAC

A. Mr. Gary L Ellis
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City Minneapolis State MN Zip Code 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation SVP and Chief Financial Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3648.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034309
 Amount of Each Receipt this Period
192.00

B. Mr. Gary L Ellis
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City Minneapolis State MN Zip Code 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation SVP and Chief Financial Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3840.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223691
 Amount of Each Receipt this Period
192.00

C. Mr. Thomas B Emms
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Regional Sales Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **475.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034428
 Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....	409.00
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 24 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. PAC

A. Mr. Thomas B Emms
Full Name (Last, First, Middle Initial)

Mailing Address 710 Medtronic Parkway NE

City	State	Zip Code
Minneapolis	MN	55432

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

Name of Employer	Occupation
Medtronic Inc.	Regional Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

Transaction ID : A2014-2223810

Amount of Each Receipt this Period

25.00

B. Mr. Gregory Englehardt
Full Name (Last, First, Middle Initial)

Mailing Address 710 Medtronic Parkway NE

City	State	Zip Code
Minneapolis	MN	55432

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

Name of Employer	Occupation
Medtronic Inc.	Regional Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

Transaction ID : A2014-2034568

Amount of Each Receipt this Period

25.00

C. Mr. Gregory Englehardt
Full Name (Last, First, Middle Initial)

Mailing Address 710 Medtronic Parkway NE

City	State	Zip Code
Minneapolis	MN	55432

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

Name of Employer	Occupation
Medtronic Inc.	Regional Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

Transaction ID : A2014-2223953

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 25 OF 110
	<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. PAC

A. Mr. Kenneth W Fairchild
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City State Zip Code
 Minneapolis MN 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP Global Rewards
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **775.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034282
 Amount of Each Receipt this Period
25.00

B. Mr. Kenneth W Fairchild
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City State Zip Code
 Minneapolis MN 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP Global Rewards
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223664
 Amount of Each Receipt this Period
25.00

C. Mr. Jeffrey A Farkas
 Full Name (Last, First, Middle Initial)
 Mailing Address 950 F St NW
 Ste 500
 City State Zip Code
 Washington DC 20004-1478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP US Federal Reimbursement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1463.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034278
 Amount of Each Receipt this Period
77.00

SUBTOTAL of Receipts This Page (optional).....▶	127.00
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 26 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. PAC

Full Name (Last, First, Middle Initial) A. Mr. Jeffrey A Farkas		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 Transaction ID : A2014-2223660
Mailing Address 950 F St NW Ste 500		Amount of Each Receipt this Period 77.00
City Washington	State DC	Zip Code 20004-1478
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation VP US Federal Reimbursement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1540.00	

Full Name (Last, First, Middle Initial) B. Mr. Brian S Felton		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014 Transaction ID : A2014-2034516
Mailing Address 710 Medtronic Pkwy		Amount of Each Receipt this Period 120.00
City Minneapolis	State MN	Zip Code 55432-5603
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation VP and Chief Counsel Neuro	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2280.00	

Full Name (Last, First, Middle Initial) C. Mr. Brian S Felton		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 Transaction ID : A2014-2223901
Mailing Address 710 Medtronic Pkwy		Amount of Each Receipt this Period 120.00
City Minneapolis	State MN	Zip Code 55432-5603
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation VP and Chief Counsel Neuro	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

SUBTOTAL of Receipts This Page (optional).....▶	317.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 110
	<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. PAC

A. Ms. Christine H Fitzgerald
 Full Name (Last, First, Middle Initial)
 Mailing Address 7000 Central Ave NE
 PO Box 1350
 City Minneapolis State MN Zip Code 55432-3568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Sr Prin Program/Proj Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 12 / 2014
Transaction ID : A2014-2034538
 Amount of Each Receipt this Period 20.00

B. Ms. Christine H Fitzgerald
 Full Name (Last, First, Middle Initial)
 Mailing Address 7000 Central Ave NE
 PO Box 1350
 City Minneapolis State MN Zip Code 55432-3568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Sr Prin Program/Proj Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 26 / 2014
Transaction ID : A2014-2223923
 Amount of Each Receipt this Period 20.00

C. Mr. Mark Fletcher
 Full Name (Last, First, Middle Initial)
 Mailing Address 6743 Southpoint Dr N
 City Jacksonville State FL Zip Code 32216-6218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation SVP and President Surg Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1444.00

Date of Receipt 09 / 12 / 2014
Transaction ID : A2014-2034288
 Amount of Each Receipt this Period 76.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 116.00
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 28 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. PAC

Full Name (Last, First, Middle Initial) A. Mr. Mark Fletcher		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 Transaction ID : A2014-2223670
Mailing Address 6743 Southpoint Dr N		Amount of Each Receipt this Period 76.00
City Jacksonville	State FL	Zip Code 32216-6218
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation SVP and President Surg Tech	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1520.00	

Full Name (Last, First, Middle Initial) B. Ms. Ann H Fogerson		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 Transaction ID : A2014-2034329
Mailing Address 8200 Coral Sea St NE		Amount of Each Receipt this Period 80.00
City Mounds View	State MN	Zip Code 55112-4391
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Sr HR Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1520.00	

Full Name (Last, First, Middle Initial) C. Ms. Ann H Fogerson		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 Transaction ID : A2014-2223711
Mailing Address 8200 Coral Sea St NE		Amount of Each Receipt this Period 80.00
City Mounds View	State MN	Zip Code 55112-4391
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Sr HR Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

SUBTOTAL of Receipts This Page (optional).....▶	236.00
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 29 OF 110
	<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. PAC

A. Ms. Suzanne M Foster
 Full Name (Last, First, Middle Initial)
 Mailing Address 180 International Dr
 City Portsmouth State NH Zip Code 03801-6837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP/GM Advanced Energy ST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034580
 Amount of Each Receipt this Period
 80.00

B. Ms. Suzanne M Foster
 Full Name (Last, First, Middle Initial)
 Mailing Address 180 International Dr
 City Portsmouth State NH Zip Code 03801-6837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP/GM Advanced Energy ST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223965
 Amount of Each Receipt this Period
 80.00

C. Mr. John L Foust
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Interventional Sale Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034527
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	210.00
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 30 OF 110
	<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. PAC

A. Mr. John L Foust
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City State Zip Code
 Minneapolis MN 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. Interventional Sale Consultant
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223912
 Amount of Each Receipt this Period
 50.00

B. Mr. Robert J Fredericks
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 Pyramid Pl Bldg C
 City State Zip Code
 Memphis TN 38132-1703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP Strat/Innov/GblMktg Spinal
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034484
 Amount of Each Receipt this Period
 50.00

C. Mr. Robert J Fredericks
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 Pyramid Pl Bldg C
 City State Zip Code
 Memphis TN 38132-1703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP Strat/Innov/GblMktg Spinal
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223866
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 31 OF 110
	<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. PAC

A. Ms. Ellen E Frenkel
 Full Name (Last, First, Middle Initial)
 Mailing Address 7000 Central Ave NE
 PO Box 1350
 City Minneapolis State MN Zip Code 55432-3568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Sales DBS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 09 / 12 / 2014
Transaction ID : A2014-2034400
 Amount of Each Receipt this Period
 25.00

B. Ms. Ellen E Frenkel
 Full Name (Last, First, Middle Initial)
 Mailing Address 7000 Central Ave NE
 PO Box 1350
 City Minneapolis State MN Zip Code 55432-3568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Sales DBS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 26 / 2014
Transaction ID : A2014-2223782
 Amount of Each Receipt this Period
 25.00

C. Ms. Patricia K Fuher
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Product Devel AF Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 09 / 12 / 2014
Transaction ID : A2014-2034319
 Amount of Each Receipt this Period
 13.00

SUBTOTAL of Receipts This Page (optional).....▶	63.00
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 32 OF 110
	<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. PAC

A. Ms. Patricia K Fuher
Full Name (Last, First, Middle Initial)

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation VP Product Devel AF Solutions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 26 / 2014
Transaction ID : A2014-2223701

Amount of Each Receipt this Period 13.00

B. Mr. Robert A Gabler
Full Name (Last, First, Middle Initial)

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation Sr Strategic Planning Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 09 / 12 / 2014
Transaction ID : A2014-2034553

Amount of Each Receipt this Period 13.00

C. Mr. Robert A Gabler
Full Name (Last, First, Middle Initial)

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation Sr Strategic Planning Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 26 / 2014
Transaction ID : A2014-2223938

Amount of Each Receipt this Period 13.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 39.00

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 33 OF 110
	<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. PAC

A. Mr. David J Gamgort
Full Name (Last, First, Middle Initial)

Mailing Address 710 Medtronic Parkway NE

City	State	Zip Code
Minneapolis	MN	55432

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

Name of Employer	Occupation
Medtronic Inc.	VP National SalesCRDM AF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

