

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Medtronic Inc. Medical Technology Fund

ADDRESS (number and street)

1420 New York Avenue NW Suite 600

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00311878

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☒July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2007

through

06

30

2007

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

Electronically Filed by Gary Ellis

Date

07

30

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Medtronic Inc. Medical Technology Fund

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		162064.39
(b) Cash on Hand at Beginning of Reporting Period .....	162064.39	
(c) Total Receipts (from Line 19) .....	92726.05	92726.05
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	254790.44	254790.44
7. Total Disbursements (from Line 31) .....	103078.43	103078.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	151712.01	151712.01
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Medtronic Inc. Medical Technology Fund

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 0 7

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 0 7

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	46556.06	46556.06
(i) Itemized (use Schedule A) .....	46169.99	46169.99
(ii) Unitemized .....	92726.05	92726.05
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	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 Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	92726.05	92726.05
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 Transfer (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)) .....	92726.05	92726.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	92726.05	92726.05

**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) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		103078.43	103078.43
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..		103078.43	103078.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		103078.43	103078.43

**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) .....	92726.05	92726.05
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	92726.05	92726.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 249

(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. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Ross A Allen			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway			<b>Transaction ID:</b> A2007-453758	
City State Zip Code Minneapolis MN 55432			Amount of Each Receipt this Period 41.62	
FEC ID number of contributing federal political committee. C				
Name of Employer Medtronic Inc.		Occupation VP Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.10		
<b>B.</b> Full Name (Last, First, Middle Initial) Ross A Allen			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway			<b>Transaction ID:</b> A2007-500679	
City State Zip Code Minneapolis MN 55432			Amount of Each Receipt this Period 41.62	
FEC ID number of contributing federal political committee. C				
Name of Employer Medtronic Inc.		Occupation VP Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.72		
<b>C.</b> Full Name (Last, First, Middle Initial) Ross A Allen			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway			<b>Transaction ID:</b> A2007-699941	
City State Zip Code Minneapolis MN 55432			Amount of Each Receipt this Period 41.62	
FEC ID number of contributing federal political committee. C				
Name of Employer Medtronic Inc.		Occupation VP Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 291.34		

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

124.86

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

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

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

FOR LINE NUMBER: PAGE 7 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Ross A Allen Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation VP Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 332.96			Date of Receipt MM / DD / YYYY 05 / 04 / 2007 <b>Transaction ID:</b> A2007-699609 Amount of Each Receipt this Period 41.62
<b>B.</b> Full Name (Last, First, Middle Initial) Ross A Allen Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation VP Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 374.58			Date of Receipt MM / DD / YYYY 05 / 18 / 2007 <b>Transaction ID:</b> A2007-943173 Amount of Each Receipt this Period 41.62
<b>C.</b> Full Name (Last, First, Middle Initial) Ross A Allen Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation VP Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.20			Date of Receipt MM / DD / YYYY 06 / 01 / 2007 <b>Transaction ID:</b> A2007-956569 Amount of Each Receipt this Period 41.62

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

124.86

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

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

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

FOR LINE NUMBER: PAGE 8 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Ross A Allen		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-957219	
City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 41.62
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.		Occupation VP Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 457.82	

<b>B.</b> Full Name (Last, First, Middle Initial) Ross A Allen		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-1169432	
City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 41.62
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.		Occupation VP Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 499.44	

<b>C.</b> Full Name (Last, First, Middle Initial) Susan Alpert		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-207170	
City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 192.30
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.		Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 384.60	

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

275.54

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



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

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

FOR LINE NUMBER: PAGE 9 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.**

Full Name (Last, First, Middle Initial)

Susan Alpert

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 0 7

Transaction ID: A2007-207505

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

Susan Alpert

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 0 7

Transaction ID: A2007-207840

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)

Susan Alpert

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 7

Transaction ID: A2007-500932

Amount of Each Receipt this Period

192.30

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

576.90

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

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

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

FOR LINE NUMBER: PAGE 10 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.**

Full Name (Last, First, Middle Initial)

Susan Alpert

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453678

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

Susan Alpert

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500600

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)

Susan Alpert

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699862

Amount of Each Receipt this Period

192.30

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

576.90

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

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

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

FOR LINE NUMBER: PAGE 11 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Susan Alpert

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699531

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Susan Alpert

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943096

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Susan Alpert

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956493

Amount of Each Receipt this Period

192.30

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

576.90

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

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

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

FOR LINE NUMBER: PAGE 12 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Susan Alpert

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957144

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Susan Alpert

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169357

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Rick L. Amos

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 7

Transaction ID: A2007-501247

Amount of Each Receipt this Period

76.00

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

460.60

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

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

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

FOR LINE NUMBER: PAGE 13 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Rick L Amos  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453993

Amount of Each Receipt this Period

76.00

**B.** Full Name (Last, First, Middle Initial)  
Rick L Amos  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500914

Amount of Each Receipt this Period

76.00

**C.** Full Name (Last, First, Middle Initial)  
Rick L Amos  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-700176

Amount of Each Receipt this Period

76.00

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

228.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Rick L Amos  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699844

Amount of Each Receipt this Period

76.00

**B.** Full Name (Last, First, Middle Initial)  
Rick L Amos  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943407

Amount of Each Receipt this Period

76.00

**C.** Full Name (Last, First, Middle Initial)  
Rick L Amos  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956802

Amount of Each Receipt this Period

76.00

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

228.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Rick L Amos		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-957452	
City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 76.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Rick L Amos		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-1169662	
City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 76.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 836.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Barbara H Anderson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-956531	
City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

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

172.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Neil P Ayotte		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-453992 Amount of Each Receipt this Period 38.00
City Minneapolis	State MN	
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Neil P Ayotte		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-500913 Amount of Each Receipt this Period 38.00
City Minneapolis	State MN	
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Neil P Ayotte		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-700175 Amount of Each Receipt this Period 38.00
City Minneapolis	State MN	
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00	

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

114.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 249

(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

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. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Neil P Ayotte Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 342.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <b>Transaction ID:</b> A2007-699843 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">38.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	0	7	38.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	5		0	4		2	0	0	7																								
38.00																																	
<b>B.</b> Full Name (Last, First, Middle Initial) Neil P Ayotte Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <b>Transaction ID:</b> A2007-943406 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">38.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	8		2	0	0	7	38.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	5		1	8		2	0	0	7																								
38.00																																	
<b>C.</b> Full Name (Last, First, Middle Initial) Neil P Ayotte Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 418.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <b>Transaction ID:</b> A2007-956801 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">38.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	0	7	38.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	6		0	1		2	0	0	7																								
38.00																																	

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

114.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Neil P Ayotte		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-957451 Amount of Each Receipt this Period 38.00
City Minneapolis	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 456.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Neil P Ayotte		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-1169661 Amount of Each Receipt this Period 38.00
City Minneapolis	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Eileen M Baily		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-956550 Amount of Each Receipt this Period 20.00
City Minneapolis	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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

96.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 249

(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. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Eileen M Baily Mailing Address 710 Medtronic Parkway City Minneapolis State MN Zip Code 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <b>Transaction ID:</b> A2007-957200 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	7	20.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		1	5		2	0	0	7																							
20.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) Eileen M Baily Mailing Address 710 Medtronic Parkway City Minneapolis State MN Zip Code 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <b>Transaction ID:</b> A2007-1169413 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	7	20.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		2	9		2	0	0	7																							
20.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) Carol A Barnett Mailing Address 710 Medtronic Parkway City Minneapolis State MN Zip Code 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <b>Transaction ID:</b> A2007-207614 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">76.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	9		2	0	0	7	76.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	2		0	9		2	0	0	7																							
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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Carol A Barnett		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-207949 Amount of Each Receipt this Period 76.00
City Minneapolis	State MN	
Zip Code 55432		
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Carol A Barnett		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-501039 Amount of Each Receipt this Period 76.00
City Minneapolis	State MN	
Zip Code 55432		
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Carol A Barnett		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-453785 Amount of Each Receipt this Period 76.00
City Minneapolis	State MN	
Zip Code 55432		
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 456.00	

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

228.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Carol A Barnett

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500706

Amount of Each Receipt this Period

76.00

Full Name (Last, First, Middle Initial)

B. Carol A Barnett

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699968

Amount of Each Receipt this Period

76.00

Full Name (Last, First, Middle Initial)

C. Carol A Barnett

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699636

Amount of Each Receipt this Period

76.00

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

228.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Carol A Barnett  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943200

Amount of Each Receipt this Period

76.00

**B.** Full Name (Last, First, Middle Initial)  
Carol A Barnett  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956595

Amount of Each Receipt this Period

76.00

**C.** Full Name (Last, First, Middle Initial)  
Carol A Barnett  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

912.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957245

Amount of Each Receipt this Period

76.00

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

228.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Carol A Barnett  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169458

Amount of Each Receipt this Period

76.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Abhijit Basu  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director of Commercial Marketi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-85533

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Jonathan S Berry  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956593

Amount of Each Receipt this Period

19.00

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

595.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Jonathan S Berry

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957243

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

B. Jonathan S Berry

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169456

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

C. Dale F Beumer

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 9 / 2 0 0 7

Transaction ID: A2007-207498

Amount of Each Receipt this Period

76.00

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

114.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)

Dale F Beumer

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 2 3 / 2 0 0 7

Transaction ID: A2007-207833

Amount of Each Receipt this Period

76.00

**B.** Full Name (Last, First, Middle Initial)

Dale F Beumer

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 9 / 2 0 0 7

Transaction ID: A2007-500925

Amount of Each Receipt this Period

76.00

**C.** Full Name (Last, First, Middle Initial)

Dale F Beumer

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453671

Amount of Each Receipt this Period

76.00

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

228.00

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

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

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or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Dale F Beumer

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500593

Amount of Each Receipt this Period

76.00

B. Full Name (Last, First, Middle Initial)

Dale F Beumer

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699855

Amount of Each Receipt this Period

76.00

C. Full Name (Last, First, Middle Initial)

Dale F Beumer

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699524

Amount of Each Receipt this Period

76.00

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

228.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Dale F Beumer

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943089

Amount of Each Receipt this Period

76.00

B. Full Name (Last, First, Middle Initial)

Dale F Beumer

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956486

Amount of Each Receipt this Period

76.00

C. Full Name (Last, First, Middle Initial)

Dale F Beumer

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

912.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957137

Amount of Each Receipt this Period

76.00

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

228.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Dale F Beumer		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-1169350	
City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 76.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 988.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Robert H Blankemeyer		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-453711	
City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 38.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Robert H Blankemeyer		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-500632	
City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 38.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00		

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

152.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Robert H Blankemeyer  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699894

Amount of Each Receipt this Period

38.00

**B.** Full Name (Last, First, Middle Initial)  
Robert H Blankemeyer  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699563

Amount of Each Receipt this Period

38.00

**C.** Full Name (Last, First, Middle Initial)  
Robert H Blankemeyer  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943127

Amount of Each Receipt this Period

38.00

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

114.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Robert H Blankemeyer  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956523

Amount of Each Receipt this Period

38.00

**B.** Full Name (Last, First, Middle Initial)  
Robert H Blankemeyer  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957174

Amount of Each Receipt this Period

38.00

**C.** Full Name (Last, First, Middle Initial)  
Robert H Blankemeyer  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169387

Amount of Each Receipt this Period

38.00

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

114.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 249

(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. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Diana L Bogard

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	7

Transaction ID: A2007-699566

Amount of Each Receipt this Period

23.00

**B.** Full Name (Last, First, Middle Initial)  
Diana L Bogard

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	0	7

Transaction ID: A2007-943130

Amount of Each Receipt this Period

23.00

**C.** Full Name (Last, First, Middle Initial)  
Diana L Bogard

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	7

Transaction ID: A2007-956526

Amount of Each Receipt this Period

23.00

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

69.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 249

(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. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Diana L Bogard

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	7

Transaction ID: A2007-957177

Amount of Each Receipt this Period

23.00

**B.** Full Name (Last, First, Middle Initial)  
Diana L Bogard

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	7

Transaction ID: A2007-1169390

Amount of Each Receipt this Period

23.00

**C.** Full Name (Last, First, Middle Initial)  
Frank S Bono

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	0	7

Transaction ID: A2007-453933

Amount of Each Receipt this Period

38.00

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

84.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Frank S Bono		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-500854
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Frank S Bono		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-700116
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Frank S Bono		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-699784
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

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

114.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Frank S Bono		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-943347
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Frank S Bono		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-956742
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Frank S Bono		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-957392
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 456.00	

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

114.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Frank S Bono  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169604

Amount of Each Receipt this Period

38.00

**B.** Full Name (Last, First, Middle Initial)  
James M Branski  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956608

Amount of Each Receipt this Period

19.23

**C.** Full Name (Last, First, Middle Initial)  
James M Branski  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957258

Amount of Each Receipt this Period

19.23

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

76.46

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 249

(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. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** James M Branski

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medtronic Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	7

Transaction ID: A2007-1169471

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B.** John M Burrage

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medtronic Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	7

