

**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)

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

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

A.	Full Name (Last, First, Middle Initial) The New Democrat Coalition PAC	Transaction ID: B211748 Date of Disbursement
	Mailing Address 607 14th Street NW Suite 800	<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

B.	Full Name (Last, First, Middle Initial) Friends of Kent Conrad	Transaction ID: B211749 Date of Disbursement
	Mailing Address P.O. Box 812	<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Bismarck State ND Zip Code 58502	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name Kent G Conrad	<input type="text" value="2000.00"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) John Lewis for Congress	Transaction ID: B212474 Date of Disbursement
	Mailing Address P.O. Box 636	<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Annandale State VA Zip Code 22003	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name John Lewis	<input type="text" value="2000.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>