Transaction ID : A2014-2034298

Amount of Each Receipt this Period
80.00

B. Mr. David J Gamgort
Full Name (Last, First, Middle Initial)

Mailing Address 710 Medtronic Parkway NE

City	State	Zip Code
Minneapolis	MN	55432

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

Name of Employer	Occupation
Medtronic Inc.	VP National SalesCRDM AF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

Transaction ID : A2014-2223680

Amount of Each Receipt this Period
80.00

C. Mr. Roland T Garey
Full Name (Last, First, Middle Initial)

Mailing Address 8000 Regency Pkwy
Ste 260

City	State	Zip Code
Cary	NC	27518-8590

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

Name of Employer	Occupation
Medtronic Inc.	VP Regional Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

Transaction ID : A2014-2034499

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	210.00
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 34 OF 110
	<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. PAC

Full Name (Last, First, Middle Initial) A. Mr. Roland T Garey		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 Transaction ID : A2014-2223882
Mailing Address 8000 Regency Pkwy Ste 260		Amount of Each Receipt this Period 300.00
City Cary	State NC	Zip Code 27518-8590
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation VP Regional Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. Christopher G Garland		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 Transaction ID : A2014-2034487
Mailing Address 8200 Coral Sea St NE		Amount of Each Receipt this Period 125.00
City Mounds View	State MN	Zip Code 55112-4391
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation VP Communications/PR CVG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2375.00	

Full Name (Last, First, Middle Initial) C. Mr. Christopher G Garland		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 Transaction ID : A2014-2223869
Mailing Address 8200 Coral Sea St NE		Amount of Each Receipt this Period 125.00
City Mounds View	State MN	Zip Code 55112-4391
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation VP Communications/PR CVG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 35 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. PAC

A. Mr. Michael C Genau
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City State Zip Code
 Minneapolis MN 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. SVP and President U.S. Region
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3648.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034577
 Amount of Each Receipt this Period
 192.00

B. Mr. Michael C Genau
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City State Zip Code
 Minneapolis MN 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. SVP and President U.S. Region
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223962
 Amount of Each Receipt this Period
 192.00

C. Mr. Michael J Gill
 Full Name (Last, First, Middle Initial)
 Mailing Address 18000 Devonshire St
 City State Zip Code
 Northridge CA 91325-1219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP Sales Diabetes
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034476
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	484.00
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 36 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. PAC

A. Mr. Michael J Gill
Full Name (Last, First, Middle Initial)

Mailing Address 18000 Devonshire St

City Northridge State CA Zip Code 91325-1219

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

Name of Employer Medtronic Inc. Occupation VP Sales Diabetes

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223858

Amount of Each Receipt this Period
 100.00

B. Ms. Nina B Goodheart
Full Name (Last, First, Middle Initial)

Mailing Address 3540 Unocal PI

City Santa Rosa State CA Zip Code 95403-1774

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

Name of Employer Medtronic Inc. Occupation VP RDN Gbl Strat-Therapy Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034524

Amount of Each Receipt this Period
 18.00

C. Ms. Nina B Goodheart
Full Name (Last, First, Middle Initial)

Mailing Address 3540 Unocal PI

City Santa Rosa State CA Zip Code 95403-1774

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

Name of Employer Medtronic Inc. Occupation VP RDN Gbl Strat-Therapy Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223909

Amount of Each Receipt this Period
 18.00

SUBTOTAL of Receipts This Page (optional).....▶	136.00
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 37 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. PAC

Full Name (Last, First, Middle Initial)
A. Ms. Regina E Groves

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation VP/GM Atrial Fib Solutions

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : A2014-2034293

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Ms. Regina E Groves

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation VP/GM Atrial Fib Solutions

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : A2014-2223675

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Ms. Rita A Guzzetta

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation Engineering Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : A2014-2034533

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **125.00**

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 38 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Ms. Rita A Guzzetta
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Engineering Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 26 / 2014
Transaction ID : A2014-2223918
 Amount of Each Receipt this Period
 25.00

B. Christian R Hadland
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Quality CVG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt
 09 / 12 / 2014
Transaction ID : A2014-2034276
 Amount of Each Receipt this Period
 100.00

C. Christian R Hadland
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Quality CVG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 09 / 26 / 2014
Transaction ID : A2014-2223658
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00
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 39 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Ms. Elizabeth N Hammack
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City State Zip Code
 Minneapolis MN 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP Operations - Mfg AFS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 855.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034281
 Amount of Each Receipt this Period
 45.00

B. Ms. Elizabeth N Hammack
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City State Zip Code
 Minneapolis MN 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP Operations - Mfg AFS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223663
 Amount of Each Receipt this Period
 45.00

C. Mr. John W Hammargren
 Full Name (Last, First, Middle Initial)
 Mailing Address 7000 Central Ave NE
 PO Box 1350
 City State Zip Code
 Minneapolis MN 55432-3568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. Sr Program Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034301
 Amount of Each Receipt this Period
 13.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 103.00
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 40 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. PAC

A. Mr. John W Hammargren
 Full Name (Last, First, Middle Initial)
 Mailing Address 7000 Central Ave NE
 PO Box 1350
 City State Zip Code
 Minneapolis MN 55432-3568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. Sr Program Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223683
 Amount of Each Receipt this Period
 13.00

B. Mr. John C Hanson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City State Zip Code
 Mounds View MN 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. Strategic Sourcing Dir
 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
 09 / 12 / 2014
Transaction ID : A2014-2034331
 Amount of Each Receipt this Period
 12.00

C. Mr. John C Hanson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City State Zip Code
 Mounds View MN 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. Strategic Sourcing Dir
 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
 09 / 26 / 2014
Transaction ID : A2014-2223713
 Amount of Each Receipt this Period
 12.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 37.00
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 41 OF 110
	<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. PAC

A. Mr. David Harris Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

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

Name of Employer Medtronic Inc.	Occupation Coronary District Mgr
------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

Transaction ID : A2014-2034450

Amount of Each Receipt this Period

20.00

B. Mr. David Harris Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

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

Name of Employer Medtronic Inc.	Occupation Coronary District Mgr
------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

Transaction ID : A2014-2223832

Amount of Each Receipt this Period

20.00

C. Ms. Kathleen A Herzog
Full Name (Last, First, Middle Initial)
Mailing Address 7000 Central Ave NE

City Minneapolis	State MN	Zip Code 55432-3568
---------------------	-------------	------------------------

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

Name of Employer Medtronic Inc.	Occupation Sr Quality/Reg Aff Prog Mgr
------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

Transaction ID : A2014-2034271

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional).....▶	55.00
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 42 OF 110
	<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. PAC

A. Ms. Kathleen A Herzog
 Full Name (Last, First, Middle Initial)
 Mailing Address 7000 Central Ave NE
 City State Zip Code
 Minneapolis MN 55432-3568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. Sr Quality/Reg Aff Prog Mgr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223653
 Amount of Each Receipt this Period
 15.00

B. Mr. Michael F Hess
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City State Zip Code
 Mounds View MN 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP Research/Dev Brady
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034543
 Amount of Each Receipt this Period
 13.00

C. Mr. Michael F Hess
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City State Zip Code
 Mounds View MN 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP Research/Dev Brady
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223928
 Amount of Each Receipt this Period
 13.00

SUBTOTAL of Receipts This Page (optional).....▶	41.00
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 43 OF 110
	<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. PAC

A. Mr. Doug Hoekstra
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City Minneapolis State MN Zip Code 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Corp Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034300
 Amount of Each Receipt this Period
 50.00

B. Mr. Doug Hoekstra
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City Minneapolis State MN Zip Code 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Corp Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223682
 Amount of Each Receipt this Period
 50.00

C. Mr. William B Holmes
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034498
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 44 OF 110
	<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. PAC

A. Mr. William B Holmes
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City State Zip Code
 Minneapolis MN 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP Sales
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223880
 Amount of Each Receipt this Period
 100.00

B. Mr. Andrew W Horstman
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City State Zip Code
 Minneapolis MN 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP Corp Intell Prop Litigation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034374
 Amount of Each Receipt this Period
 50.00

C. Mr. Andrew W Horstman
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City State Zip Code
 Minneapolis MN 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP Corp Intell Prop Litigation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223756
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 45 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. PAC

A. Mr. Michael D Hosea
Full Name (Last, First, Middle Initial)

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

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

Name of Employer Medtronic Inc.	Occupation Regional Sales Manager
------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

Transaction ID : A2014-2034425

Amount of Each Receipt this Period
13.46

B. Mr. Michael D Hosea
Full Name (Last, First, Middle Initial)

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

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

Name of Employer Medtronic Inc.	Occupation Regional Sales Manager
------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

Transaction ID : A2014-2223807

Amount of Each Receipt this Period
13.46

C. Mr. Jeffrey S Hubauer
Full Name (Last, First, Middle Initial)

Mailing Address 18000 Devonshire St

City Northridge	State CA	Zip Code 91325-1219
--------------------	-------------	------------------------

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

Name of Employer Medtronic Inc.	Occupation VP Ops - GM Insulin Delivery
------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
570.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