Transaction ID: A2007-956521

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

**C.** John M Burrage

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medtronic Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	7

Transaction ID: A2007-957172

Amount of Each Receipt this Period

19.00

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

57.23

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** John M Burrage

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169385

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

**B.** Leondias Butcher

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453801

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

**C.** Leondias Butcher

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500722

Amount of Each Receipt this Period

38.00

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

95.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Leondias Butcher

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699984

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

B. Leondias Butcher

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699652

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

C. Leondias Butcher

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943215

Amount of Each Receipt this Period

38.00

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

114.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Leondias Butcher		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-956610
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Leondias Butcher		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-957260
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 456.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Leondias Butcher		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-1169473
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	

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

114.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Mary C Cade  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453676

Amount of Each Receipt this Period

38.00

**B.** Full Name (Last, First, Middle Initial)  
Mary C Cade  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500598

Amount of Each Receipt this Period

38.00

**C.** Full Name (Last, First, Middle Initial)  
Mary C Cade  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699860

Amount of Each Receipt this Period

38.00

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

114.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Mary C Cade Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 342.00			Date of Receipt MM / DD / YYYY 05 / 04 / 2007 <b>Transaction ID:</b> A2007-699529 Amount of Each Receipt this Period 38.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mary C Cade Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00			Date of Receipt MM / DD / YYYY 05 / 18 / 2007 <b>Transaction ID:</b> A2007-943094 Amount of Each Receipt this Period 38.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mary C Cade Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 418.00			Date of Receipt MM / DD / YYYY 06 / 01 / 2007 <b>Transaction ID:</b> A2007-956491 Amount of Each Receipt this Period 38.00

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

114.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Mary C Cade

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957142

Amount of Each Receipt this Period

38.00

B. Full Name (Last, First, Middle Initial)

Mary C Cade

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169355

Amount of Each Receipt this Period

38.00

C. Full Name (Last, First, Middle Initial)

Kevin M Callahan

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956656

Amount of Each Receipt this Period

19.23

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

95.23

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

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

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

FOR LINE NUMBER: PAGE 43 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Kevin M Callahan  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Sr Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957306

Amount of Each Receipt this Period

19.23

**B.** Full Name (Last, First, Middle Initial)  
Kevin M Callahan  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Sr Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169518

Amount of Each Receipt this Period

19.23

**C.** Full Name (Last, First, Middle Initial)  
David W Carlson  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956520

Amount of Each Receipt this Period

20.00

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

58.46

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 249

(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. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) David W Carlson Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> A2007-957171 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) David W Carlson Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7 <b>Transaction ID:</b> A2007-1169384 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) Terrance L Carlson Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Sr VP/Pres Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.00			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 7 <b>Transaction ID:</b> A2007-207305 Amount of Each Receipt this Period 192.00

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

232.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Terrance L Carlson

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 9 / 2 0 0 7

Transaction ID: A2007-207640

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

B. Terrance L Carlson

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 3 / 2 0 0 7

Transaction ID: A2007-207975

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

C. Terrance L Carlson

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 7

Transaction ID: A2007-501065

Amount of Each Receipt this Period

192.00

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

576.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 249

(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. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Terrance L Carlson

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing federal political committee.

**C**Name of Employer  
Medtronic Inc.Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1152.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	0	7

Transaction ID: A2007-453811

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**B.** Terrance L Carlson

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing federal political committee.

**C**Name of Employer  
Medtronic Inc.Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	7

Transaction ID: A2007-500732

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**C.** Terrance L Carlson

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing federal political committee.

**C**Name of Employer  
Medtronic Inc.Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1536.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	0	7

Transaction ID: A2007-699994

Amount of Each Receipt this Period

192.00

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

576.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Terrance L Carlson

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699662

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**B.** Terrance L Carlson

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1920.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943225

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**C.** Terrance L Carlson

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956620

Amount of Each Receipt this Period

192.00

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

576.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 249

(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. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Terrance L Carlson

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medtronic Inc.Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2304.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	7

Transaction ID: A2007-957270

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**B.** Terrance L Carlson

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medtronic Inc.Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	7

Transaction ID: A2007-1169483

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**C.** Mary Centoni

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medtronic Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	7

Transaction ID: A2007-956490

Amount of Each Receipt this Period

20.00

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

404.00

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



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

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

FOR LINE NUMBER: PAGE 49 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Mary Centoni		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-957141	
City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mary Centoni		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-1169354	
City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Edward Chernoff		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-699581	
City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

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

65.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Edward Chernoff		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-943145
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C		Amount of Each Receipt this Period 25.00
Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Edward Chernoff		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-956541
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C		Amount of Each Receipt this Period 25.00
Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Edward Chernoff		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-957191
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C		Amount of Each Receipt this Period 25.00
Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Edward Chernoff		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-1169404 Amount of Each Receipt this Period 25.00
City Minneapolis	State MN	
Zip Code 55432		
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Edward S Chin		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-699629 Amount of Each Receipt this Period 25.00
City Minneapolis	State MN	
Zip Code 55432		
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Edward S Chin		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-943193 Amount of Each Receipt this Period 25.00
City Minneapolis	State MN	
Zip Code 55432		
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 249

(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. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Edward S Chin  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	7

Transaction ID: A2007-956588

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
Edward S Chin  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	7

Transaction ID: A2007-957238

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
Edward S Chin  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	7

Transaction ID: A2007-1169451

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Robert E Clark		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-956479
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C		Amount of Each Receipt this Period 19.00
Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Robert E Clark		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-957130
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C		Amount of Each Receipt this Period 19.00
Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Robert E Clark		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-1169343
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C		Amount of Each Receipt this Period 19.00
Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Michael F DeMane

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 6 / 2 0 0 7

Transaction ID: A2007-207304

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

B. Michael F DeMane

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 9 / 2 0 0 7

Transaction ID: A2007-207639

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

C. Michael F DeMane

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 3 / 2 0 0 7

Transaction ID: A2007-207974

Amount of Each Receipt this Period

192.00

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

576.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Michael F DeMane  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 7

Transaction ID: A2007-501064

Amount of Each Receipt this Period

192.00

**B.** Full Name (Last, First, Middle Initial)  
Michael F DeMane  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1152.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453810

Amount of Each Receipt this Period

192.00

**C.** Full Name (Last, First, Middle Initial)  
Michael F DeMane  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500731

Amount of Each Receipt this Period

192.00

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

576.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Michael F DeMane

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1536.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699993

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

B. Michael F DeMane

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699661

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

C. Michael F DeMane

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1920.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943224

Amount of Each Receipt this Period

192.00

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

576.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 249

(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. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Michael F DeMane

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	7

Transaction ID: A2007-956619

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

B. Michael F DeMane

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2304.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	7

Transaction ID: A2007-957269

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

C. Michael F DeMane

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	7

Transaction ID: A2007-1169482

Amount of Each Receipt this Period

192.00

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

576.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Charles L Dennis II  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956528

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)  
Charles L Dennis II  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957179

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
Charles L Dennis II  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169392

Amount of Each Receipt this Period

20.00

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

60.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 249

(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. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Mary T Doyle

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	7

Transaction ID: A2007-699839

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
Mary T Doyle

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	0	7

Transaction ID: A2007-943402

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
Mary T Doyle

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	7

Transaction ID: A2007-956797

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Mary T Doyle		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-957447	
City Minneapolis	State MN	Zip Code 55432	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer Medtronic Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mary T Doyle		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-1169657	
City Minneapolis	State MN	Zip Code 55432	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer Medtronic Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Paul T Elliott		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-956481	
City Minneapolis	State MN	Zip Code 55432	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.00	
Name of Employer Medtronic Inc.	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00		

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

69.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 249

(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

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. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Paul T Elliott Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> A2007-957132 Amount of Each Receipt this Period 19.00
<b>B.</b> Full Name (Last, First, Middle Initial) Paul T Elliott Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 247.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7 <b>Transaction ID:</b> A2007-1169345 Amount of Each Receipt this Period 19.00
<b>C.</b> Full Name (Last, First, Middle Initial) Gary L Ellis Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Sr VP/Pres Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 386.00			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 7 <b>Transaction ID:</b> A2007-207256 Amount of Each Receipt this Period 193.00

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

231.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 249

(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

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. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Gary L Ellis Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Sr VP/Pres Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 579.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 0 7 <b>Transaction ID: A2007-207591</b> Amount of Each Receipt this Period 193.00
<b>B.</b> Full Name (Last, First, Middle Initial) Gary L Ellis Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Sr VP/Pres Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 772.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 7 <b>Transaction ID: A2007-207926</b> Amount of Each Receipt this Period 193.00
<b>C.</b> Full Name (Last, First, Middle Initial) Gary L Ellis Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Sr VP/Pres Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 965.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 7 <b>Transaction ID: A2007-501016</b> Amount of Each Receipt this Period 193.00

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

579.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 249

(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. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Gary L Ellis		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-453762
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 193.00
Name of Employer Medtronic Inc.	Occupation Sr VP/Pres	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1158.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Gary L Ellis		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-500683
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 193.00
Name of Employer Medtronic Inc.	Occupation Sr VP/Pres	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1351.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Gary L Ellis		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-699945
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 193.00
Name of Employer Medtronic Inc.	Occupation Sr VP/Pres	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1544.00	

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

579.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.**

Full Name (Last, First, Middle Initial)

Gary L Ellis

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1737.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699613

Amount of Each Receipt this Period

193.00

**B.**

Full Name (Last, First, Middle Initial)

Gary L Ellis

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1930.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943177

Amount of Each Receipt this Period

193.00

**C.**

Full Name (Last, First, Middle Initial)

Gary L Ellis

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2123.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956573

Amount of Each Receipt this Period

193.00

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

579.00

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



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

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

FOR LINE NUMBER: PAGE 65 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Gary L Ellis  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2316.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957223

Amount of Each Receipt this Period

193.00

**B.** Full Name (Last, First, Middle Initial)  
Gary L Ellis  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2509.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169436

Amount of Each Receipt this Period

193.00

**C.** Full Name (Last, First, Middle Initial)  
Leroy P Erickson  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453805

Amount of Each Receipt this Period

38.00

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

424.00

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

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

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

FOR LINE NUMBER: PAGE 66 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Leroy P Erickson

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500726

Amount of Each Receipt this Period

38.00

B. Full Name (Last, First, Middle Initial)

Leroy P Erickson

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699988

Amount of Each Receipt this Period

38.00

C. Full Name (Last, First, Middle Initial)

Leroy P Erickson

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699656

Amount of Each Receipt this Period

38.00

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

114.00

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

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

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

FOR LINE NUMBER: PAGE 67 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Leroy P Erickson

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943219

Amount of Each Receipt this Period

38.00

B. Full Name (Last, First, Middle Initial)

Leroy P Erickson

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956614

Amount of Each Receipt this Period

38.00

C. Full Name (Last, First, Middle Initial)

Leroy P Erickson

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957264

Amount of Each Receipt this Period

38.00

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

114.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Leroy P Erickson

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169477

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

**B.** Kenneth W Fairchild

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699551

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C.** Kenneth W Fairchild

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943115

Amount of Each Receipt this Period

25.00

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Kenneth W Fairchild  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956511

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
Kenneth W Fairchild  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957162

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
Kenneth W Fairchild  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169375

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 249

(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. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Jeffrey A Farkas

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	0	7

Transaction ID: A2007-453687

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

B. Jeffrey A Farkas

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	7

Transaction ID: A2007-500608

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

C. Jeffrey A Farkas

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	0	7

Transaction ID: A2007-699870

Amount of Each Receipt this Period

38.00

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

114.00

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

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

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

FOR LINE NUMBER: PAGE 71 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Jeffrey A Farkas

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699539

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

**B.** Jeffrey A Farkas

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943104

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

**C.** Jeffrey A Farkas

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956500

Amount of Each Receipt this Period

38.00

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

114.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 249

(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. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Jeffrey A Farkas

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medtronic Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	7

Transaction ID: A2007-957151

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

**B.** Jeffrey A Farkas

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medtronic Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	7

Transaction ID: A2007-1169364

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

**C.** Janet S Fiola

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medtronic Inc.Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	0	7

Transaction ID: A2007-207603

Amount of Each Receipt this Period

76.92

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

152.92

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 249

(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. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Janet S Fiola Mailing Address 710 Medtronic Parkway City Minneapolis State MN Zip Code 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Sr VP/Pres Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 307.68			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-207938 Amount of Each Receipt this Period <table border="1"> <tr> <td>76.92</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	3		2	0	0	7	76.92
M	M	/	D	D	/	Y	Y	Y	Y															
0	2		2	3		2	0	0	7															
76.92																								
<b>B.</b> Full Name (Last, First, Middle Initial) Janet S Fiola Mailing Address 710 Medtronic Parkway City Minneapolis State MN Zip Code 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Sr VP/Pres Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-501028 Amount of Each Receipt this Period <table border="1"> <tr> <td>76.92</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	0	7	76.92
M	M	/	D	D	/	Y	Y	Y	Y															
0	3		0	9		2	0	0	7															
76.92																								
<b>C.</b> Full Name (Last, First, Middle Initial) Janet S Fiola Mailing Address 710 Medtronic Parkway City Minneapolis State MN Zip Code 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Sr VP/Pres Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 461.52			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-453774 Amount of Each Receipt this Period <table border="1"> <tr> <td>76.92</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	7	76.92
M	M	/	D	D	/	Y	Y	Y	Y															
0	3		2	3		2	0	0	7															
76.92																								

