

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Medtronic Inc. PAC**

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

**A. Copel, Marguerite, F, ,**

Mailing Address 710 Medtronic Parkway NE

City  
Minneapolis

State  
MN

Zip Code  
55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medtronic Inc.

Occupation (for Individual)  
VP Corporate Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 03 / 2020

**Transaction ID : A2020-877100**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Copel, Marguerite, F, ,**

Mailing Address 710 Medtronic Parkway NE

City  
Minneapolis

State  
MN

Zip Code  
55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medtronic Inc.

Occupation (for Individual)  
VP Corporate Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 17 / 2020

**Transaction ID : A2020-894053**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Coyle, Michael, J, Mr.,**

Mailing Address 710 Medtronic Parkway NE

City  
Minneapolis

State  
MN

Zip Code  
55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medtronic Inc.

Occupation (for Individual)  
EVP/Group President CVG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 03 / 2020

**Transaction ID : A2020-877124**

Amount of Each Receipt this Period

192.00

☐ Memo Item

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

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

292.00