Transaction ID : A2014-2034294

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	56.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. PAC

A. Mr. Jeffrey S Hubauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 18000 Devonshire St
 City Northridge State CA Zip Code 91325-1219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Ops - GM Insulin Delivery
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223676
 Amount of Each Receipt this Period
 300.00

B. Ms. Joan D Humes
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City Minneapolis State MN Zip Code 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Deputy GCounsel Litigation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034581
 Amount of Each Receipt this Period
 80.00

C. Ms. Joan D Humes
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City Minneapolis State MN Zip Code 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Deputy GCounsel Litigation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223966
 Amount of Each Receipt this Period
 80.00

SUBTOTAL of Receipts This Page (optional).....▶	190.00
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 47 OF 110
	<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. PAC

Full Name (Last, First, Middle Initial) A. Mr. Michael J Jaro		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 Transaction ID : A2014-2034377
Mailing Address 710 Medtronic Pkwy		Amount of Each Receipt this Period 75.00
City Minneapolis	State MN	Zip Code 55432-5603
FEC ID number of contributing federal political committee. C	Name of Employer Medtronic Inc.	Occupation VP and Chief IP Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1425.00	

Full Name (Last, First, Middle Initial) B. Mr. Michael J Jaro		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 Transaction ID : A2014-2223759
Mailing Address 710 Medtronic Pkwy		Amount of Each Receipt this Period 75.00
City Minneapolis	State MN	Zip Code 55432-5603
FEC ID number of contributing federal political committee. C	Name of Employer Medtronic Inc.	Occupation VP and Chief IP Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Mr. Darrell E Johnson		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 Transaction ID : A2014-2034525
Mailing Address 8200 Coral Sea St NE		Amount of Each Receipt this Period 20.00
City Mounds View	State MN	Zip Code 55112-4391
FEC ID number of contributing federal political committee. C	Name of Employer Medtronic Inc.	Occupation VP/GM Connected Care and Mktg
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional).....▶	170.00
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 48 OF 110
	<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. PAC

A. Mr. Darrell E Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation VP/GM Connected Care and Mktg

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 26 / 2014**

Transaction ID : A2014-2223910

Amount of Each Receipt this Period **200.00**

B. Mr. Patrick M Joyce
Full Name (Last, First, Middle Initial)

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation VP IT Quality Reg Clinical

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt **09 / 12 / 2014**

Transaction ID : A2014-2034478

Amount of Each Receipt this Period **40.00**

C. Mr. Patrick M Joyce
Full Name (Last, First, Middle Initial)

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation VP IT Quality Reg Clinical

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **09 / 26 / 2014**

Transaction ID : A2014-2223860

Amount of Each Receipt this Period **40.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **100.00**

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 49 OF 110
	<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. PAC

A. Ms. Sandra C Kalter
Full Name (Last, First, Middle Initial)

Mailing Address 950 F St NW
Ste 500

City Washington State DC Zip Code 20004-1478

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

Name of Employer Medtronic Inc. Occupation VP/Chief Counsel RegulatorySer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt
09 / 12 / 2014
Transaction ID : A2014-2034479

Amount of Each Receipt this Period
50.00

B. Ms. Sandra C Kalter
Full Name (Last, First, Middle Initial)

Mailing Address 950 F St NW
Ste 500

City Washington State DC Zip Code 20004-1478

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

Name of Employer Medtronic Inc. Occupation VP/Chief Counsel RegulatorySer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 26 / 2014
Transaction ID : A2014-2223861

Amount of Each Receipt this Period
50.00

C. Mr. Christopher King
Full Name (Last, First, Middle Initial)

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation VP Business/Dev/Strategy CRDM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.00

Date of Receipt
09 / 12 / 2014
Transaction ID : A2014-2034297

Amount of Each Receipt this Period
13.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 113.00

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 50 OF 110
	<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. PAC

A. Mr. Christopher King
Full Name (Last, First, Middle Initial)

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation VP Business/Dev/Strategy CRDM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223679

Amount of Each Receipt this Period
 13.00

B. Ms. Denise K King
Full Name (Last, First, Middle Initial)

Mailing Address 710 Medtronic Pkwy

City Minneapolis State MN Zip Code 55432-5603

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

Name of Employer Medtronic Inc. Occupation US Benefits Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034482

Amount of Each Receipt this Period
 20.00

C. Ms. Denise K King
Full Name (Last, First, Middle Initial)

Mailing Address 710 Medtronic Pkwy

City Minneapolis State MN Zip Code 55432-5603

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

Name of Employer Medtronic Inc. Occupation US Benefits Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223864

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 53.00

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 51 OF 110
	<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. PAC

A. Mr. Douglas J King
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 Pyramid Pl
 Bldg C
 City Memphis State TN Zip Code 38132-1703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation SVP and President Spinal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034458
 Amount of Each Receipt this Period
 25.00

B. Mr. Douglas J King
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 Pyramid Pl
 Bldg C
 City Memphis State TN Zip Code 38132-1703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation SVP and President Spinal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223840
 Amount of Each Receipt this Period
 25.00

C. Mr. Charles M Kolb
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Commercial Operations SHD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034453
 Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 88.46
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 52 OF 110 (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)
Medtronic Inc. PAC

Full Name (Last, First, Middle Initial) A. Mr. Charles M Kolb	Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 Transaction ID : A2014-2223835
Mailing Address 8200 Coral Sea St NE	Amount of Each Receipt this Period 38.46
City Mounds View State MN Zip Code 55112-4391	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 769.20
Name of Employer Medtronic Inc. Occupation VP Commercial Operations SHD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Christopher G Landon	Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014 Transaction ID : A2014-2034372
Mailing Address 1800 Pyramid Pl Bldg C	Amount of Each Receipt this Period 80.00
City Memphis State TN Zip Code 38132-1703	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 1520.00
Name of Employer Medtronic Inc. Occupation VP Market Degenerative Spine	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mr. Christopher G Landon	Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 Transaction ID : A2014-2223754
Mailing Address 1800 Pyramid Pl Bldg C	Amount of Each Receipt this Period 80.00
City Memphis State TN Zip Code 38132-1703	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 1600.00
Name of Employer Medtronic Inc. Occupation VP Market Degenerative Spine	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional)..... ▶	198.46
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 53 OF 110
	<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. PAC

Full Name (Last, First, Middle Initial) A. Mr. Timothy G Laske		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 Transaction ID : A2014-2034304
Mailing Address 8200 Coral Sea St NE		Amount of Each Receipt this Period 19.00
City Mounds View	State MN	Zip Code 55112-4391
FEC ID number of contributing federal political committee.	C	
Name of Employer Medtronic Inc.	Occupation VP Research AF Solutions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 361.00	

Full Name (Last, First, Middle Initial) B. Mr. Timothy G Laske		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 Transaction ID : A2014-2223686
Mailing Address 8200 Coral Sea St NE		Amount of Each Receipt this Period 19.00
City Mounds View	State MN	Zip Code 55112-4391
FEC ID number of contributing federal political committee.	C	
Name of Employer Medtronic Inc.	Occupation VP Research AF Solutions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. Mr. Mark S Lent		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 Transaction ID : A2014-2034343
Mailing Address 7000 Central Ave NE PO Box 1350		Amount of Each Receipt this Period 19.00
City Minneapolis	State MN	Zip Code 55432-3568
FEC ID number of contributing federal political committee.	C	
Name of Employer Medtronic Inc.	Occupation Sr Engineering Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 361.00	

SUBTOTAL of Receipts This Page (optional).....▶	57.00
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 54 OF 110
	<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. PAC

A. Mr. Mark S Lent
 Full Name (Last, First, Middle Initial)
 Mailing Address 7000 Central Ave NE
 PO Box 1350
 City Minneapolis State MN Zip Code 55432-3568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Sr Engineering Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 09 / 26 / 2014
Transaction ID : A2014-2223725
 Amount of Each Receipt this Period
 19.00

B. Mr. Charles P Lomel
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Corporate Sales Dir MSB
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 09 / 12 / 2014
Transaction ID : A2014-2034402
 Amount of Each Receipt this Period
 13.00

C. Mr. Charles P Lomel
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Corporate Sales Dir MSB
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 09 / 26 / 2014
Transaction ID : A2014-2223784
 Amount of Each Receipt this Period
 13.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 55 OF 110
	<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. PAC

A. Mr. John P Lorbiecki
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City State Zip Code
 Minneapolis MN 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. Sr Finance Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034359
 Amount of Each Receipt this Period
 15.00

B. Mr. John P Lorbiecki
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City State Zip Code
 Minneapolis MN 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. Sr Finance Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223741
 Amount of Each Receipt this Period
 15.00

C. Ms. Christine E Loth
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City State Zip Code
 Mounds View MN 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. Public Rel/Comm/Media Prog Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034408
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	50.00
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 56 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name (Last, First, Middle Initial)
A. Ms. Christine E Loth
 Mailing Address 8200 Coral Sea St NE
 City State Zip Code
 Mounds View MN 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. Public Rel/Comm/Media Prog Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223790
 Amount of Each Receipt this Period
 200.00