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

230.76

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

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

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

FOR LINE NUMBER: PAGE 74 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.**

Full Name (Last, First, Middle Initial)

Janet S Fiola

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500695

Amount of Each Receipt this Period

76.92

**B.**

Full Name (Last, First, Middle Initial)

Janet S Fiola

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699957

Amount of Each Receipt this Period

76.92

**C.**

Full Name (Last, First, Middle Initial)

Janet S Fiola

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699625

Amount of Each Receipt this Period

76.92

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

230.76

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

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

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

FOR LINE NUMBER: PAGE 75 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Janet S Fiola

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943189

Amount of Each Receipt this Period

76.92

Full Name (Last, First, Middle Initial)

B. Janet S Fiola

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956585

Amount of Each Receipt this Period

76.92

Full Name (Last, First, Middle Initial)

C. Janet S Fiola

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957235

Amount of Each Receipt this Period

76.92

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

230.76

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

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

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

FOR LINE NUMBER: PAGE 76 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Janet S Fiola Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Sr VP/Pres Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96			Date of Receipt MM / DD / YYYY 06 / 29 / 2007 <b>Transaction ID:</b> A2007-1169448 Amount of Each Receipt this Period 76.92
<b>B.</b> Full Name (Last, First, Middle Initial) Mark Fletcher Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00			Date of Receipt MM / DD / YYYY 02 / 09 / 2007 <b>Transaction ID:</b> A2007-207546 Amount of Each Receipt this Period 76.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mark Fletcher Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 304.00			Date of Receipt MM / DD / YYYY 02 / 23 / 2007 <b>Transaction ID:</b> A2007-207881 Amount of Each Receipt this Period 76.00

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

228.92

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

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

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

FOR LINE NUMBER: PAGE 77 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Fletcher		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-500971 Amount of Each Receipt this Period 76.00
City Minneapolis	State MN	
Zip Code 55432		
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mark Fletcher		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-453717 Amount of Each Receipt this Period 76.00
City Minneapolis	State MN	
Zip Code 55432		
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 456.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mark Fletcher		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-500638 Amount of Each Receipt this Period 76.00
City Minneapolis	State MN	
Zip Code 55432		
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 532.00	

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

228.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Fletcher		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-699900	
City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 76.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 608.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mark Fletcher		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-699569	
City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 76.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 684.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mark Fletcher		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-943133	
City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 76.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00		

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

228.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Fletcher		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-956529	
City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 76.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 836.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mark Fletcher		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-957180	
City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 76.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 912.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mark Fletcher		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-1169393	
City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 76.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 988.00		

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

228.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Ann H Fogerson

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956648

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Ann H Fogerson

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957298

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Ann H Fogerson

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169510

Amount of Each Receipt this Period

20.00

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

60.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 249

(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. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) David A Furland Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Principal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7 <b>Transaction ID:</b> A2007-956669 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) David A Furland Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Principal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> A2007-957319 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) David A Furland Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Principal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7 <b>Transaction ID:</b> A2007-1169531 Amount of Each Receipt this Period 20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 82 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Jeffrey T Grabow

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956525

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B.** Jeffrey T Grabow

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957176

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C.** Jeffrey T Grabow

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169389

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 83 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Bruce Grant		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-956771 Amount of Each Receipt this Period 20.00
City Minneapolis	State MN	
Zip Code 55432		
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Bruce Grant		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-957421 Amount of Each Receipt this Period 20.00
City Minneapolis	State MN	
Zip Code 55432		
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Bruce Grant		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-1169632 Amount of Each Receipt this Period 20.00
City Minneapolis	State MN	
Zip Code 55432		
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 84 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Regina E Groves

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956538

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)

Regina E Groves

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957188

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)

Regina E Groves

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169401

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 85 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Christian R Hadland		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> A2007-500939
Name of Employer Medtronic Inc.		Amount of Each Receipt this Period 50.00
Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Christian R Hadland		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> A2007-453685
Name of Employer Medtronic Inc.		Amount of Each Receipt this Period 50.00
Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Christian R Hadland		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> A2007-500606
Name of Employer Medtronic Inc.		Amount of Each Receipt this Period 50.00
Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Christian R Hadland Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> A2007-699868 Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) Christian R Hadland Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7 <b>Transaction ID:</b> A2007-699537 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) Christian R Hadland Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7 <b>Transaction ID:</b> A2007-943102 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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 249

(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. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Christian R Hadland Mailing Address 710 Medtronic Parkway City Minneapolis State MN Zip Code 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-956498 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	0	7	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		0	1		2	0	0	7																							
50.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) Christian R Hadland Mailing Address 710 Medtronic Parkway City Minneapolis State MN Zip Code 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-957149 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	7	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		1	5		2	0	0	7																							
50.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) Christian R Hadland Mailing Address 710 Medtronic Parkway City Minneapolis State MN Zip Code 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-1169362 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	7	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		2	9		2	0	0	7																							
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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 249

(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. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Elizabeth N Hammack Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7 <b>Transaction ID:</b> A2007-453697 Amount of Each Receipt this Period 40.00
Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Elizabeth N Hammack Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 7 <b>Transaction ID:</b> A2007-500618 Amount of Each Receipt this Period 40.00
Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Elizabeth N Hammack Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> A2007-699880 Amount of Each Receipt this Period 40.00
Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		



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

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

FOR LINE NUMBER: PAGE 89 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Elizabeth N Hammack  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699549

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth N Hammack  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943113

Amount of Each Receipt this Period

40.00

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth N Hammack  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956509

Amount of Each Receipt this Period

40.00

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Elizabeth N Hammack  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957160

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth N Hammack  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169373

Amount of Each Receipt this Period

40.00

**C.** Full Name (Last, First, Middle Initial)  
William A Hawkins  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
COB/CEO/VC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 7

Transaction ID: A2007-207172

Amount of Each Receipt this Period

192.00

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

272.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
William A Hawkins

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
COB/CEO/VC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 0 7

Transaction ID: A2007-207507

Amount of Each Receipt this Period

192.00

**B.** Full Name (Last, First, Middle Initial)  
William A Hawkins

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
COB/CEO/VC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 0 7

Transaction ID: A2007-207842

Amount of Each Receipt this Period

192.00

**C.** Full Name (Last, First, Middle Initial)  
William A Hawkins

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
COB/CEO/VC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 7

Transaction ID: A2007-500934

Amount of Each Receipt this Period

192.00

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

576.00

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

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

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

FOR LINE NUMBER: PAGE 92 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. William A Hawkins

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
COB/CEO/VC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1152.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453680

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

B. William A Hawkins

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
COB/CEO/VC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500602

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

C. William A Hawkins

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
COB/CEO/VC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1536.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699864

Amount of Each Receipt this Period

192.00

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

576.00

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

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

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. William A Hawkins

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
COB/CEO/VC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699533

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

B. William A Hawkins

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
COB/CEO/VC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1920.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943098

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

C. William A Hawkins

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
COB/CEO/VC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956495

Amount of Each Receipt this Period

192.00

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

576.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. William A Hawkins

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
COB/CEO/VC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2304.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957146

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

B. William A Hawkins

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
COB/CEO/VC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169359

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

C. William J Hooper

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453803

Amount of Each Receipt this Period

40.00

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

424.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. William J Hooper

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500724

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. William J Hooper

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699986

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. William J Hooper

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699654

Amount of Each Receipt this Period

40.00

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

120.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. William J Hooper

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943217

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. William J Hooper

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956612

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. William J Hooper

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957262

Amount of Each Receipt this Period

40.00

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

120.00

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



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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** William J Hooper

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169475

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B.** Andrew W Horstman

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956747

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

**C.** Andrew W Horstman

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957397

Amount of Each Receipt this Period

19.00

**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)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Andrew W Horstman

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169609

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

**B.** Penelope A Hunt

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 9 / 2 0 0 7

Transaction ID: A2007-501009

Amount of Each Receipt this Period

46.00

Full Name (Last, First, Middle Initial)

**C.** Penelope A Hunt

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453755

Amount of Each Receipt this Period

46.00

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

111.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 249

(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. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Penelope A Hunt Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 322.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 7 <b>Transaction ID:</b> A2007-500676 Amount of Each Receipt this Period 46.00
<b>B.</b> Full Name (Last, First, Middle Initial) Penelope A Hunt Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 368.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> A2007-699938 Amount of Each Receipt this Period 46.00
<b>C.</b> Full Name (Last, First, Middle Initial) Penelope A Hunt Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 414.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7 <b>Transaction ID:</b> A2007-699606 Amount of Each Receipt this Period 46.00

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

138.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Penelope A Hunt

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943170

Amount of Each Receipt this Period

46.00

B. Full Name (Last, First, Middle Initial)

Penelope A Hunt

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956566

Amount of Each Receipt this Period

46.00

C. Full Name (Last, First, Middle Initial)

Penelope A Hunt

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957216

Amount of Each Receipt this Period

46.00

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

138.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Penelope A Hunt		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> A2007-1169429
Name of Employer Medtronic Inc.		Amount of Each Receipt this Period 46.00
Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 598.00

<b>B.</b> Full Name (Last, First, Middle Initial) Michael J Jaro		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> A2007-453944
Name of Employer Medtronic Inc.		Amount of Each Receipt this Period 38.00
Occupation Advisor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.00

<b>C.</b> Full Name (Last, First, Middle Initial) Michael J Jaro		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> A2007-500865
Name of Employer Medtronic Inc.		Amount of Each Receipt this Period 38.00
Occupation Advisor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 266.00

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

122.00

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

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

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Michael J Jaro		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-700127 Amount of Each Receipt this Period 38.00
City Minneapolis	State MN	
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Advisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Michael J Jaro		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-699795 Amount of Each Receipt this Period 38.00
City Minneapolis	State MN	
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Advisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Michael J Jaro		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-943358 Amount of Each Receipt this Period 38.00
City Minneapolis	State MN	
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Advisor	
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) .....

114.00

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

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

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

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Michael J Jaro

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956753

Amount of Each Receipt this Period

38.00

B. Full Name (Last, First, Middle Initial)

Michael J Jaro

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957403

Amount of Each Receipt this Period

38.00

C. Full Name (Last, First, Middle Initial)

Michael J Jaro

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169615

Amount of Each Receipt this Period

38.00

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

114.00

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

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Vivek K Jayaraman

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956734

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Vivek K Jayaraman

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957384

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Vivek K Jayaraman

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169596

Amount of Each Receipt this Period

20.00

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

60.00

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



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

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Christopher G Landon

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Sr Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956738

Amount of Each Receipt this Period

19.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher G Landon

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Sr Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957388

Amount of Each Receipt this Period

19.00

**C.** Full Name (Last, First, Middle Initial)  
Christopher G Landon

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Sr Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169600

Amount of Each Receipt this Period

19.00

**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)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Timothy G Laske

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956563

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

**B.** Timothy G Laske

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957213

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

**C.** Timothy G Laske

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169426

Amount of Each Receipt this Period

19.00

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

57.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Kevin M Lee Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7 <b>Transaction ID: A2007-956600</b> Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Kevin M Lee Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID: A2007-957250</b> Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) Kevin M Lee Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7 <b>Transaction ID: A2007-1169463</b> Amount of Each Receipt this Period 20.00

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

60.00

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

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

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or each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Mark S Lent		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-956672 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 Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mark S Lent		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-957322 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 Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mark S Lent		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-1169534 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 Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

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

57.00

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

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Wesley B Little

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699544

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Wesley B Little

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943109

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Wesley B Little

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956505

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)  
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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Wesley B Little

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957156

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.** Wesley B Little

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169369

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C.** Arnold L Malone

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956518

Amount of Each Receipt this Period

20.00

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

70.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Arnold L Malone

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957169

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B.** Arnold L Malone

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169382

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C.** Richard H Mazza

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 7

Transaction ID: A2007-501034

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)  
or each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Richard H Mazza  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453780

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
Richard H Mazza  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500701

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
Richard H Mazza  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699963

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 249  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Richard H Mazza

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699631

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

Richard H Mazza

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943195

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)

Richard H Mazza

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956590

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Richard H Mazza  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957240

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
Richard H Mazza  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169453

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
John Mazzola  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500656

Amount of Each Receipt this Period

30.00

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 249  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. John Mazzola

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699918

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. John Mazzola

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699586

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. John Mazzola

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943150

Amount of Each Receipt this Period

30.00

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)  
or each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 116 / 249  
(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. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** John Mazzola

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medtronic Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	7

Transaction ID: A2007-956546

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B.** John Mazzola

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medtronic Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	7

