

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

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

FOR LINE NUMBER: PAGE 141 OF 775

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cohen, Matthew, D, ,

Mailing Address 710 Medtronic Parkway NE

City  
MinneapolisState  
MNZip Code  
55432FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medtronic Inc.Occupation (for Individual)  
VP R/D SI North Haven

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 13 / 2019

Transaction ID : A2019-3295597

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cohen, Matthew, D, ,

Mailing Address 710 Medtronic Parkway NE

City  
MinneapolisState  
MNZip Code  
55432FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medtronic Inc.Occupation (for Individual)  
VP R/D SI North Haven

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 27 / 2019

Transaction ID : A2019-3296252

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Copel, Marguerite, F, ,

Mailing Address 710 Medtronic Parkway NE

City  
MinneapolisState  
MNZip Code  
55432FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medtronic Inc.Occupation (for Individual)  
VP Comms MITG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 12 / 2019

Transaction ID : A2019-1823612

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

90.00

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