Full Name (Last, First, Middle Initial)
B. Mr. Gary L Lubben
 Mailing Address 710 Medtronic Pkwy
 City State Zip Code
 Minneapolis MN 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP Physician/Indust RelsCorp
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034582
 Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
C. Mr. Gary L Lubben
 Mailing Address 710 Medtronic Pkwy
 City State Zip Code
 Minneapolis MN 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP Physician/Indust RelsCorp
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223967
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
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 57 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name (Last, First, Middle Initial)
A. Brek S Mann

Mailing Address 710 Medtronic Parkway NE

City State Zip Code
Minneapolis MN 55432

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

Name of Employer Occupation
Medtronic Inc. VP Regional Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034494

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
B. Brek S Mann

Mailing Address 710 Medtronic Parkway NE

City State Zip Code
Minneapolis MN 55432

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

Name of Employer Occupation
Medtronic Inc. VP Regional Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223876

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
C. Mr. Geoffrey S Martha

Mailing Address 710 Medtronic Pkwy

City State Zip Code
Minneapolis MN 55432-5603

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

Name of Employer Occupation
Medtronic Inc. SVP Strategy and Business Plng

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3648.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034571

Amount of Each Receipt this Period
192.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 492.00

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 58 OF 110
	<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. PAC

A. Mr. Geoffrey S Martha
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City Minneapolis State MN Zip Code 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation SVP Strategy and Business Plng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt 09 / 26 / 2014
Transaction ID : A2014-2223956
 Amount of Each Receipt this Period 192.00

B. Mr. John J Mastrototaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 18000 Devonshire St
 City Northridge State CA Zip Code 91325-1219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Research/Dev Diabetes
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 12 / 2014
Transaction ID : A2014-2034380
 Amount of Each Receipt this Period 15.00

C. Mr. John J Mastrototaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 18000 Devonshire St
 City Northridge State CA Zip Code 91325-1219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Research/Dev Diabetes
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 26 / 2014
Transaction ID : A2014-2223762
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional).....▶	222.00
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 59 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. PAC

A. Mr. Michael J Mathias
Full Name (Last, First, Middle Initial)

Mailing Address 710 Medtronic Parkway NE

City	State	Zip Code
Minneapolis	MN	55432

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

Name of Employer	Occupation
Medtronic Inc.	VP Regional Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

Transaction ID : A2014-2034506

Amount of Each Receipt this Period

88.00

25.00

B. Mr. Michael J Mathias
Full Name (Last, First, Middle Initial)

Mailing Address 710 Medtronic Parkway NE

City	State	Zip Code
Minneapolis	MN	55432

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

Name of Employer	Occupation
Medtronic Inc.	VP Regional Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

Transaction ID : A2014-2223891

Amount of Each Receipt this Period

88.00

25.00

C. Mr. Jim McDermid
Full Name (Last, First, Middle Initial)

Mailing Address 8200 Coral Sea St NE

City	State	Zip Code
Mounds View	MN	55112-4391

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

Name of Employer	Occupation
Medtronic Inc.	VP HR CRDM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **722.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

Transaction ID : A2014-2034292

Amount of Each Receipt this Period

88.00

38.00

SUBTOTAL of Receipts This Page (optional).....▶	88.00
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 60 OF 110
	<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. PAC

A. Mr. Jim McDermid
Full Name (Last, First, Middle Initial)

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation VP HR CRDM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : A2014-2223674

Amount of Each Receipt this Period
38.00

B. Mr. John M McDonald
Full Name (Last, First, Middle Initial)

Mailing Address 710 Medtronic Parkway NE

City Minneapolis State MN Zip Code 55432

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

Name of Employer Medtronic Inc. Occupation Sr District Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : A2014-2034442

Amount of Each Receipt this Period
20.00

C. Mr. John M McDonald
Full Name (Last, First, Middle Initial)

Mailing Address 710 Medtronic Parkway NE

City Minneapolis State MN Zip Code 55432

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

Name of Employer Medtronic Inc. Occupation Sr District Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : A2014-2223824

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	78.00
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 61 OF 110
<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. PAC

A. Ms. Susan E McKinney
Full Name (Last, First, Middle Initial)
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

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

Name of Employer Medtronic Inc.	Occupation Prin Sales Rep CRDM
------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

Transaction ID : A2014-2034509

Amount of Each Receipt this Period

15.00

B. Ms. Susan E McKinney
Full Name (Last, First, Middle Initial)
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

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

Name of Employer Medtronic Inc.	Occupation Prin Sales Rep CRDM
------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

Transaction ID : A2014-2223894

Amount of Each Receipt this Period

15.00

C. Mr. Charles M Meyerson
Full Name (Last, First, Middle Initial)
Mailing Address 2002 W Medtronic Way

City Tempe	State AZ	Zip Code 85281-5104
---------------	-------------	------------------------

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

Name of Employer Medtronic Inc.	Occupation Sr Prin IC Design Engineer
------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

Transaction ID : A2014-2034419

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional).....▶	43.00
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 62 OF 110
	<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. PAC

Full Name (Last, First, Middle Initial) A. Mr. Charles M Meyerson		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 Transaction ID : A2014-2223801
Mailing Address 2002 W Medtronic Way		Amount of Each Receipt this Period 13.00
City Tempe	State AZ	Zip Code 85281-5104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer Medtronic Inc.	Occupation Sr Prin IC Design Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Mr. David F Miller		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 Transaction ID : A2014-2034285
Mailing Address 1800 Pyramid Pl Bldg D		Amount of Each Receipt this Period 115.00
City Memphis	State TN	Zip Code 38132-1703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2185.00
Name of Employer Medtronic Inc.	Occupation VP Medical Societies/Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2185.00	

Full Name (Last, First, Middle Initial) C. Mr. David F Miller		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 Transaction ID : A2014-2223667
Mailing Address 1800 Pyramid Pl Bldg D		Amount of Each Receipt this Period 115.00
City Memphis	State TN	Zip Code 38132-1703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer Medtronic Inc.	Occupation VP Medical Societies/Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional).....▶	243.00
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 63 OF 110
	<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. PAC

A. Ms. Michelle A Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City Minneapolis State MN Zip Code 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP/Chief Counsel Empl Law
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1520.00**

Date of Receipt **09 / 12 / 2014**
Transaction ID : A2014-2034387
 Amount of Each Receipt this Period **80.00**

B. Ms. Michelle A Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City Minneapolis State MN Zip Code 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP/Chief Counsel Empl Law
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1600.00**

Date of Receipt **09 / 26 / 2014**
Transaction ID : A2014-2223769
 Amount of Each Receipt this Period **80.00**

C. Mr. Daniel J Moelands
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City Minneapolis State MN Zip Code 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Sr Regulatory Affairs Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **475.00**

Date of Receipt **09 / 12 / 2014**
Transaction ID : A2014-2034537
 Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional).....	185.00
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 64 OF 110
	<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. PAC

A. Mr. Daniel J Moelands
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City State Zip Code
 Minneapolis MN 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. Sr Regulatory Affairs Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223922
 Amount of Each Receipt this Period
 25.00

B. Mr. David A Montecalvo
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City State Zip Code
 Mounds View MN 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP Product Development SHD
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 361.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034393
 Amount of Each Receipt this Period
 19.00

C. Mr. David A Montecalvo
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City State Zip Code
 Mounds View MN 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP Product Development SHD
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223775
 Amount of Each Receipt this Period
 19.00

SUBTOTAL of Receipts This Page (optional).....	63.00
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 65 OF 110
	<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. PAC

A. Mr. David E Morrell
 Full Name (Last, First, Middle Initial)
 Mailing Address 7000 Central Ave NE
 PO Box 1350
 City Minneapolis State MN Zip Code 55432-3568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Prin Program/Project Analyst
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **285.00**

Date of Receipt
 09 / 12 / 2014
Transaction ID : A2014-2034539
 Amount of Each Receipt this Period
15.00

B. Mr. David E Morrell
 Full Name (Last, First, Middle Initial)
 Mailing Address 7000 Central Ave NE
 PO Box 1350
 City Minneapolis State MN Zip Code 55432-3568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Prin Program/Project Analyst
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 09 / 26 / 2014
Transaction ID : A2014-2223924
 Amount of Each Receipt this Period
15.00

C. Mr. Matthew M Morrison
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 Pyramid Pl
 Bldg A
 City Memphis State TN Zip Code 38132-1703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Sr Engineering Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **247.00**

Date of Receipt
 09 / 12 / 2014
Transaction ID : A2014-2034327
 Amount of Each Receipt this Period
13.00

SUBTOTAL of Receipts This Page (optional)..... **43.00**
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 66 OF 110
	<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. PAC

A. Mr. Matthew M Morrison
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 Pyramid Pl
 Bldg A
 City Memphis State TN Zip Code 38132-1703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Sr Engineering Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223709
 Amount of Each Receipt this Period
 13.00