Transaction ID: A2007-957196

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C.** John Mazzola

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medtronic Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	7

Transaction ID: A2007-1169409

Amount of Each Receipt this Period

30.00

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Shawn T McCormick

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956565

Amount of Each Receipt this Period

19.00

B. Full Name (Last, First, Middle Initial)

Shawn T McCormick

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957215

Amount of Each Receipt this Period

19.00

C. Full Name (Last, First, Middle Initial)

Shawn T McCormick

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169428

Amount of Each Receipt this Period

19.00

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 249

(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. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Karen D McDaniel

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	7

Transaction ID: A2007-956794

Amount of Each Receipt this Period

19.00

**B.** Full Name (Last, First, Middle Initial)  
Karen D McDaniel

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	7

Transaction ID: A2007-957444

Amount of Each Receipt this Period

19.00

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

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	0	7

Transaction ID: A2007-453726

Amount of Each Receipt this Period

38.00

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

76.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 249

(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. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Jim McDermid

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	7

Transaction ID: A2007-500647

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

B. Jim McDermid

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	0	7

Transaction ID: A2007-699909

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

C. Jim McDermid

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	7

Transaction ID: A2007-699577

Amount of Each Receipt this Period

38.00

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

114.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 120 / 249

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.**

Full Name (Last, First, Middle Initial)

Jim McDermid

Mailing Address 710 Medtronic Parkway

City

Minneapolis

State

MN

Zip Code

55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation

Medtronic VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943141

Amount of Each Receipt this Period

38.00

**B.**

Full Name (Last, First, Middle Initial)

Jim McDermid

Mailing Address 710 Medtronic Parkway

City

Minneapolis

State

MN

Zip Code

55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation

Medtronic VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956537

Amount of Each Receipt this Period

38.00

**C.**

Full Name (Last, First, Middle Initial)

Jim McDermid

Mailing Address 710 Medtronic Parkway

City

Minneapolis

State

MN

Zip Code

55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation

Medtronic VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957187

Amount of Each Receipt this Period

38.00

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

114.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 121 / 249

<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

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. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Jim McDermid Mailing Address 710 Medtronic Parkway City Minneapolis State MN Zip Code 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 494.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-1169400 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">38.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	7	38.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		2	9		2	0	0	7																							
38.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) David F Miller Mailing Address 710 Medtronic Parkway City Minneapolis State MN Zip Code 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-207200 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">115.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	0	7	115.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	1		2	6		2	0	0	7																							
115.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) David F Miller Mailing Address 710 Medtronic Parkway City Minneapolis State MN Zip Code 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-207535 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">115.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	9		2	0	0	7	115.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	2		0	9		2	0	0	7																							
115.00																																

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

268.00

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

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) David F Miller Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00			Date of Receipt MM / DD / YYYY 02 / 23 / 2007 <b>Transaction ID:</b> A2007-207870 Amount of Each Receipt this Period 115.00
<b>B.</b> Full Name (Last, First, Middle Initial) David F Miller Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 575.00			Date of Receipt MM / DD / YYYY 03 / 09 / 2007 <b>Transaction ID:</b> A2007-500961 Amount of Each Receipt this Period 115.00
<b>C.</b> Full Name (Last, First, Middle Initial) David F Miller Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 690.00			Date of Receipt MM / DD / YYYY 03 / 23 / 2007 <b>Transaction ID:</b> A2007-453707 Amount of Each Receipt this Period 115.00

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

345.00

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

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) David F Miller Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 805.00			Date of Receipt MM / DD / YYYY 04 / 06 / 2007 <b>Transaction ID:</b> A2007-500628 Amount of Each Receipt this Period 115.00
<b>B.</b> Full Name (Last, First, Middle Initial) David F Miller Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 920.00			Date of Receipt MM / DD / YYYY 04 / 20 / 2007 <b>Transaction ID:</b> A2007-699890 Amount of Each Receipt this Period 115.00
<b>C.</b> Full Name (Last, First, Middle Initial) David F Miller Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1035.00			Date of Receipt MM / DD / YYYY 05 / 04 / 2007 <b>Transaction ID:</b> A2007-699559 Amount of Each Receipt this Period 115.00

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

**345.00**

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

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<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. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) David F Miller Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Medtronic Inc. Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>1150.00</div>		Date of Receipt <div>05 / 18 / 2007</div> <b>Transaction ID:</b> A2007-943123 Amount of Each Receipt this Period <div>115.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) David F Miller Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Medtronic Inc. Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>1265.00</div>		Date of Receipt <div>06 / 01 / 2007</div> <b>Transaction ID:</b> A2007-956519 Amount of Each Receipt this Period <div>115.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) David F Miller Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Medtronic Inc. Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>1380.00</div>		Date of Receipt <div>06 / 15 / 2007</div> <b>Transaction ID:</b> A2007-957170 Amount of Each Receipt this Period <div>115.00</div>

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

345.00

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<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. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) David F Miller Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1495.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7 <b>Transaction ID:</b> A2007-1169383 Amount of Each Receipt this Period 115.00
<b>B.</b> Full Name (Last, First, Middle Initial) David A Montecalvo Mailing Address 710 Medtronic Parkway NE City State Zip Code Minneapolis MN 55482 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Cardiac Surgery Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 209.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7 <b>Transaction ID:</b> A2007-956781 Amount of Each Receipt this Period 19.00
<b>C.</b> Full Name (Last, First, Middle Initial) David A Montecalvo Mailing Address 710 Medtronic Parkway NE City State Zip Code Minneapolis MN 55482 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Cardiac Surgery Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> A2007-957431 Amount of Each Receipt this Period 19.00

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

153.00

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) David A Montecalvo Mailing Address 710 Medtronic Parkway NE City State Zip Code Minneapolis MN 55482 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Medtronic Inc. Cardiac Surgery Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 247.00			Date of Receipt MM / DD / YYYY 06 / 29 / 2007 <b>Transaction ID:</b> A2007-1169642 Amount of Each Receipt this Period 19.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Yvonne Moore Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Medtronic Inc. Medtronic VP Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 228.00			Date of Receipt MM / DD / YYYY 03 / 23 / 2007 <b>Transaction ID:</b> A2007-453665 Amount of Each Receipt this Period 38.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Yvonne Moore Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Medtronic Inc. Medtronic VP Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 266.00			Date of Receipt MM / DD / YYYY 04 / 06 / 2007 <b>Transaction ID:</b> A2007-500587 Amount of Each Receipt this Period 38.00	

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

95.00

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Yvonne Moore		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-699849
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Yvonne Moore		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-699518
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Yvonne Moore		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-943083
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
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) .....

114.00

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Yvonne Moore		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-956480 Amount of Each Receipt this Period 38.00	
City Minneapolis	State MN		Zip Code 55432
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 418.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Yvonne Moore		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-957131 Amount of Each Receipt this Period 38.00	
City Minneapolis	State MN		Zip Code 55432
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 456.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Yvonne Moore		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-1169344 Amount of Each Receipt this Period 38.00	
City Minneapolis	State MN		Zip Code 55432
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 494.00	

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

114.00

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Michael C Morton  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956699

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)  
Michael C Morton  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957349

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
Michael C Morton  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169561

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Gary A Nelson		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> A2007-699601
Name of Employer Medtronic Inc.		Amount of Each Receipt this Period 25.00
Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00

<b>B.</b> Full Name (Last, First, Middle Initial) Gary A Nelson		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> A2007-943165
Name of Employer Medtronic Inc.		Amount of Each Receipt this Period 25.00
Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

<b>C.</b> Full Name (Last, First, Middle Initial) Gary A Nelson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> A2007-956561
Name of Employer Medtronic Inc.		Amount of Each Receipt this Period 25.00
Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00

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

75.00

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

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Gary A Nelson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-957211
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Gary A Nelson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-1169424
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>C.</b> Full Name (Last, First, Middle Initial) David A Ness		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-207941
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.00
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

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

107.00

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

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) David A Ness Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00			Date of Receipt MM / DD / YYYY 03 / 09 / 2007 <b>Transaction ID:</b> A2007-501031 Amount of Each Receipt this Period 57.00
<b>B.</b> Full Name (Last, First, Middle Initial) David A Ness Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 342.00			Date of Receipt MM / DD / YYYY 03 / 23 / 2007 <b>Transaction ID:</b> A2007-453777 Amount of Each Receipt this Period 57.00
<b>C.</b> Full Name (Last, First, Middle Initial) David A Ness Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 399.00			Date of Receipt MM / DD / YYYY 04 / 06 / 2007 <b>Transaction ID:</b> A2007-500698 Amount of Each Receipt this Period 57.00

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

171.00

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

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

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

FOR LINE NUMBER: PAGE 133 / 249  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

David A Ness

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699960

Amount of Each Receipt this Period

57.00

B. Full Name (Last, First, Middle Initial)

David A Ness

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699628

Amount of Each Receipt this Period

57.00

C. Full Name (Last, First, Middle Initial)

David A Ness

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943192

Amount of Each Receipt this Period

57.00

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

171.00

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

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

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

FOR LINE NUMBER: PAGE 134 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) David A Ness		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-956587 Amount of Each Receipt this Period 57.00
City Minneapolis	State MN	
Zip Code 55432		
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 627.00	

<b>B.</b> Full Name (Last, First, Middle Initial) David A Ness		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-957237 Amount of Each Receipt this Period 57.00
City Minneapolis	State MN	
Zip Code 55432		
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 684.00	

<b>C.</b> Full Name (Last, First, Middle Initial) David A Ness		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-1169450 Amount of Each Receipt this Period 57.00
City Minneapolis	State MN	
Zip Code 55432		
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 741.00	

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

171.00

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

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

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

FOR LINE NUMBER: PAGE 135 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Michael J Nicoletta

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453674

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

B. Michael J Nicoletta

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500596

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

C. Michael J Nicoletta

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699858

Amount of Each Receipt this Period

38.00

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

114.00

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

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

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

FOR LINE NUMBER: PAGE 136 / 249  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Michael J Nicoletta

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699527

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

B. Michael J Nicoletta

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943092

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

C. Michael J Nicoletta

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956489

Amount of Each Receipt this Period

38.00

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

114.00

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



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

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

FOR LINE NUMBER: PAGE 137 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Michael J Nicoletta

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957140

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

B. Michael J Nicoletta

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169353

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

C. Christopher J OConnell

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 7

Transaction ID: A2007-207169

Amount of Each Receipt this Period

192.00

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

268.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 249

(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. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Christopher J OConnell

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	0	7

Transaction ID: A2007-207504

Amount of Each Receipt this Period

192.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher J OConnell

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	0	7

Transaction ID: A2007-207839

Amount of Each Receipt this Period

192.00

**C.** Full Name (Last, First, Middle Initial)  
Christopher J OConnell

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	0	7

Transaction ID: A2007-500931

Amount of Each Receipt this Period

192.00

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

576.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 139 / 249  
(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. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Christopher J OConnell Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1152.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <b>Transaction ID:</b> A2007-453677 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">192.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	7	192.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	3		2	3		2	0	0	7																							
192.00																																

<b>B.</b> Full Name (Last, First, Middle Initial) Christopher J OConnell Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1344.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <b>Transaction ID:</b> A2007-500599 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">192.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	0	7	192.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		0	6		2	0	0	7																							
192.00																																

<b>C.</b> Full Name (Last, First, Middle Initial) Christopher J OConnell Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1536.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <b>Transaction ID:</b> A2007-699861 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">192.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	0	7	192.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	0		2	0	0	7																							
192.00																																

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

576.00

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

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

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

FOR LINE NUMBER: PAGE 140 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Christopher J OConnell  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699530

Amount of Each Receipt this Period

192.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher J OConnell  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1920.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943095

Amount of Each Receipt this Period

192.00

**C.** Full Name (Last, First, Middle Initial)  
Christopher J OConnell  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956492

Amount of Each Receipt this Period

192.00

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

576.00

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

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

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

FOR LINE NUMBER: PAGE 141 / 249  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Christopher J OConnell

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2304.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957143

Amount of Each Receipt this Period

192.00

B. Full Name (Last, First, Middle Initial)

Christopher J OConnell

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169356

Amount of Each Receipt this Period

192.00

C. Full Name (Last, First, Middle Initial)

Stephen Oesterle

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 1 / 2 6 / 2 0 0 7

Transaction ID: A2007-207232

Amount of Each Receipt this Period

192.00

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

576.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Stephen Oesterle

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 9 / 2 0 0 7

Transaction ID: A2007-207567

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**B.** Stephen Oesterle

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 3 / 2 0 0 7

Transaction ID: A2007-207902

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**C.** Stephen Oesterle

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 7

Transaction ID: A2007-500992

Amount of Each Receipt this Period

192.00

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

576.00

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

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

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Stephen Oesterle

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1152.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453738

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

B. Stephen Oesterle

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500659

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

C. Stephen Oesterle

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1536.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699921

Amount of Each Receipt this Period

192.00

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

576.00

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

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

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Stephen Oesterle

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699589

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**B.** Stephen Oesterle

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1920.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943153

