

**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. Moderate Democrats PAC

Mailing Address 303 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2016

Transaction ID : B593722

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. New Democrat Coalition PAC

Mailing Address 700 13th Street NW #600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2016

Transaction ID : B593723

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Advanced Medical Technology Assn PAC

Mailing Address 701 Pennsylvania Ave. NW Suite 800

City Washington State DC Zip Code 20004

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2016

Transaction ID : B593725

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

15000.00