B. Mr. James M Morse
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Sr Sales Rep SQDM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034531
 Amount of Each Receipt this Period
 25.00

C. Mr. James M Morse
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Sr Sales Rep SQDM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223916
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	63.00
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 67 OF 110
	<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. PAC

A. Mr. Michael C Morton
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City State Zip Code
 Minneapolis MN 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. Sr Quality/Reg Aff Prog Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034356
 Amount of Each Receipt this Period
 20.00

B. Mr. Michael C Morton
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City State Zip Code
 Minneapolis MN 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. Sr Quality/Reg Aff Prog Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223738
 Amount of Each Receipt this Period
 20.00

C. Mr. Mark A Musto
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City State Zip Code
 Minneapolis MN 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP Regional Sales
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034405
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 68 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. PAC

A. Mr. Mark A Musto
Full Name (Last, First, Middle Initial)
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

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

Name of Employer Medtronic Inc.	Occupation VP Regional Sales
------------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

Transaction ID : A2014-2223787

Amount of Each Receipt this Period
50.00

B. Mr. Gary A Nelson
Full Name (Last, First, Middle Initial)
Mailing Address 710 Medtronic Pkwy

City Minneapolis	State MN	Zip Code 55432-5603
---------------------	-------------	------------------------

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

Name of Employer Medtronic Inc.	Occupation VP/Risk Mgmt/Legal Admin Serv
------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

Transaction ID : A2014-2034302

Amount of Each Receipt this Period
80.00

C. Mr. Gary A Nelson
Full Name (Last, First, Middle Initial)
Mailing Address 710 Medtronic Pkwy

City Minneapolis	State MN	Zip Code 55432-5603
---------------------	-------------	------------------------

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

Name of Employer Medtronic Inc.	Occupation VP/Risk Mgmt/Legal Admin Serv
------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

Transaction ID : A2014-2223684

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional).....▶	210.00
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 69 OF 110
	<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. PAC

A. Mr. Michael J Nicoletta
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 Pyramid Pl
 Bldg D
 City Memphis State TN Zip Code 38132-1703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Global Ops - PMO MSB
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **722.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034272
 Amount of Each Receipt this Period
38.00

B. Mr. Michael J Nicoletta
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 Pyramid Pl
 Bldg D
 City Memphis State TN Zip Code 38132-1703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Global Ops - PMO MSB
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **760.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223654
 Amount of Each Receipt this Period
38.00

C. Mr. Christopher J O'Connell
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City Minneapolis State MN Zip Code 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation EVP Restorative Therapies Grp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **3653.89**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034274
 Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional).....▶	268.31
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 70 OF 110
	<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. PAC

A. Mr. Christopher J O'Connell
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City Minneapolis State MN Zip Code 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation EVP Restorative Therapies Grp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.20

Date of Receipt 09 / 26 / 2014
Transaction ID : A2014-2223656
 Amount of Each Receipt this Period 192.31

B. Mr. Mark A O'Donnell
 Full Name (Last, First, Middle Initial)
 Mailing Address 18000 Devonshire St
 City Northridge State CA Zip Code 91325-1219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Regulatory Aff Diabetes
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1710.00

Date of Receipt 09 / 12 / 2014
Transaction ID : A2014-2034583
 Amount of Each Receipt this Period 90.00

C. Mr. Mark A O'Donnell
 Full Name (Last, First, Middle Initial)
 Mailing Address 18000 Devonshire St
 City Northridge State CA Zip Code 91325-1219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Regulatory Aff Diabetes
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 26 / 2014
Transaction ID : A2014-2223968
 Amount of Each Receipt this Period 90.00

SUBTOTAL of Receipts This Page (optional).....▶	372.31
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 71 OF 110
	<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. PAC

A. Mr. Stephen N Oesterle
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City Minneapolis State MN Zip Code 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation SVP Medicine and Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3325.00

Date of Receipt 09 / 12 / 2014
Transaction ID : A2014-2034295
 Amount of Each Receipt this Period 175.00

B. Mr. Stephen N Oesterle
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Pkwy
 City Minneapolis State MN Zip Code 55432-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation SVP Medicine and Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 09 / 26 / 2014
Transaction ID : A2014-2223677
 Amount of Each Receipt this Period 175.00

C. Mr. Arlen L Overvig
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Prin Firmware Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 988.00

Date of Receipt 09 / 12 / 2014
Transaction ID : A2014-2034409
 Amount of Each Receipt this Period 52.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 402.00
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 72 OF 110
	<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. PAC

Full Name (Last, First, Middle Initial)
A. Mr. Arlen L Overvig

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation Prin Firmware Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1040.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : A2014-2223791

Amount of Each Receipt this Period
52.00

Full Name (Last, First, Middle Initial)
B. Mr. Jacob M Paul

Mailing Address 6743 Southpoint Dr N

City Jacksonville State FL Zip Code 32216-6218

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

Name of Employer Medtronic Inc. Occupation VP Finance Surgical Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **494.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : A2014-2034467

Amount of Each Receipt this Period
26.00

Full Name (Last, First, Middle Initial)
C. Mr. Jacob M Paul

Mailing Address 6743 Southpoint Dr N

City Jacksonville State FL Zip Code 32216-6218

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

Name of Employer Medtronic Inc. Occupation VP Finance Surgical Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : A2014-2223849

Amount of Each Receipt this Period
26.00

SUBTOTAL of Receipts This Page (optional).....▶	104.00
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 73 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. PAC

Full Name (Last, First, Middle Initial) A. Ms. Luann M Pendy		Date of Receipt
Mailing Address 710 Medtronic Pkwy		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City State Zip Code Minneapolis MN 55432-5603		Transaction ID : A2014-2034535
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="192.00"/>
Name of Employer Medtronic Inc.	Occupation VP Global Quality	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3648.00"/>	

Full Name (Last, First, Middle Initial) B. Ms. Luann M Pendy		Date of Receipt
Mailing Address 710 Medtronic Pkwy		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City State Zip Code Minneapolis MN 55432-5603		Transaction ID : A2014-2223920
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="192.00"/>
Name of Employer Medtronic Inc.	Occupation VP Global Quality	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3840.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. Gordon A Peterson		Date of Receipt
Mailing Address 1800 Pyramid Pl Bldg C		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City State Zip Code Memphis TN 38132-1703		Transaction ID : A2014-2034371
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="15.00"/>
Name of Employer Medtronic Inc.	Occupation Sr Marketing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="285.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="399.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 110
	<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. PAC

A. Mr. Gordon A Peterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 Pyramid Pl
 Bldg C
 City Memphis State TN Zip Code 38132-1703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Sr Marketing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223753
 Amount of Each Receipt this Period
 15.00

B. Mr. Neal R Pfeifer
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Regional Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034305
 Amount of Each Receipt this Period
 20.00

C. Mr. Neal R Pfeifer
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Regional Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223687
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
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 75 OF 110
	<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. PAC

A. Mr. David W Poley
Full Name (Last, First, Middle Initial)

Mailing Address 1800 Pyramid Pl
Bldg C

City Memphis State TN Zip Code 38132-1703

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

Name of Employer Medtronic Inc. Occupation Sr Marketing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
09 / 12 / 2014
Transaction ID : A2014-2034311

Amount of Each Receipt this Period
13.00

B. Mr. David W Poley
Full Name (Last, First, Middle Initial)

Mailing Address 1800 Pyramid Pl
Bldg C

City Memphis State TN Zip Code 38132-1703

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

Name of Employer Medtronic Inc. Occupation Sr Marketing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
09 / 26 / 2014
Transaction ID : A2014-2223693

Amount of Each Receipt this Period
13.00

C. Mr. Dominic F Presty
Full Name (Last, First, Middle Initial)

Mailing Address 1800 Pyramid Pl
Bldg D

City Memphis State TN Zip Code 38132-1703

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

Name of Employer Medtronic Inc. Occupation Sr Manufacturing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 722.00

Date of Receipt
09 / 12 / 2014
Transaction ID : A2014-2034284

Amount of Each Receipt this Period
38.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 64.00

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 76 OF 110
	<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. PAC

A. Mr. Dominic F Presty
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 Pyramid Pl
 Bldg D
 City Memphis State TN Zip Code 38132-1703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Sr Manufacturing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223666
 Amount of Each Receipt this Period
 38.00

B. Mr. Larry H Quandt
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Sr Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034558
 Amount of Each Receipt this Period
 15.00

C. Mr. Larry H Quandt
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Sr Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223943
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	68.00
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 77 OF 110
	<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. PAC

A. Ms. Pamela M Reitz-Bouren
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City State Zip Code
 Minneapolis MN 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP Regional Sales
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1615.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034401
 Amount of Each Receipt this Period
 85.00

B. Ms. Pamela M Reitz-Bouren
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City State Zip Code
 Minneapolis MN 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP Regional Sales
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223783
 Amount of Each Receipt this Period
 85.00