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**C.** Stephen Oesterle

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956549

Amount of Each Receipt this Period

192.00

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

576.00

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



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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Stephen Oesterle  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2304.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957199

Amount of Each Receipt this Period

192.00

**B.** Full Name (Last, First, Middle Initial)  
Stephen Oesterle  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169412

Amount of Each Receipt this Period

192.00

**C.** Full Name (Last, First, Middle Initial)  
Henri Pellegrin Jr  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956589

Amount of Each Receipt this Period

19.00

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

403.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Henri Pellegrin Jr		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-957239
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.00
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Henri Pellegrin Jr		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-1169452
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.00
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Robert W Perry		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-207637
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

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

114.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Robert W Perry

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 2 3 / 2 0 0 7

Transaction ID: A2007-207972

Amount of Each Receipt this Period

76.00

B. Full Name (Last, First, Middle Initial)

Robert W Perry

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 9 / 2 0 0 7

Transaction ID: A2007-501062

Amount of Each Receipt this Period

76.00

C. Full Name (Last, First, Middle Initial)

Robert W Perry

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453808

Amount of Each Receipt this Period

76.00

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

228.00

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

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Robert W Perry

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500729

Amount of Each Receipt this Period

76.00

B. Full Name (Last, First, Middle Initial)

Robert W Perry

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699991

Amount of Each Receipt this Period

76.00

C. Full Name (Last, First, Middle Initial)

Robert W Perry

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699659

Amount of Each Receipt this Period

76.00

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

228.00

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

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Robert W Perry

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943222

Amount of Each Receipt this Period

76.00

B. Full Name (Last, First, Middle Initial)

Robert W Perry

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956617

Amount of Each Receipt this Period

76.00

C. Full Name (Last, First, Middle Initial)

Robert W Perry

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

912.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957267

Amount of Each Receipt this Period

76.00

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

228.00

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

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

Use separate schedule(s)  
or each category of the  
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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Robert W Perry  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169480

Amount of Each Receipt this Period

76.00

**B.** Full Name (Last, First, Middle Initial)  
Dominic F Presty  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453705

Amount of Each Receipt this Period

38.00

**C.** Full Name (Last, First, Middle Initial)  
Dominic F Presty  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500626

Amount of Each Receipt this Period

38.00

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

152.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Dominic F Presty

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699888

Amount of Each Receipt this Period

38.00

B. Full Name (Last, First, Middle Initial)

Dominic F Presty

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699557

Amount of Each Receipt this Period

38.00

C. Full Name (Last, First, Middle Initial)

Dominic F Presty

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943121

Amount of Each Receipt this Period

38.00

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

114.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Dominic F Presty

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956517

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

**B.** Dominic F Presty

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957168

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

**C.** Dominic F Presty

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169381

Amount of Each Receipt this Period

38.00

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

114.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 249

(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. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Jon M Redick Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 209.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7 <b>Transaction ID: A2007-956527</b> Amount of Each Receipt this Period 19.00
<b>B.</b> Full Name (Last, First, Middle Initial) Jon M Redick Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID: A2007-957178</b> Amount of Each Receipt this Period 19.00
<b>C.</b> Full Name (Last, First, Middle Initial) Jon M Redick Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 247.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7 <b>Transaction ID: A2007-1169391</b> Amount of Each Receipt this Period 19.00

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Pamela M Reitz-Bouren  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453990

Amount of Each Receipt this Period

38.00

**B.** Full Name (Last, First, Middle Initial)  
Pamela M Reitz-Bouren  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500911

Amount of Each Receipt this Period

38.00

**C.** Full Name (Last, First, Middle Initial)  
Pamela M Reitz-Bouren  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-700173

Amount of Each Receipt this Period

38.00

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

114.00

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

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

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

FOR LINE NUMBER: PAGE 155 / 249  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Pamela M Reitz-Bouren  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699841

Amount of Each Receipt this Period

38.00

**B.** Full Name (Last, First, Middle Initial)  
Pamela M Reitz-Bouren  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943404

Amount of Each Receipt this Period

38.00

**C.** Full Name (Last, First, Middle Initial)  
Pamela M Reitz-Bouren  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956799

Amount of Each Receipt this Period

38.00

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

114.00

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

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

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

FOR LINE NUMBER: PAGE 156 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Pamela M Reitz-Bouren  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957449

Amount of Each Receipt this Period

38.00

**B.** Full Name (Last, First, Middle Initial)  
Pamela M Reitz-Bouren  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169659

Amount of Each Receipt this Period

38.00

**C.** Full Name (Last, First, Middle Initial)  
Herbert F Riband  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 9 / 2 0 0 7

Transaction ID: A2007-207777

Amount of Each Receipt this Period

76.00

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

152.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 249

(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. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Herbert F Riband Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 7 <b>Transaction ID:</b> A2007-208112 Amount of Each Receipt this Period 76.00
Name of Employer Occupation Medtronic Inc. Medtronic VP Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 304.00			
<b>B.</b> Full Name (Last, First, Middle Initial) Herbert F Riband Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 7 <b>Transaction ID:</b> A2007-501201 Amount of Each Receipt this Period 76.00
Name of Employer Occupation Medtronic Inc. Medtronic VP Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 380.00			
<b>C.</b> Full Name (Last, First, Middle Initial) Herbert F Riband Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7 <b>Transaction ID:</b> A2007-453947 Amount of Each Receipt this Period 76.00
Name of Employer Occupation Medtronic Inc. Medtronic VP Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 456.00			

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

228.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Herbert F Riband		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-500868 Amount of Each Receipt this Period 76.00
City Minneapolis	State MN	
Zip Code 55432		
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 532.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Herbert F Riband		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-700130 Amount of Each Receipt this Period 76.00
City Minneapolis	State MN	
Zip Code 55432		
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 608.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Herbert F Riband		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-699798 Amount of Each Receipt this Period 76.00
City Minneapolis	State MN	
Zip Code 55432		
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 684.00	

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

228.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Herbert F Riband  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943361

Amount of Each Receipt this Period

76.00

**B.** Full Name (Last, First, Middle Initial)  
Herbert F Riband  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956756

Amount of Each Receipt this Period

76.00

**C.** Full Name (Last, First, Middle Initial)  
Herbert F Riband  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

912.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957406

Amount of Each Receipt this Period

76.00

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

228.00

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

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

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

FOR LINE NUMBER: PAGE 160 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Herbert F Riband  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169618

Amount of Each Receipt this Period

76.00

**B.** Full Name (Last, First, Middle Initial)  
Jesus Rodriguez  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956487

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
Jesus Rodriguez  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957138

Amount of Each Receipt this Period

20.00

**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)  
or each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 161 / 249  
(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. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Jesus Rodriguez

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medtronic Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	7

Transaction ID: A2007-1169351

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B.** John L Ross

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	0	7

Transaction ID: A2007-207945

Amount of Each Receipt this Period

57.00

Full Name (Last, First, Middle Initial)

**C.** John L Ross

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	0	7

Transaction ID: A2007-501035

Amount of Each Receipt this Period

57.00

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

134.00

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

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

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

FOR LINE NUMBER: PAGE 162 / 249

(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. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. John L Ross

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453781

Amount of Each Receipt this Period

57.00

Full Name (Last, First, Middle Initial)

B. John L Ross

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500702

Amount of Each Receipt this Period

57.00

Full Name (Last, First, Middle Initial)

C. John L Ross

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699964

Amount of Each Receipt this Period

57.00

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

171.00

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

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

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

FOR LINE NUMBER: PAGE 163 / 249  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. John L Ross

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699632

Amount of Each Receipt this Period

57.00

Full Name (Last, First, Middle Initial)

B. John L Ross

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943196

Amount of Each Receipt this Period

57.00

Full Name (Last, First, Middle Initial)

C. John L Ross

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956591

Amount of Each Receipt this Period

57.00

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

171.00

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

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

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

FOR LINE NUMBER: PAGE 164 / 249  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

John L Ross

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957241

Amount of Each Receipt this Period

57.00

B. Full Name (Last, First, Middle Initial)

John L Ross

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169454

Amount of Each Receipt this Period

57.00

C. Full Name (Last, First, Middle Initial)

Dean E Rustad

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453764

Amount of Each Receipt this Period

38.00

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

152.00

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

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

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

FOR LINE NUMBER: PAGE 165 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Dean E Rustad  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500685

Amount of Each Receipt this Period

38.00

**B.** Full Name (Last, First, Middle Initial)  
Dean E Rustad  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699947

Amount of Each Receipt this Period

38.00

**C.** Full Name (Last, First, Middle Initial)  
Dean E Rustad  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699615

Amount of Each Receipt this Period

38.00

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

114.00

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

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

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

FOR LINE NUMBER: PAGE 166 / 249  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Dean E Rustad

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943179

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

B. Dean E Rustad

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956575

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

C. Dean E Rustad

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957225

Amount of Each Receipt this Period

38.00

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

114.00

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

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

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Dean E Rustad  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169438

Amount of Each Receipt this Period

38.00

**B.** Full Name (Last, First, Middle Initial)  
Sean M Salmon  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956767

Amount of Each Receipt this Period

19.00

**C.** Full Name (Last, First, Middle Initial)  
Sean M Salmon  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957417

Amount of Each Receipt this Period

19.00

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

76.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 168 / 249

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Sean M Salmon  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169629

Amount of Each Receipt this Period

19.00

**B.** Full Name (Last, First, Middle Initial)  
Manuel A Santiago  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956552

Amount of Each Receipt this Period

19.00

**C.** Full Name (Last, First, Middle Initial)  
Manuel A Santiago  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957202

Amount of Each Receipt this Period

19.00

**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)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Manuel A Santiago

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169415

Amount of Each Receipt this Period

19.00

B. Full Name (Last, First, Middle Initial)

Dena L Searce

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699814

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)

Dena L Searce

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943377

Amount of Each Receipt this Period

25.00

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

69.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Dena L Searce  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956772

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
Dena L Searce  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957422

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
Dena L Searce  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169633

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)  
or each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 171 / 249  
(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. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Daniel E Schaber

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	0	7

Transaction ID: A2007-453816

Amount of Each Receipt this Period

38.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel E Schaber

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	7

Transaction ID: A2007-500737

Amount of Each Receipt this Period

38.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel E Schaber

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	0	7

Transaction ID: A2007-699999

Amount of Each Receipt this Period

38.00

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

114.00

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

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

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

FOR LINE NUMBER: PAGE 172 / 249  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Daniel E Schaber

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699667

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

B. Daniel E Schaber

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943230

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

C. Daniel E Schaber

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956625

Amount of Each Receipt this Period

38.00

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

114.00

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

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

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

FOR LINE NUMBER: PAGE 173 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Daniel E Schaber  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957275

Amount of Each Receipt this Period

38.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel E Schaber  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169488

Amount of Each Receipt this Period

38.00

**C.** Full Name (Last, First, Middle Initial)  
Rachael M Scherer  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing federal political committee.

C

Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453721

Amount of Each Receipt this Period

38.00

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

114.00

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

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

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

FOR LINE NUMBER: PAGE 174 / 249  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Rachael M Scherer

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500642

Amount of Each Receipt this Period

38.00

B. Full Name (Last, First, Middle Initial)

Rachael M Scherer

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699904

Amount of Each Receipt this Period

38.00

C. Full Name (Last, First, Middle Initial)

Rachael M Scherer

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699572

Amount of Each Receipt this Period

38.00

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

114.00

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

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

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

FOR LINE NUMBER: PAGE 175 / 249  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Rachael M Scherer

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943136

Amount of Each Receipt this Period

38.00

B. Full Name (Last, First, Middle Initial)

Rachael M Scherer

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956532

Amount of Each Receipt this Period

38.00

C. Full Name (Last, First, Middle Initial)

Rachael M Scherer

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957182

Amount of Each Receipt this Period

38.00

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

114.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Rachael M Scherer  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169395

Amount of Each Receipt this Period

38.00

**B.** Full Name (Last, First, Middle Initial)  
Rajiv V Shah  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453731

Amount of Each Receipt this Period

38.00

**C.** Full Name (Last, First, Middle Initial)  
Rajiv V Shah  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500652

Amount of Each Receipt this Period

38.00

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

114.00

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



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

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Rajiv V Shah		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-699914
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Rajiv V Shah		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-699582
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Rajiv V Shah		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-943146
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Director	
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) .....

114.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Rajiv V Shah		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-956542
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Rajiv V Shah		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-957192
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 456.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Rajiv V Shah		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-1169405
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	

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

114.00

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

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

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

FOR LINE NUMBER: PAGE 179 / 249  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Todd N Sheldon

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 0 7

Transaction ID: A2007-207898

Amount of Each Receipt this Period

57.00

Full Name (Last, First, Middle Initial)

**B.** Todd N Sheldon

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 7

Transaction ID: A2007-500988

Amount of Each Receipt this Period

57.00

Full Name (Last, First, Middle Initial)

**C.** Todd N Sheldon

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453734

Amount of Each Receipt this Period

57.00

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

171.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Todd N Sheldon

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500655

Amount of Each Receipt this Period

57.00

Full Name (Last, First, Middle Initial)

B. Todd N Sheldon

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699917

Amount of Each Receipt this Period

57.00

Full Name (Last, First, Middle Initial)

C. Todd N Sheldon

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699585

Amount of Each Receipt this Period

57.00

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

171.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 181 / 249

<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. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Todd N Sheldon

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	8	/	2	0	0	7

Transaction ID: A2007-943149

Amount of Each Receipt this Period

57.00

Full Name (Last, First, Middle Initial)

**B.** Todd N Sheldon

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	1	/	2	0	0	7

Transaction ID: A2007-956545

Amount of Each Receipt this Period

57.00

Full Name (Last, First, Middle Initial)

**C.** Todd N Sheldon

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	0	7

Transaction ID: A2007-957195

Amount of Each Receipt this Period

57.00

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

171.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 182 / 249  
(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. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Todd N Sheldon

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	7

Transaction ID: A2007-1169408

Amount of Each Receipt this Period

57.00

Full Name (Last, First, Middle Initial)

**B.** Ron Shettler

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	0	7

Transaction ID: A2007-207955

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C.** Ron Shettler

Mailing Address 710 Medtronic Parkway

City	State	Zip Code
Minneapolis	MN	55432

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medtronic Inc.Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	0	7

Transaction ID: A2007-501045

Amount of Each Receipt this Period

60.00

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

177.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Ron Shettler		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-453791
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ron Shettler		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-500712
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ron Shettler		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-699974
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

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

180.00

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

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

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or each category of the  
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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Ron Shettler		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-699642
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ron Shettler		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-943206
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ron Shettler		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-956601
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

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

180.00

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



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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Ron Shettler		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-957251
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ron Shettler		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-1169464
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Peter B Slone		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-207186
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.00
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

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

235.00

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

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Peter B Slone Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 0 7 <b>Transaction ID:</b> A2007-207521 Amount of Each Receipt this Period 115.00
<b>B.</b> Full Name (Last, First, Middle Initial) Peter B Slone Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 7 <b>Transaction ID:</b> A2007-207856 Amount of Each Receipt this Period 115.00
<b>C.</b> Full Name (Last, First, Middle Initial) Peter B Slone Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 575.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 7 <b>Transaction ID:</b> A2007-500948 Amount of Each Receipt this Period 115.00

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

345.00

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

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Peter B Slone		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> A2007-453694
Name of Employer Medtronic Inc.		Amount of Each Receipt this Period 115.00
Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Peter B Slone		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> A2007-500615
Name of Employer Medtronic Inc.		Amount of Each Receipt this Period 115.00
Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Peter B Slone		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> A2007-699877
Name of Employer Medtronic Inc.		Amount of Each Receipt this Period 115.00
Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	

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

345.00

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Peter B Slone

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699546

Amount of Each Receipt this Period

115.00

B. Full Name (Last, First, Middle Initial)

Peter B Slone

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943110

Amount of Each Receipt this Period

115.00

C. Full Name (Last, First, Middle Initial)

Peter B Slone

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1265.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956506

Amount of Each Receipt this Period

115.00

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

345.00

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

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Peter B Slone

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957157

Amount of Each Receipt this Period

115.00

B. Full Name (Last, First, Middle Initial)

Peter B Slone

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1495.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169370

Amount of Each Receipt this Period

115.00

C. Full Name (Last, First, Middle Initial)

Donna J Sommerfeldt

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956533

Amount of Each Receipt this Period

19.00

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

249.00

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Donna J Sommerfeldt  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957183

Amount of Each Receipt this Period

19.00

**B.** Full Name (Last, First, Middle Initial)  
Donna J Sommerfeldt  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169396

Amount of Each Receipt this Period

19.00

**C.** Full Name (Last, First, Middle Initial)  
Marshall S Stanton  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 9 / 2 0 0 7

Transaction ID: A2007-207554

Amount of Each Receipt this Period

76.00

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

114.00

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

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Marshall S Stanton

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 2 3 / 2 0 0 7

Transaction ID: A2007-207889

Amount of Each Receipt this Period

76.00

B. Full Name (Last, First, Middle Initial)

Marshall S Stanton

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 9 / 2 0 0 7

Transaction ID: A2007-500979

Amount of Each Receipt this Period

76.00

C. Full Name (Last, First, Middle Initial)

Marshall S Stanton

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453725

Amount of Each Receipt this Period

76.00

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

228.00

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Marshall S Stanton  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500646

Amount of Each Receipt this Period

76.00

**B.** Full Name (Last, First, Middle Initial)  
Marshall S Stanton  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699908

Amount of Each Receipt this Period

76.00

**C.** Full Name (Last, First, Middle Initial)  
Marshall S Stanton  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699576

Amount of Each Receipt this Period

76.00

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

228.00

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Marshall S Stanton

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943140

Amount of Each Receipt this Period

76.00

B. Full Name (Last, First, Middle Initial)

Marshall S Stanton

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956536

Amount of Each Receipt this Period

76.00

C. Full Name (Last, First, Middle Initial)

Marshall S Stanton

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

912.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957186

Amount of Each Receipt this Period

76.00

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

228.00

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

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Marshall S Stanton  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169399

Amount of Each Receipt this Period

76.00

**B.** Full Name (Last, First, Middle Initial)  
Gary J Sterling  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453770

Amount of Each Receipt this Period

38.00

**C.** Full Name (Last, First, Middle Initial)  
Gary J Sterling  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500691

Amount of Each Receipt this Period

38.00

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

152.00

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

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Gary J Sterling  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Sr Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699953

Amount of Each Receipt this Period

38.00

**B.** Full Name (Last, First, Middle Initial)  
Gary J Sterling  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Sr Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699621

Amount of Each Receipt this Period

38.00

**C.** Full Name (Last, First, Middle Initial)  
Gary J Sterling  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Sr Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943185

Amount of Each Receipt this Period

38.00

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

114.00

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

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Gary J Sterling		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-956581
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Sr Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Gary J Sterling		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-957231
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Sr Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 456.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Gary J Sterling		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-1169444
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Sr Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	

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

114.00

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

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Margaret B Strom Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt MM / DD / YYYY 06 / 01 / 2007 <b>Transaction ID: A2007-956615</b> Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Margaret B Strom Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt MM / DD / YYYY 06 / 15 / 2007 <b>Transaction ID: A2007-957265</b> Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) Margaret B Strom Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt MM / DD / YYYY 06 / 29 / 2007 <b>Transaction ID: A2007-1169478</b> Amount of Each Receipt this Period 20.00

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

60.00

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Oern R Stuge Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Pres Cardiac Surgery Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.00			Date of Receipt MM / DD / YYYY 01 / 26 / 2007 <b>Transaction ID: A2007-207455</b> Amount of Each Receipt this Period 192.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Oern R Stuge Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Pres Cardiac Surgery Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 576.00			Date of Receipt MM / DD / YYYY 02 / 09 / 2007 <b>Transaction ID: A2007-207789</b> Amount of Each Receipt this Period 192.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Oern R Stuge Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Pres Cardiac Surgery Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 768.00			Date of Receipt MM / DD / YYYY 02 / 23 / 2007 <b>Transaction ID: A2007-208124</b> Amount of Each Receipt this Period 192.00

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

576.00

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

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Mr. Oern R Stuge  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Pres Cardiac Surgery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 7

Transaction ID: A2007-501213

Amount of Each Receipt this Period

192.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Oern R Stuge  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Pres Cardiac Surgery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1152.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453959

Amount of Each Receipt this Period

192.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Oern R Stuge  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Pres Cardiac Surgery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500880

Amount of Each Receipt this Period

192.00

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

576.00

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Oern R Stuge Mailing Address 710 Medtronic Parkway City Minneapolis State MN Zip Code 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Pres Cardiac Surgery Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1536.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> A2007-700142 Amount of Each Receipt this Period 192.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Oern R Stuge Mailing Address 710 Medtronic Parkway City Minneapolis State MN Zip Code 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Pres Cardiac Surgery Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1728.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7 <b>Transaction ID:</b> A2007-699810 Amount of Each Receipt this Period 192.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Oern R Stuge Mailing Address 710 Medtronic Parkway City Minneapolis State MN Zip Code 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Pres Cardiac Surgery Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1920.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7 <b>Transaction ID:</b> A2007-943373 Amount of Each Receipt this Period 192.00

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

576.00

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



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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Mr. Oern R Stuge  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Pres Cardiac Surgery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956768

Amount of Each Receipt this Period

192.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Oern R Stuge  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Pres Cardiac Surgery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2304.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957418

Amount of Each Receipt this Period

192.00

**C.** Full Name (Last, First, Middle Initial)  
Catherine M Szyman  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 7

Transaction ID: A2007-501013

Amount of Each Receipt this Period

50.00

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

434.00

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Catherine M Szyman

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453759

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

Catherine M Szyman

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500680

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)

Catherine M Szyman

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699942

Amount of Each Receipt this Period

50.00

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

150.00

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Catherine M Szyman

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699610

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

Catherine M Szyman

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943174

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)

Catherine M Szyman

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956570

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Catherine M Szyman

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957220

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
Catherine M Szyman

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169433

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
Michael B Terry

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Sr Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956709

Amount of Each Receipt this Period

19.00

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

119.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Michael B Terry  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Sr Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957359

Amount of Each Receipt this Period

19.00

**B.** Full Name (Last, First, Middle Initial)  
Michael B Terry  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Sr Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169571

Amount of Each Receipt this Period

19.00

**C.** Full Name (Last, First, Middle Initial)  
Jon T Tremmel  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 9 / 2 0 0 7

Transaction ID: A2007-207605

Amount of Each Receipt this Period

76.00

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

114.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Jon T Tremmel

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 3 / 2 0 0 7

Transaction ID: A2007-207940

Amount of Each Receipt this Period

76.00

Full Name (Last, First, Middle Initial)

B. Jon T Tremmel

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 7

Transaction ID: A2007-501030

Amount of Each Receipt this Period

76.00

Full Name (Last, First, Middle Initial)

C. Jon T Tremmel

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453776

Amount of Each Receipt this Period

76.00

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

228.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Jon T Tremmel

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500697

Amount of Each Receipt this Period

76.00

Full Name (Last, First, Middle Initial)

B. Jon T Tremmel

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699959

Amount of Each Receipt this Period

76.00

Full Name (Last, First, Middle Initial)

C. Jon T Tremmel

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699627

Amount of Each Receipt this Period

76.00

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

228.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Jon T Tremmel

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943191

Amount of Each Receipt this Period

76.00

Full Name (Last, First, Middle Initial)

**B.** Kishore Udiipi

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: A2007-956602

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

**C.** Kishore Udiipi

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957252

Amount of Each Receipt this Period

19.00

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

114.00

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



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

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or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Kishore Udiipi		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-1169465	
City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 19.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Brian D Urke		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-453686	
City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 38.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Brian D Urke		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-500607	
City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 38.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00		

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

95.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

**A.** Full Name (Last, First, Middle Initial)  
Brian D Urke  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699869

Amount of Each Receipt this Period

38.00

**B.** Full Name (Last, First, Middle Initial)  
Brian D Urke  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699538

Amount of Each Receipt this Period

38.00

**C.** Full Name (Last, First, Middle Initial)  
Brian D Urke  
Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943103

Amount of Each Receipt this Period

38.00

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

114.00

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

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

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

FOR LINE NUMBER: PAGE 211 / 249  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Brian D Urke		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-956499 Amount of Each Receipt this Period 38.00
City Minneapolis	State MN	
Zip Code 55432		
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Brian D Urke		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-957150 Amount of Each Receipt this Period 38.00
City Minneapolis	State MN	
Zip Code 55432		
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 456.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Brian D Urke		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-1169363 Amount of Each Receipt this Period 38.00
City Minneapolis	State MN	
Zip Code 55432		
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	

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

114.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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

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. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Paul C Vahle Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7 <b>Transaction ID: A2007-956576</b> Amount of Each Receipt this Period 19.00
Name of Employer Medtronic Inc. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 209.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Paul C Vahle Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID: A2007-957226</b> Amount of Each Receipt this Period 19.00
Name of Employer Medtronic Inc. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Paul C Vahle Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7 <b>Transaction ID: A2007-1169439</b> Amount of Each Receipt this Period 19.00
Name of Employer Medtronic Inc. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 247.00		

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

57.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Scott R Ward

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 6 / 2 0 0 7

Transaction ID: A2007-207162

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

B. Scott R Ward

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 9 / 2 0 0 7

Transaction ID: A2007-207497

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

C. Scott R Ward

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 3 / 2 0 0 7

Transaction ID: A2007-207832

Amount of Each Receipt this Period

192.00

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

576.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(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. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Scott R Ward Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Sr VP/Pres Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 960.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 7 <b>Transaction ID:</b> A2007-500924 Amount of Each Receipt this Period 192.00
<b>B.</b> Full Name (Last, First, Middle Initial) Scott R Ward Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Sr VP/Pres Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1152.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7 <b>Transaction ID:</b> A2007-453670 Amount of Each Receipt this Period 192.00
<b>C.</b> Full Name (Last, First, Middle Initial) Scott R Ward Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Sr VP/Pres Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1344.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 7 <b>Transaction ID:</b> A2007-500592 Amount of Each Receipt this Period 192.00