C. Mr. David H Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City State Zip Code
 Mounds View MN 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP CVG Sales
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034576
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	295.00
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 78 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name (Last, First, Middle Initial)
A. Mr. David H Roberts

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation VP CVG Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223961

Amount of Each Receipt this Period
125.00

Full Name (Last, First, Middle Initial)
B. Ms. Erin E Rodgers

Mailing Address 710 Medtronic Pkwy

City Minneapolis State MN Zip Code 55432-5603

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

Name of Employer Medtronic Inc. Occupation Sr Public Rel/Comm Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034536

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Ms. Erin E Rodgers

Mailing Address 710 Medtronic Pkwy

City Minneapolis State MN Zip Code 55432-5603

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

Name of Employer Medtronic Inc. Occupation Sr Public Rel/Comm Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223921

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00

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 79 OF 110
	<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. PAC

A. Mr. Dean E Rustad
Full Name (Last, First, Middle Initial)

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation VP Finance CRDM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1520.00

Date of Receipt 09 / 12 / 2014
Transaction ID : A2014-2034556

Amount of Each Receipt this Period 80.00

B. Mr. Dean E Rustad
Full Name (Last, First, Middle Initial)

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation VP Finance CRDM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 09 / 26 / 2014
Transaction ID : A2014-2223941

Amount of Each Receipt this Period 80.00

C. Mr. Sean M Salmon
Full Name (Last, First, Middle Initial)

Mailing Address 3540 Unocal Pl

City Santa Rosa State CA Zip Code 95403-1774

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

Name of Employer Medtronic Inc. Occupation SVP Coronary/RDN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 361.00

Date of Receipt 09 / 12 / 2014
Transaction ID : A2014-2034386

Amount of Each Receipt this Period 19.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 179.00

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 80 OF 110
	<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. PAC

Full Name (Last, First, Middle Initial) A. Mr. Sean M Salmon		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 Transaction ID : A2014-2223768
Mailing Address 3540 Unocal Pl		Amount of Each Receipt this Period 19.00
City Santa Rosa	State CA	Zip Code 95403-1774
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation SVP Coronary/RDN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) B. Mr. Daniel E Schaber		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014 Transaction ID : A2014-2034549
Mailing Address 8200 Coral Sea St NE		Amount of Each Receipt this Period 135.00
City Mounds View	State MN	Zip Code 55112-4391
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation VP Clinical Research CRDM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2565.00	

Full Name (Last, First, Middle Initial) C. Mr. Daniel E Schaber		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 Transaction ID : A2014-2223934
Mailing Address 8200 Coral Sea St NE		Amount of Each Receipt this Period 135.00
City Mounds View	State MN	Zip Code 55112-4391
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation VP Clinical Research CRDM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2700.00	

SUBTOTAL of Receipts This Page (optional).....▶	289.00
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 81 OF 110
	<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. PAC

A. Mr. David J Scheffler
Full Name (Last, First, Middle Initial)

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation Sr Finance Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 09 / 12 / 2014
Transaction ID : A2014-2034550

Amount of Each Receipt this Period 13.00

B. Mr. David J Scheffler
Full Name (Last, First, Middle Initial)

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation Sr Finance Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 26 / 2014
Transaction ID : A2014-2223935

Amount of Each Receipt this Period 13.00

C. Ms. Rachael M Scherer
Full Name (Last, First, Middle Initial)

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation VP BusinessDev/Strategy Tachy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2850.00

Date of Receipt 09 / 12 / 2014
Transaction ID : A2014-2034289

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 176.00

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 82 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. PAC

A. Ms. Rachael M Scherer
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP BusinessDev/Strategy Tachy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 26 / 2014
Transaction ID : A2014-2223671
 Amount of Each Receipt this Period 150.00

B. Mr. Anthony E Schippers
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Sr Program Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 09 / 12 / 2014
Transaction ID : A2014-2034552
 Amount of Each Receipt this Period 13.00

C. Mr. Anthony E Schippers
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Sr Program Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 26 / 2014
Transaction ID : A2014-2223937
 Amount of Each Receipt this Period 13.00

SUBTOTAL of Receipts This Page (optional).....▶	176.00
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 83 OF 110
	<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. PAC

Full Name (Last, First, Middle Initial) A. Ms. Melissa Schooley		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014 Transaction ID : A2014-2034542
Mailing Address 950 F St NW Ste 500		Amount of Each Receipt this Period 25.00
City Washington	State DC	
Zip Code 20004-1478		Aggregate Year-to-Date ▼ 475.00
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Sr Health Policy Prog Dir	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Ms. Melissa Schooley		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 Transaction ID : A2014-2223927
Mailing Address 950 F St NW Ste 500		Amount of Each Receipt this Period 25.00
City Washington	State DC	
Zip Code 20004-1478		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Sr Health Policy Prog Dir	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Ms. Jennifer W Schwiebert		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014 Transaction ID : A2014-2034404
Mailing Address 8200 Coral Sea St NE		Amount of Each Receipt this Period 13.46
City Mounds View	State MN	
Zip Code 55112-4391		Aggregate Year-to-Date ▼ 255.74
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Engineering Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	63.46
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 84 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Ms. Jennifer W Schwiebert
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Engineering Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.20

Date of Receipt 09 / 26 / 2014
Transaction ID : A2014-2223786
 Amount of Each Receipt this Period 13.46

B. Mr. Anthony B Semedo
 Full Name (Last, First, Middle Initial)
 Mailing Address 3850 Brickway Blvd
 City Santa Rosa State CA Zip Code 95403-8223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation SVP and President Endo/Periph
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 12 / 2014
Transaction ID : A2014-2034471
 Amount of Each Receipt this Period 100.00

C. Mr. Anthony B Semedo
 Full Name (Last, First, Middle Initial)
 Mailing Address 3850 Brickway Blvd
 City Santa Rosa State CA Zip Code 95403-8223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation SVP and President Endo/Periph
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 26 / 2014
Transaction ID : A2014-2223853
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 213.46
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 85 OF 110
	<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. PAC

A. Ms. Ann M Sheldon
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Sr Engineering Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **285.00**

Date of Receipt **09 / 12 / 2014**
Transaction ID : A2014-2034423
 Amount of Each Receipt this Period **15.00**

B. Ms. Ann M Sheldon
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Sr Engineering Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 26 / 2014**
Transaction ID : A2014-2223805
 Amount of Each Receipt this Period **15.00**

C. Vipul B Sheth
 Full Name (Last, First, Middle Initial)
 Mailing Address 3540 Unocal Pl
 City Santa Rosa State CA Zip Code 95403-1774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Global Quality Coro/RDN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **950.00**

Date of Receipt **09 / 12 / 2014**
Transaction ID : A2014-2034280
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional).....	80.00
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 86 OF 110
	<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. PAC

A. Vipul B Sheth
 Full Name (Last, First, Middle Initial)
 Mailing Address 3540 Unocal Pl
 City Santa Rosa State CA Zip Code 95403-1774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Global Quality Coro/RDN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223662
 Amount of Each Receipt this Period
 50.00

B. Mr. Ron Shettler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1775 Pyramid Pl
 City Memphis State TN Zip Code 38132-1717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Info Tech Spinal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1140.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034314
 Amount of Each Receipt this Period
 60.00

C. Mr. Ron Shettler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1775 Pyramid Pl
 City Memphis State TN Zip Code 38132-1717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP Info Tech Spinal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223696
 Amount of Each Receipt this Period
 60.00

SUBTOTAL of Receipts This Page (optional).....▶	170.00
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 87 OF 110
	<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. PAC

Full Name (Last, First, Middle Initial) A. Keyna P Skeffington		Date of Receipt 09 / 12 / 2014 Transaction ID : A2014-2034481
Mailing Address 710 Medtronic Pkwy		Amount of Each Receipt this Period 100.00
City Minneapolis	State MN	Zip Code 55432-5603
FEC ID number of contributing federal political committee. C	Name of Employer Medtronic Inc.	Occupation VP/Deputy GCCorp - Security
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	

Full Name (Last, First, Middle Initial) B. Keyna P Skeffington		Date of Receipt 09 / 26 / 2014 Transaction ID : A2014-2223863
Mailing Address 710 Medtronic Pkwy		Amount of Each Receipt this Period 100.00
City Minneapolis	State MN	Zip Code 55432-5603
FEC ID number of contributing federal political committee. C	Name of Employer Medtronic Inc.	Occupation VP/Deputy GCCorp - Security
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Mr. Peter B Slone		Date of Receipt 09 / 12 / 2014 Transaction ID : A2014-2034279
Mailing Address 950 F St NW Ste 500		Amount of Each Receipt this Period 192.00
City Washington	State DC	Zip Code 20004-1478
FEC ID number of contributing federal political committee. C	Name of Employer Medtronic Inc.	Occupation VP Government Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3648.00	

SUBTOTAL of Receipts This Page (optional).....▶	392.00
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 88 OF 110
	<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. PAC