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

576.00

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

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

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

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

A. Scott R Ward

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1536.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699854

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

B. Scott R Ward

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: A2007-699523

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

C. Scott R Ward

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Sr VP/Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1920.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: A2007-943088

Amount of Each Receipt this Period

192.00

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

576.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Scott R Ward		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-956485
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.00
Name of Employer Medtronic Inc.	Occupation Sr VP/Pres	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2112.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Scott R Ward		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-957136
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.00
Name of Employer Medtronic Inc.	Occupation Sr VP/Pres	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2304.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Scott R Ward		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-1169349
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.00
Name of Employer Medtronic Inc.	Occupation Sr VP/Pres	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

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

576.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Robert S White

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 9 / 2 0 0 7

Transaction ID: A2007-207516

Amount of Each Receipt this Period

76.00

B. Full Name (Last, First, Middle Initial)

Robert S White

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 3 / 2 0 0 7

Transaction ID: A2007-207851

Amount of Each Receipt this Period

76.00

C. Full Name (Last, First, Middle Initial)

Robert S White

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 7

Transaction ID: A2007-500943

Amount of Each Receipt this Period

76.00

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

228.00

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Robert S White

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453689

Amount of Each Receipt this Period

76.00

B. Full Name (Last, First, Middle Initial)

Robert S White

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 6 / 2 0 0 7

Transaction ID: A2007-500610

Amount of Each Receipt this Period

76.00

C. Full Name (Last, First, Middle Initial)

Robert S White

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 0 / 2 0 0 7

Transaction ID: A2007-699872

Amount of Each Receipt this Period

76.00

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

228.00

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Robert S White		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-699541	
City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 76.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 684.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Robert S White		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-943106	
City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 76.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Robert S White		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-956502	
City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 76.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 836.00		

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

228.00

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

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

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or each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

A. Full Name (Last, First, Middle Initial)

Robert S White

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

912.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: A2007-957153

Amount of Each Receipt this Period

76.00

B. Full Name (Last, First, Middle Initial)

Robert S White

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

Transaction ID: A2007-1169366

Amount of Each Receipt this Period

76.00

C. Full Name (Last, First, Middle Initial)

Henry K Woo

Mailing Address 710 Medtronic Parkway

City State Zip Code  
 Minneapolis MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medtronic Inc.

Occupation  
Medtronic VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 3 / 2 0 0 7

Transaction ID: A2007-453786

Amount of Each Receipt this Period

38.00

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

190.00

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

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Henry K Woo		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-500707
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Henry K Woo		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-699969
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Henry K Woo		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-699637
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

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

114.00

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

**SCHEDULE A (FEC Form 3X)  
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or each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Henry K Woo Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7 <b>Transaction ID:</b> A2007-943201 Amount of Each Receipt this Period 38.00
<b>B.</b> Full Name (Last, First, Middle Initial) Henry K Woo Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 418.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7 <b>Transaction ID:</b> A2007-956596 Amount of Each Receipt this Period 38.00
<b>C.</b> Full Name (Last, First, Middle Initial) Henry K Woo Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 456.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> A2007-957246 Amount of Each Receipt this Period 38.00

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

114.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<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. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Henry K Woo Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 494.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7 <b>Transaction ID:</b> A2007-1169459 Amount of Each Receipt this Period 38.00
<b>B.</b> Full Name (Last, First, Middle Initial) Winifred C Wu Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7 <b>Transaction ID:</b> A2007-453817 Amount of Each Receipt this Period 40.00
<b>C.</b> Full Name (Last, First, Middle Initial) Winifred C Wu Mailing Address 710 Medtronic Parkway City State Zip Code Minneapolis MN 55432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 7 <b>Transaction ID:</b> A2007-500738 Amount of Each Receipt this Period 40.00

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

118.00

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

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

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

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Winifred C Wu		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-700000 Amount of Each Receipt this Period 40.00
City Minneapolis	State MN	
Zip Code 55432		
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Winifred C Wu		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-699668 Amount of Each Receipt this Period 40.00
City Minneapolis	State MN	
Zip Code 55432		
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Winifred C Wu		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-943231 Amount of Each Receipt this Period 40.00
City Minneapolis	State MN	
Zip Code 55432		
FEC ID number of contributing federal political committee. C		
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Winifred C Wu		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-956626 Amount of Each Receipt this Period 40.00	
City Minneapolis	State MN		Zip Code 55432
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Winifred C Wu		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-957276 Amount of Each Receipt this Period 40.00	
City Minneapolis	State MN		Zip Code 55432
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Winifred C Wu		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2007-1169489 Amount of Each Receipt this Period 40.00	
City Minneapolis	State MN		Zip Code 55432
FEC ID number of contributing federal political committee. C			
Name of Employer Medtronic Inc.	Occupation Medtronic VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	

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

120.00

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

46556.06

# **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

Full Name (Last, First, Middle Initial)

**A.** Friends of John Tanner

Mailing Address P.O. Box 1994

City State Zip Code  
Union City TN 38281

Purpose of Disbursement  
P-2008 U.S. House 08 TN

Candidate Name  
John S Tanner

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 08

**Transaction ID: B162573**

Date of Disbursement

02 / 05 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Anna Eshoo for Congress

Mailing Address 555 Capitol Mall Suite 1425

City State Zip Code  
Sacramento CA 95814

Purpose of Disbursement  
P-2008 U.S. House 14 CA

Candidate Name  
Anna Eshoo

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 14

**Transaction ID: B162574**

Date of Disbursement

02 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Richard Burr Committee

Mailing Address P.O. Box 5928

City State Zip Code  
Winston-Salem NC 27113

Purpose of Disbursement  
P-2010 U.S. Senate NC

Candidate Name  
Richard Burr

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

**Transaction ID: B162575**

Date of Disbursement

02 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

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

4500.00

**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)

PAGE 227 / 249

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Ellen Tauscher for Congress

Mailing Address 20 Park Road Suite E

City State Zip Code  
Burlingame CA 94010

Purpose of Disbursement  
P-2008 U.S. House 10 CA

Candidate Name  
Ellen O Tauscher

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

Transaction ID: B162577

Date of Disbursement

02 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** John D. Dingell for Congress Cmte

Mailing Address 607 Fourteenth Street NW Suite 800

City State Zip Code  
Washington DC 20005

Purpose of Disbursement  
P-2008 U.S. House 15 MI

Candidate Name  
John D Dingell

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 15

Transaction ID: B162578

Date of Disbursement

02 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** People for Patty Murray

Mailing Address 1602 Belle View Boulevard #510

City State Zip Code  
Alexandria VA 22307

Purpose of Disbursement  
P-2010 U.S. Senate WA

Candidate Name  
Patty Murray

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District:

Transaction ID: B162579

Date of Disbursement

02 / 05 / 2007

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)

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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

Full Name (Last, First, Middle Initial)

**A.** McCrery for Congress Cmte

Mailing Address P.O. Box 52956

City  
Shreveport

State  
LA

Zip Code  
71135

Purpose of Disbursement  
P-2008 U.S. House 04 LA

Candidate Name  
Jim McCrery

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 04

**Transaction ID: B162899**

Date of Disbursement

02 / 13 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** NDCPAC

Mailing Address 607 14th Street NW #800

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
O-2007 Federal PAC US

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: US District:

Not Applicable

**Transaction ID: B162900**

Date of Disbursement

02 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Collins for Senator

Mailing Address P.O. Box 1096

City  
Bangor

State  
ME

Zip Code  
04402

Purpose of Disbursement  
P-2008 U.S. Senate ME

Candidate Name  
Susan M Collins

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ME District:

**Transaction ID: B162954**

Date of Disbursement

02 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

**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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Friends of Kent Conrad

Mailing Address 420 C Street NE Lower Level

City Washington State DC Zip Code 20002

Purpose of Disbursement  
P-2012 U.S. Senate ND

Candidate Name  
Kent G Conrad

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: ND District:

**Transaction ID:** B162955

Date of Disbursement

02 / 15 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** Rangel for Congress

Mailing Address P.O. Box 5577 Manhattanville Stn.

City New York State NY Zip Code 10027

Purpose of Disbursement  
P-2008 U.S. House 15 NY

Candidate Name  
Charles B Rangel

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 15

**Transaction ID:** B162957

Date of Disbursement

02 / 15 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Rangel for Congress

Mailing Address P.O. Box 5577 Manhattanville Stn.

City New York State NY Zip Code 10027

Purpose of Disbursement  
O-2006 U.S. House 15 NY

Candidate Name  
Charles B Rangel

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☐ General  
☒ Other (specify) ▼

State: NY District: 15 Debt Ret General

**Transaction ID:** B155275

Date of Disbursement

02 / 15 / 2007

Amount of Each Disbursement this Period

-2000.00

Check Voided

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

2000.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 230 / 249

<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

Full Name (Last, First, Middle Initial)

**A. Cmte to Elect Artur Davis**

Mailing Address P.O. Box 1845

City  
BirminghamState  
ALZip Code  
35201Purpose of Disbursement  
P-2008 U.S. House 07 ALCandidate Name  
Artur Davis011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 07

Transaction ID: B163181

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	0	7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Pete Stark Re-Election Cmte**

Mailing Address P.O. Box 8331

City  
FremontState  
CAZip Code  
94537Purpose of Disbursement  
P-2008 U.S. House 13 CACandidate Name  
Pete Stark011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: B163183

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	0	7

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Dick Durbin**

Mailing Address P O Box 1949

City  
SpringfieldState  
ILZip Code  
62705Purpose of Disbursement  
P-2008 U.S. Senate ILCandidate Name  
Richard J Durbin011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District:

Transaction ID: B163185

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	0	7

Amount of Each Disbursement this Period

1000.00

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

4500.00

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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Friends of Rosa DeLauro

Mailing Address 49 Huntington Street

City  
New Haven

State  
CT

Zip Code  
06511

Purpose of Disbursement  
P-2008 U.S. House 03 CT

Candidate Name  
Rosa DeLauro

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 03

Transaction ID: B163187

Date of Disbursement

02 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Crowley for Congress

Mailing Address 422 C Street NE Lower Level

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
P-2008 U.S. House 07 NY

Candidate Name  
Joseph Crowley

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 07

Transaction ID: B163188

Date of Disbursement

02 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Earl Pomeroy for Congress

Mailing Address P.O. Box 9336

City  
Fargo

State  
ND

Zip Code  
58106

Purpose of Disbursement  
P-2008 U.S. House 01 ND

Candidate Name  
Earl Pomeroy

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ND District: 01

Transaction ID: B163549

Date of Disbursement

02 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

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

4500.00

**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)

PAGE 232 / 249

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Klobuchar for Minnesota

Mailing Address P.O. Box 4146

City  
St. Paul

State  
MN

Zip Code  
55104

Purpose of Disbursement  
P-2012 U.S. Senate MN

Candidate Name  
Amy Klobuchar

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District:

Transaction ID: B163780

Date of Disbursement

03 / 06 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Alexander for Senate 2008 Inc.

Mailing Address 228 S. Washington Street Suite 115

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
P-2008 U.S. Senate TN

Candidate Name  
Lamar Alexander

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District:

Transaction ID: B163781

Date of Disbursement

03 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Jay Rockefeller

Mailing Address 110-B East Broad Street

City  
Falls Church

State  
VA

Zip Code  
22046

Purpose of Disbursement  
P-2008 U.S. Senate WV

Candidate Name  
John Rockefeller

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District:

Transaction ID: B163782

Date of Disbursement

03 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

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

4500.00

**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)

PAGE 233 / 249

<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

Full Name (Last, First, Middle Initial)

**A.** Friends of Rahm Emanuel

Mailing Address P.O. Box 101124

City  
Chicago

State  
IL

Zip Code  
60610

Purpose of Disbursement  
P-2008 U.S. House 05 IL

Candidate Name  
Rahm Emanuel

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 05

**Transaction ID:** B164155

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** NewDemPAC (NDCPAC)

Mailing Address 607 14th Street NW #800

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
O-2007 Federal PAC US

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: US District:

Not Applicable

**Transaction ID:** B164156

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Congressman George Miller

Mailing Address P.O. Box 5864

City  
Concord

State  
CA

Zip Code  
94524

Purpose of Disbursement  
P-2008 U.S. House 07 CA

Candidate Name  
George Miller

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 07

**Transaction ID:** B164157

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

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

6000.00

**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)

PAGE 234 / 249

<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

Full Name (Last, First, Middle Initial)

**A.** John D. Dingell for Congress Cmte

Mailing Address 607 Fourteenth Street NW Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
G-2008 U.S. House 15 MI

Candidate Name  
John D Dingell

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 15

Transaction ID: B164407

Date of Disbursement

03 / 19 / 2007

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B.** Mark Udall for Congress Inc.

Mailing Address 8690 Wolff Court #200

City Westminster State CO Zip Code 80031

Purpose of Disbursement  
P-2008 U.S. House 02 CO

Candidate Name  
Mark E Udall

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 02

Transaction ID: B164408

Date of Disbursement

03 / 19 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Jim Clyburn

Mailing Address P.O. Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement  
P-2008 U.S. House 06 SC

Candidate Name  
James E Clyburn

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 06

Transaction ID: B164572

Date of Disbursement

03 / 22 / 2007

Amount of Each Disbursement this Period

2000.00

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

10000.00

**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)

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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

Full Name (Last, First, Middle Initial)

**A.** Pallone for Congress

Mailing Address P.O. Box 3176

City  
Long Branch

State  
NJ

Zip Code  
07740

Purpose of Disbursement  
P-2008 U.S. House 06 NJ

Candidate Name  
Frank Pallone

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 06

**Transaction ID:** B170009

Date of Disbursement

04 / 05 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Max Baucus

Mailing Address P.O. Box 586

City  
Helena

State  
MT

Zip Code  
59624

Purpose of Disbursement  
P-2008 U.S. Senate MT

Candidate Name  
Max Baucus

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MT District:

**Transaction ID:** B170343

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Gordon Smith

Mailing Address 228 S Washington St. Ste 115

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
P-2008 U.S. Senate OR

Candidate Name  
Gordon H Smith

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District:

**Transaction ID:** B170349

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

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

5500.00

**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)

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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

Full Name (Last, First, Middle Initial)

**A.** Stupak for Congress Committee

Mailing Address P.O. Box 156

City Menominee State MI Zip Code 49858

Purpose of Disbursement  
P-2008 U.S. House 01 MI

Candidate Name  
Bart Stupak

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 01

Transaction ID: B170352

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Rangel for Congress

Mailing Address P.O. Box 5577 Manhattanville Stn.

City New York State NY Zip Code 10027

Purpose of Disbursement  
P-2008 U.S. House 15 NY

Candidate Name  
Charles B Rangel

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 15

Transaction ID: B170355

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Dave Camp for Congress

Mailing Address P.O. Box 423

City Midland State MI Zip Code 49640

Purpose of Disbursement  
P-2008 U.S. House 04 MI

Candidate Name  
Dave Camp

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: B170359

Date of Disbursement

04 / 16 / 2007

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)

PAGE 237 / 249

<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

Full Name (Last, First, Middle Initial)

**A.** Friends for Harry Reid

Mailing Address P.O. Box 85223

City  
Las Vegas

State  
NV

Zip Code  
89185

Purpose of Disbursement  
P-2010 U.S. Senate NV

Candidate Name  
Harry Reid

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District:

**Transaction ID: B170488**

Date of Disbursement

04 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Woolsey for Congress

Mailing Address P.O. Box 750176

City  
Petaluma

State  
CA

Zip Code  
94975

Purpose of Disbursement  
O-2006 U.S. House 06 CA

Candidate Name  
Lynn Woolsey

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: CA District: 06

Debt Ret General

**Transaction ID: B170835**

Date of Disbursement

04 / 27 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** McConnell Senate Cmte 2008

Mailing Address PO Box 1496

City  
Louisville

State  
KY

Zip Code  
40201

Purpose of Disbursement  
P-2008 U.S. Senate KY

Candidate Name  
Mitch McConnell

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District:

**Transaction ID: B170836**

Date of Disbursement

04 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

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

5500.00

**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)

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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

Full Name (Last, First, Middle Initial)

## **A. Senate Majority Fund**

Mailing Address P.O. Box 32025

City  
Phoenix

State  
AZ

Zip Code  
85064

Purpose of Disbursement  
O-2007 Federal PAC US

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: US

District:

Not Applicable

Transaction ID: B170837

Date of Disbursement

04 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Leadership in the New Century (LINCPAC)**

Mailing Address 124 W. Capitol Ave. Suite 630

City  
Little Rock

State  
AR

Zip Code  
72201

Purpose of Disbursement  
O-2007 Federal PAC US

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: US

District:

Not Applicable

Transaction ID: B170838

Date of Disbursement

04 / 27 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. Coleman for Senate 2008**

Mailing Address 7300 Hudson Blvd. Suite 270A

City  
St. Paul

State  
MN

Zip Code  
55104

Purpose of Disbursement  
G-2008 U.S. Senate MN

Candidate Name  
Norm Coleman

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN

District:

Transaction ID: B170910

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

2578.43

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

6078.43

**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  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Issa for Congress

Mailing Address Post Office Box 760

City Vista State CA Zip Code 92085

Purpose of Disbursement  
P-2008 U.S. House 49 CA

Candidate Name  
Darrell Issa

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 49

Transaction ID: B171397

Date of Disbursement

05 / 08 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Castle Campaign Fund

Mailing Address P.O. Box 133

City Wilmington State DE Zip Code 19899

Purpose of Disbursement  
P-2008 U.S. House 1 DE

Candidate Name  
Michael Castle

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: DE District: 1

Transaction ID: B171610

Date of Disbursement

05 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Larson for Congress

Mailing Address 29 Ruff Circle

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement  
P-2008 U.S. House 01 CT

Candidate Name  
John B Larson

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 01

Transaction ID: B171635

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

2000.00

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

5500.00

**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  
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(check only one)

PAGE 240 / 249

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Salazar for Senate

Mailing Address P.O. Box 600

City State Zip Code  
Denver CO 80201

Purpose of Disbursement  
P-2010 U.S. Senate CO

Candidate Name  
Ken Salazar

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District:

Transaction ID: B171637

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Nancy Pelosi for Congress

Mailing Address 235 Montgomery Street Ste 610

City State Zip Code  
San Francisco CA 94104

Purpose of Disbursement  
P-2008 U.S. House 08 CA

Candidate Name  
Nancy Pelosi

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 08

Transaction ID: B172934

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Northstar Leadership PAC

Mailing Address P.O. Box 4365

City State Zip Code  
St. Paul MN 55104

Purpose of Disbursement  
O-2007 Federal PAC US

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2007 ☐ Primary ☐ General  
☒ Other (specify) ▼

State: US District: Not Applicable

Transaction ID: B172935

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

5000.00

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

8000.00

**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  
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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

Full Name (Last, First, Middle Initial)

**A. Marsha Blackburn for Congress**

Mailing Address P.O. Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement  
P-2008 U.S. House 07 TN

Candidate Name  
Marsha Blackburn

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TN District: 07

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

**Transaction ID: B172936**

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Sherman for Congress**

Mailing Address 555 South Flower Street Suite 451

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement  
P-2008 U.S. House 27 CA

Candidate Name  
Brad Sherman

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 27

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

**Transaction ID: B172937**

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Ellen Tauscher for Congress**

Mailing Address 20 Park Road Suite E

City Burlingame State CA Zip Code 94010

Purpose of Disbursement  
P-2008 U.S. House 10 CA

Candidate Name  
Ellen O Tauscher

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 10

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

**Transaction ID: B172938**

Date of Disbursement

05 / 24 / 2007

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)

PAGE 242 / 249

<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

Full Name (Last, First, Middle Initial)

## **A. Friends of Max Baucus**

Mailing Address P.O. Box 586

City  
Helena

State  
MT

Zip Code  
59624

Purpose of Disbursement  
G-2008 U.S. Senate MT

Candidate Name  
Max Baucus

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MT District:

**Transaction ID: B173000**

Date of Disbursement

05 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Congressman Joe Barton Cmte**

Mailing Address P.O. Box 1444

City  
Ennis

State  
TX

Zip Code  
75120

Purpose of Disbursement  
P-2008 U.S. House 06 TX

Candidate Name  
Joe Barton

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 06

**Transaction ID: B173061**

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

## **C. Souder for Congress Inc.**

Mailing Address P.O. Box 40233

City  
Fort Wayne

State  
IN

Zip Code  
46804

Purpose of Disbursement  
P-2008 U.S. House 03 IN

Candidate Name  
Mark Edward Souder

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 03

**Transaction ID: B173413**

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

**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 PageFOR 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

Full Name (Last, First, Middle Initial)

**A.** Judd Gregg Committee

Mailing Address P.O. Box 1812

City  
ConcordState  
NHZip Code  
03302Purpose of Disbursement  
P-2010 U.S. Senate NHCandidate Name  
Judd Gregg011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NH District:

Transaction ID: B173765

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Adam Smith for Congress

Mailing Address P.O. Box 23626

City  
Federal WayState  
WAZip Code  
98093Purpose of Disbursement  
P-2008 U.S. House 09 WACandidate Name  
Adam Smith011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 09

Transaction ID: B173766

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Senator Rockefeller

Mailing Address 110-B East Broad Street

City  
Falls ChurchState  
VAZip Code  
22046Purpose of Disbursement  
P-2008 U.S. Senate WVCandidate Name  
John Rockefeller011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District:

Transaction ID: B173767

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	7

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)

PAGE 244 / 249

<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

Full Name (Last, First, Middle Initial)

**A.** Jim Ramstad Volunteer Committee

Mailing Address 1809 Plymouth Road South #310B

City State Zip Code  
Minnetonka MN 55305

Purpose of Disbursement  
P-2008 U.S. House 03 MN

Candidate Name  
Jim Ramstad

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 03

Transaction ID: B173768

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Bachmann for Congress

Mailing Address P.O. Box 49756

City State Zip Code  
Blaine MN 55449

Purpose of Disbursement  
P-2008 U.S. House 06 MN

Candidate Name  
Michele Bachmann

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: B173769

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Moore for Congress

Mailing Address P.O. Box 75214

City State Zip Code  
Washington DC 20013

Purpose of Disbursement  
P-2008 U.S. House 03 KS

Candidate Name  
Dennis Moore

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 03

Transaction ID: B173771

Date of Disbursement

06 / 11 / 2007

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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Becerra for Congress

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement  
P-2008 U.S. House 31 CA

Candidate Name  
Xavier Becerra

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: B173791

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Lois Capps

Mailing Address P.O. Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement  
P-2008 U.S. House 23 CA

Candidate Name  
Lois Capps

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: B173792

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Devin Nunes Campaign Cmte

Mailing Address P.O. Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement  
P-2008 U.S. House 21 CA

Candidate Name  
Devin Nunes

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 21

Transaction ID: B173793

Date of Disbursement

06 / 12 / 2007

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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

**A.** Bennett Election Cmte Inc.

Mailing Address 175 South West Temple Ste 650

City State Zip Code  
Salt Lake City UT 84101

Purpose of Disbursement  
P-2010 U.S. Senate UT

Candidate Name  
Robert F Bennett

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District:

Transaction ID: B173794

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Ellison for Congress

Mailing Address PO Box 11818

City State Zip Code  
Minneapolis MN 55411

Purpose of Disbursement  
P-2008 U.S. House 5 MN

Candidate Name  
Keith Ellison

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 5

Transaction ID: B173795

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Congressman Bart Gordon Committee

Mailing Address P O Box 2008

City State Zip Code  
Murfreesboro TN 37133

Purpose of Disbursement  
P-2008 U.S. House 06 TN

Candidate Name  
Bart Gordon

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 06

Transaction ID: B174754

Date of Disbursement

06 / 19 / 2007

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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Medtronic Inc. Medical Technology Fund

Full Name (Last, First, Middle Initial)

## **A. All America PAC**

Mailing Address 607 14th Street NW Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
O-2007 Federal PAC DC

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: DC

District:

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

Transaction ID: B175196

Date of Disbursement

06 / 25 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. Charles Gonzalez Congressional Campaign**

Mailing Address P.O. Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement  
P-2008 U.S. House 20 TX

Candidate Name  
Charles A Gonzalez

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX

District: 20

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: B175200

Date of Disbursement

06 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Hoosiers for Hill**

Mailing Address P.O. Box 1071

City Seymour State IN Zip Code 47274

Purpose of Disbursement  
P-2008 U.S. House 09 IN

Candidate Name  
Baron P Hill

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IN

District: 09

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: B175552

Date of Disbursement

06 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

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

4500.00

**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 PageFOR 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

Full Name (Last, First, Middle Initial)

**A.** Berkley for Congress

Mailing Address 3069 Conquista Court

City  
Las VegasState  
NVZip Code  
89121Purpose of Disbursement  
P-2008 U.S. House 01 NVCandidate Name  
Shelley Berkley011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 01

Transaction ID: B179609

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Steny Hoyer for Congress

Mailing Address 7905 Malcolm Road Suite 102

City  
ClintonState  
MDZip Code  
20735Purpose of Disbursement  
P-2008 U.S. House 05 MDCandidate Name  
Steny H Hoyer011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 05

Transaction ID: B179610

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	7

Amount of Each Disbursement this Period

2000.00

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

3000.00

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

103078.43



Form/Schedule: **SA11A1**

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.