Full Name (Last, First, Middle Initial) A. Mr. Peter B Slone		Date of Receipt
Mailing Address 950 F St NW Ste 500		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20004-1478
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2014-2223661
Name of Employer Medtronic Inc.	Occupation VP Government Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="192.00"/>
	<input type="text" value="3840.00"/>	

Full Name (Last, First, Middle Initial) B. Mr. James D Southwick		Date of Receipt
Mailing Address 710 Medtronic Pkwy		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City Minneapolis	State MN	Zip Code 55432-5603
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2014-2034485
Name of Employer Medtronic Inc.	Occupation VP and Deputy Counsel Intl	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="50.00"/>
	<input type="text" value="950.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. James D Southwick		Date of Receipt
Mailing Address 710 Medtronic Pkwy		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City Minneapolis	State MN	Zip Code 55432-5603
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2014-2223867
Name of Employer Medtronic Inc.	Occupation VP and Deputy Counsel Intl	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="50.00"/>
	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="292.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 110
	<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. PAC

A. Mr. David M Steinhaus
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP/GM CRDM Heart Failure
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2850.00**

Date of Receipt **09 / 12 / 2014**
Transaction ID : A2014-2034519
 Amount of Each Receipt this Period **150.00**

B. Mr. David M Steinhaus
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP/GM CRDM Heart Failure
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3000.00**

Date of Receipt **09 / 26 / 2014**
Transaction ID : A2014-2223904
 Amount of Each Receipt this Period **150.00**

C. Ms. Margaret B Strom
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 53rd Ave NE
 City Columbia Heights State MN Zip Code 55421-1241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Sr Finance Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **380.00**

Date of Receipt **09 / 12 / 2014**
Transaction ID : A2014-2034546
 Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **320.00**
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 90 OF 110
	<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. PAC

Full Name (Last, First, Middle Initial) A. Ms. Margaret B Strom		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 Transaction ID : A2014-2223931
Mailing Address 800 53rd Ave NE		Amount of Each Receipt this Period 120.00
City Columbia Heights	State MN	Zip Code 55421-1241
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Sr Finance Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Chandramohan Subramaniam		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014 Transaction ID : A2014-2034470
Mailing Address 8200 Coral Sea St NE		Amount of Each Receipt this Period 50.00
City Mounds View	State MN	Zip Code 55112-4391
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation VP Operations MMC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) C. Chandramohan Subramaniam		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 Transaction ID : A2014-2223852
Mailing Address 8200 Coral Sea St NE		Amount of Each Receipt this Period 50.00
City Mounds View	State MN	Zip Code 55112-4391
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation VP Operations MMC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 91 OF 110
(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)
Medtronic Inc. PAC

Full Name (Last, First, Middle Initial)
A. Ms. Virginia A Suttle

Mailing Address 7000 Central Ave NE

City State Zip Code
Minneapolis MN 55432-3568

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

Name of Employer Occupation
Medtronic Inc. Supply Chain Planning Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014
Transaction ID : A2014-2034455

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Ms. Virginia A Suttle

Mailing Address 7000 Central Ave NE

City State Zip Code
Minneapolis MN 55432-3568

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

Name of Employer Occupation
Medtronic Inc. Supply Chain Planning Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014
Transaction ID : A2014-2223837

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Ms. Catherine M Szyman

Mailing Address 18000 Devonshire St

City State Zip Code
Northridge CA 91325-1219

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

Name of Employer Occupation
Medtronic Inc. SVP and President Diabetes

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014
Transaction ID : A2014-2034308

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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 92 OF 110
	<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. PAC

Full Name (Last, First, Middle Initial) A. Ms. Catherine M Szyman		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 Transaction ID : A2014-2223690
Mailing Address 18000 Devonshire St		Amount of Each Receipt this Period 88.00
City Northridge	State CA	Zip Code 91325-1219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Medtronic Inc.	Occupation SVP and President Diabetes	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. Michael B Terry		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 Transaction ID : A2014-2034362
Mailing Address 710 Medtronic Parkway NE		Amount of Each Receipt this Period 19.00
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Sr Prin IC Design Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 361.00	

Full Name (Last, First, Middle Initial) C. Mr. Michael B Terry		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 Transaction ID : A2014-2223744
Mailing Address 710 Medtronic Parkway NE		Amount of Each Receipt this Period 19.00
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Sr Prin IC Design Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional).....▶	88.00
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 93 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. PAC

Full Name (Last, First, Middle Initial) A. Mr. Matthew F Thomas		Date of Receipt
Mailing Address 1800 Pyramid Pl Bldg D		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Memphis	TN	38132-1703
FEC ID number of contributing federal political committee.		Transaction ID : A2014-2034353
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="140.00"/>
Name of Employer	Occupation	
Medtronic Inc.	VP Interventional Therapies	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2660.00"/>	

Full Name (Last, First, Middle Initial) B. Mr. Matthew F Thomas		Date of Receipt
Mailing Address 1800 Pyramid Pl Bldg D		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Memphis	TN	38132-1703
FEC ID number of contributing federal political committee.		Transaction ID : A2014-2223735
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="140.00"/>
Name of Employer	Occupation	
Medtronic Inc.	VP Interventional Therapies	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2800.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. Mark E Thomassy		Date of Receipt
Mailing Address 575 Lynnhaven Pkwy Marsh Landing Ste 250		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Virginia Beach	VA	23452-7350
FEC ID number of contributing federal political committee.		Transaction ID : A2014-2034495
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Medtronic Inc.	Corporate Sales Dir MSB	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="475.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="305.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 110
	<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. PAC

A. Mr. Mark E Thomassy
Full Name (Last, First, Middle Initial)

Mailing Address 575 Lynnhaven Pkwy
Marsh Landing Ste 250

City Virginia Beach State VA Zip Code 23452-7350

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

Name of Employer Medtronic Inc. Occupation Corporate Sales Dir MSB

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : A2014-2223877

Amount of Each Receipt this Period
25.00

B. Mr. Darrell G Tilleskjo
Full Name (Last, First, Middle Initial)

Mailing Address 18000 Devonshire St

City Northridge State CA Zip Code 91325-1219

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

Name of Employer Medtronic Inc. Occupation VP Finance Diabetes

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : A2014-2034310

Amount of Each Receipt this Period
13.00

C. Mr. Darrell G Tilleskjo
Full Name (Last, First, Middle Initial)

Mailing Address 18000 Devonshire St

City Northridge State CA Zip Code 91325-1219

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

Name of Employer Medtronic Inc. Occupation VP Finance Diabetes

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : A2014-2223692

Amount of Each Receipt this Period
13.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **51.00**

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 95 OF 110
	<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. PAC

A. Mr. Alan Tillis
Full Name (Last, First, Middle Initial)

Mailing Address 51 James Way

City Eatontown State NJ Zip Code 07724-2272

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

Name of Employer Medtronic Inc. Occupation Medical Affairs Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt **09 / 12 / 2014**

Transaction ID : A2014-2034566

Amount of Each Receipt this Period **25.00**

B. Mr. Alan Tillis
Full Name (Last, First, Middle Initial)

Mailing Address 51 James Way

City Eatontown State NJ Zip Code 07724-2272

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

Name of Employer Medtronic Inc. Occupation Medical Affairs Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 26 / 2014**

Transaction ID : A2014-2223951

Amount of Each Receipt this Period **25.00**

C. Mr. Brian D Urke
Full Name (Last, First, Middle Initial)

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation VP/GM CRDM Brady

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3648.00**

Date of Receipt **09 / 12 / 2014**

Transaction ID : A2014-2034277

Amount of Each Receipt this Period **192.00**

SUBTOTAL of Receipts This Page (optional)..... **242.00**

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 96 OF 110
	<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. PAC

A. Mr. Brian D Urke
Full Name (Last, First, Middle Initial)

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation VP/GM CRDM Brady

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3840.00**

Date of Receipt **09 / 26 / 2014**

Transaction ID : A2014-2223659

Amount of Each Receipt this Period **192.00**

B. Mr. James W Vogl
Full Name (Last, First, Middle Initial)

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation VP Sales - Svc Ops CVG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1520.00**

Date of Receipt **09 / 12 / 2014**

Transaction ID : A2014-2034275

Amount of Each Receipt this Period **80.00**

C. Mr. James W Vogl
Full Name (Last, First, Middle Initial)

Mailing Address 8200 Coral Sea St NE

City Mounds View State MN Zip Code 55112-4391

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

Name of Employer Medtronic Inc. Occupation VP Sales - Svc Ops CVG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1600.00**

Date of Receipt **09 / 26 / 2014**

Transaction ID : A2014-2223657

Amount of Each Receipt this Period **80.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **352.00**

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 97 OF 110
	<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. PAC

A. Ms. Cynthia A Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP MedEd/Trng/MktRes/ProfRel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **760.00**

Date of Receipt **09 / 12 / 2014**
Transaction ID : A2014-2034510
 Amount of Each Receipt this Period **40.00**

B. Ms. Cynthia A Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Coral Sea St NE
 City Mounds View State MN Zip Code 55112-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation VP MedEd/Trng/MktRes/ProfRel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **09 / 26 / 2014**
Transaction ID : A2014-2223895
 Amount of Each Receipt this Period **40.00**

C. Mr. Brian E Walton
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medtronic Inc. Occupation Sr District Sales Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **228.00**

Date of Receipt **09 / 12 / 2014**
Transaction ID : A2014-2034360
 Amount of Each Receipt this Period **12.00**

SUBTOTAL of Receipts This Page (optional)..... **92.00**
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 98 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Mr. Brian E Walton
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City State Zip Code
 Minneapolis MN 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. Sr District Sales Manager
 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
 09 / 26 / 2014
Transaction ID : A2014-2223742
 Amount of Each Receipt this Period
 12.00

B. Mr. Jason R Weidman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3540 Unocal PI
 City State Zip Code
 Santa Rosa CA 95403-1774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP/GM Coronary
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 511.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034462
 Amount of Each Receipt this Period
 26.92

C. Mr. Jason R Weidman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3540 Unocal PI
 City State Zip Code
 Santa Rosa CA 95403-1774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. VP/GM Coronary
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 538.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223844
 Amount of Each Receipt this Period
 26.92

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.84
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 99 OF 110
	<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. PAC

A. Mr. Michael P Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City State Zip Code
 Minneapolis MN 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. Prin Sales Rep CRDM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : A2014-2034507
 Amount of Each Receipt this Period
 15.00

B. Mr. Michael P Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Medtronic Parkway NE
 City State Zip Code
 Minneapolis MN 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medtronic Inc. Prin Sales Rep CRDM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A2014-2223892
 Amount of Each Receipt this Period
 15.00

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
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	15279.74

**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. PAC

Full Name (Last, First, Middle Initial)

A. Bank of America N.A.

Mailing Address P.O. Box 27128

City State Zip Code
Concord CA 94520

Purpose of Disbursement
Bank Service Charge

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : B536659

Amount of Each Disbursement this Period

49.67

Full Name (Last, First, Middle Initial)

B. Public Affairs Support Services Inc.

Mailing Address 1950 Roland Clarke Place Suite 300

City State Zip Code
Reston VA 20191

Purpose of Disbursement
Admin expen-Report prep.

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : B534113

Amount of Each Disbursement this Period

1955.68

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

Amount of Each Disbursement this Period

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

2005.35

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

2005.35

**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. Mark Pryor for US Senate Cmte

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
Contribution

011

Candidate Name
Mark Pryor

Category/
Type

Office Sought: House
 Senate
 President
State: AR District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : B532281

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Salmon for Congress

Mailing Address PO Box 2590

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Contribution

011

Candidate Name
Matt Salmon

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : B532345

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jackie Speier for Congress

Mailing Address PO Box 112

City Burlingame State CA Zip Code 94011

Purpose of Disbursement
Contribution

011

Candidate Name
Jackie Speier

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 14

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : B532352

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. PAC

Full Name (Last, First, Middle Initial)

A. Fearless PAC

Mailing Address PO Box 37

City Boulder State CO Zip Code 80306

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : B532334

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Udall for Colorado

Mailing Address PO Box 40158

City Denver State CO Zip Code 80204

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Mark Udall

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2014

Transaction ID : B533433

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Chris Murphy

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Christopher Murphy

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CT District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : B534114

Amount of Each Disbursement this Period

2000.00

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

4000.00

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. PAC

Full Name (Last, First, Middle Initial)

A. Crenshaw for Congress Campaign

Mailing Address 7235 Bonneval Road

City Jacksonville State FL Zip Code 32256

Purpose of Disbursement
Contribution

011

Candidate Name

Ander Crenshaw

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 04

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : B532354

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Volunteers for Shimkus

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement
Contribution

011

Candidate Name

John M Shimkus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : B532348

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dan Coats for Indiana

Mailing Address PO Box 301141

City Indianapolis State IN Zip Code 46230

Purpose of Disbursement
Contribution

011

Candidate Name

Dan Coats

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : B532353

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. PAC

Full Name (Last, First, Middle Initial) A. Donnelly for Indiana		Date of Disbursement MM / DD / YYYY 09 / 25 / 2014
Mailing Address 3701 Porter Street NW		Transaction ID : B533430 Amount of Each Disbursement this Period 2000.00
City Washington	State DC	
Zip Code 20016	Category/Type 011	
Purpose of Disbursement Contribution		
Candidate Name Joseph S Donnelly	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: IN District:	

Full Name (Last, First, Middle Initial) B. Whitfield for Congress Committee		Date of Disbursement MM / DD / YYYY 09 / 19 / 2014
Mailing Address P.O. Box 391		Transaction ID : B532346 Amount of Each Disbursement this Period 1000.00
City Hopkinsville	State KY	
Zip Code 42241	Category/Type 011	
Purpose of Disbursement Contribution		
Candidate Name Edward Whitfield	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: KY District: 01	

Full Name (Last, First, Middle Initial) C. Charles Boustany Jr for Congress Inc.		Date of Disbursement MM / DD / YYYY 09 / 19 / 2014
Mailing Address PO Box 80126		Transaction ID : B532236 Amount of Each Disbursement this Period 1000.00
City Lafayette	State LA	
Zip Code 70598	Category/Type 011	
Purpose of Disbursement Contribution		
Candidate Name Charles W Boustany Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: LA District: 03	

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

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

4000.00

**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"/> 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. Friends of John Delaney

Mailing Address PO Box 70835

City State Zip Code
Bethesda MD 20813

Purpose of Disbursement
Contribution

011

Candidate Name

John Delaney

Category/
Type

Office Sought: House
 Senate
 President
State: MD District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : B532279

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Emmer for Congress

Mailing Address PO BOX 998

City State Zip Code
Annoka MN 55303

Purpose of Disbursement
Contribution

011

Candidate Name

Tom Emmer

Category/
Type

Office Sought: House
 Senate
 President
State: MN District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : B532356

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Klobuchar for Minnesota 2018

Mailing Address PO Box 4146

City State Zip Code
St Paul MN 55104

Purpose of Disbursement
Contribution

011

Candidate Name

Amy Klobuchar

Category/
Type

Office Sought: House
 Senate
 President
State: MN District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : B532237

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

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

4	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

4	0	0	0	0	0	0	0	0	0
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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"/> 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. Hagan for US Senate Inc.

Mailing Address PO Box 29103

City Greensboro State NC Zip Code 27429

Purpose of Disbursement
Contribution

011

Candidate Name

Kay R Hagan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2014

Transaction ID : B533431

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ben Sasse for US Senate Inc.

Mailing Address 105 East 6th Street

City Fremont State NE Zip Code 68025

Purpose of Disbursement
Contribution

011

Candidate Name

Ben Sasse

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NE District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : B532341

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Kelly Ayotte

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105

Purpose of Disbursement
Contribution

011

Candidate Name

Kelly Ayotte

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : B532355

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. PAC

Full Name (Last, First, Middle Initial)

A. Cory Booker for Senate

Mailing Address PO Box 32237

City Newark State NJ Zip Code 07102

Purpose of Disbursement
Contribution

011

Candidate Name
Cory Booker

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : B532326

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Tom Reed For Congress

Mailing Address PO Box 10847

City Rochester State NY Zip Code 14610

Purpose of Disbursement
Contribution

011

Candidate Name
Tom Reed

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : B532344

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Blumenauer for Congress

Mailing Address 830 NE Holladay #105

City Portland State OR Zip Code 97232

Purpose of Disbursement
Contribution

011

Candidate Name
Earl Blumenauer

Category/
Type

Office Sought: House
 Senate
 President
State: OR District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : B532338

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
0	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. PAC

Full Name (Last, First, Middle Initial)

A. Bob Casey for Senate Inc.

Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Contribution

011

Candidate Name

Bob Casey Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : B532327

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Diane Black for Congress

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement
Contribution

011

Candidate Name

Diane L Black

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : B532282

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Moderate Democrats PAC

Mailing Address 303 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : B532350

Amount of Each Disbursement this Period

5000.00

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

7000.00

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. PAC

Full Name (Last, First, Middle Initial)

A. Friends of Don Beyer

Mailing Address 1751 Potomac Greens Dr.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011

Candidate Name

Don Beyer Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2014

Transaction ID : B532347

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Mark Warner

Mailing Address 201 North Union Street Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011

Candidate Name

Mark Warner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2014

Transaction ID : B532332

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. People for Patty Murray

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement
Contribution

011

Candidate Name

Patty Murray

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		25		2014

Transaction ID : B533434

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)..... ▶

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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"/> 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. Enzi for US Senate

Mailing Address PO Box 2775

City State Zip Code
Cody WY 82414

Purpose of Disbursement
Contribution

011

Candidate Name

Michael B Enzi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 19 / 2014

Transaction ID : B532280

Amount of Each Disbursement this Period

1000.00

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

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00

35000.00