

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Medtronic Inc. PAC

ADDRESS (number and street) 950 F Street NW Suite 500 Washington DC 20004 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C 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 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 02 01 2018 through 02 28 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Parkhill, Karen, , , Type or Print Name of Treasurer

Signature of Treasurer Parkhill, Karen, , , [Electronically Filed] Date 03 15 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Medtronic Inc. PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		328234.02
(b) Cash on Hand at Beginning of Reporting Period.....	306287.96	
(c) Total Receipts (from Line 19) .....	22283.94	42837.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	328571.90	371071.90
7. Total Disbursements (from Line 31).....	24500.00	67000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	304071.90	304071.90
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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. 05/2016)

Write or Type Committee Name

**Medtronic Inc. PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 02 / 01 / 2018 To: M M / D D / Y Y Y Y 02 / 28 / 2018

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		
(i) Itemized (use Schedule A).....	9066.52	11796.53
(ii) Unitemized .....	11217.42	29041.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	20283.94	40837.88
(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) .....	20283.94	40837.88
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.....	2000.00	2000.00
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 Transfers (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)).....▶	22283.94	42837.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	22283.94	42837.88

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(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.....	24500.00	67000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	24500.00	67000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24500.00	67000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	20283.94	40837.88
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20283.94	40837.88
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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 39
<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. PAC**

**A. Becker, Geoffrey, P, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Govt Affairs Strategist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-420461**

Amount of Each Receipt this Period  
75.00

Memo Item

**B. Becker, Geoffrey, P, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Govt Affairs Strategist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-412043**

Amount of Each Receipt this Period  
75.00

Memo Item

**C. Brown, Patrick, E, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Sales Area CVG
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
428.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-420650**

Amount of Each Receipt this Period  
142.86

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	292.86
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI  
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.

Form/Schedule:  
Transaction ID:

**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)	PAGE 8 OF 39
<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. PAC**

**A. Brown, Patrick, E, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Sales Area CVG
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
571.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-412228**

Amount of Each Receipt this Period  
142.86

Memo Item

**B. Carson, Robert, G, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP/GM Brady
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-420674**

Amount of Each Receipt this Period  
80.00

Memo Item

**C. Clark, Jeffrey, B, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Clinical Research Dir
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-420491**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	297.86
<b>TOTAL</b> This Period (last page this line number only).....	



**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)	PAGE 9 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Medtronic Inc. PAC**

**A. Clark, Jeffrey, B, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Clinical Research Dir
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-412072**

Amount of Each Receipt this Period  
75.00

Memo Item

**B. Clark, Robert, E, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Gbl Comm
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
405.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-420675**

Amount of Each Receipt this Period  
135.00

Memo Item

**C. Clark, Robert, E, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Gbl Comm
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-412252**

Amount of Each Receipt this Period  
135.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	345.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 39  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Medtronic Inc. PAC**

**A. Courtney, William, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 MDT Bus Servs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : A2018-420344**  
 Amount of Each Receipt this Period 135.00  
 Memo Item

**B. Courtney, William, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 MDT Bus Servs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt **02 / 23 / 2018**  
**Transaction ID : A2018-411934**  
 Amount of Each Receipt this Period 135.00  
 Memo Item

**C. Coyle, Michael, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 576.00

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : A2018-420621**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	462.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 11 OF 39
	<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. PAC**

**A. Coyle, Michael, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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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 ▼  
768.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2018

**Transaction ID : A2018-412199**

Amount of Each Receipt this Period  
192.00

Memo Item

**B. Fairchild, Kenneth, W, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Gbl Rewards
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-420559**

Amount of Each Receipt this Period  
150.00

Memo Item

**C. Fairchild, Kenneth, W, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Gbl Rewards
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2018

**Transaction ID : A2018-412139**

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	492.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 12 OF 39
<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. PAC**

**A. Farkas, Jeffrey, A, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP US Fed Reimb
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
231.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-420493**

Amount of Each Receipt this Period  
77.00

Memo Item

**B. Farkas, Jeffrey, A, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP US Fed Reimb
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
308.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-412074**

Amount of Each Receipt this Period  
77.00

Memo Item

**C. Felton, Brian, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP/Chief Couns DIA
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-420366**

Amount of Each Receipt this Period  
120.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	274.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 13 OF 39
<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. PAC**

**A. Felton, Brian, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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/Chief Couns DIA
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-411949**

Amount of Each Receipt this Period  
120.00

Memo Item

**B. Gamgort, David, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Sales Area CVG
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-420413**

Amount of Each Receipt this Period  
80.00

Memo Item

**C. Gamgort, David, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Sales Area CVG
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-411996**

Amount of Each Receipt this Period  
80.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	280.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 14 OF 39
	<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. PAC**

**A. Genau, Michael, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) SVP/President AMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-420623**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**B. Genau, Michael, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) SVP/President AMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-412201**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**C. Gillenwater, Todd, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Sr HEPR Prog Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-420726**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	459.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 15 OF 39
<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. PAC**

**A. Gillenwater, Todd, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Sr HEPR Prog Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-412302**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Hadland, Christian, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Qual CVG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-420386**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Hadland, Christian, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Qual CVG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-411969**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 16 OF 39
<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. PAC**

**A. Hakami, Hooman, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 DIA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 555.45

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-420475**  
 Amount of Each Receipt this Period 185.15  
 Memo Item

**B. Hakami, Hooman, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 DIA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 740.60

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-412057**  
 Amount of Each Receipt this Period 185.15  
 Memo Item

**C. Holmes, William, B, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-420367**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	470.30
<b>TOTAL</b> This Period (last page this line number only).....	



**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)	PAGE 17 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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. PAC**

**A. Holmes, William, B, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Sales
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-411950**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Humes, Joan, D, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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/Chief Dpty GC Corp Funct
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-420512**

Amount of Each Receipt this Period  
80.00

Memo Item

**C. Humes, Joan, D, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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/Chief Dpty GC Corp Funct
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-412093**

Amount of Each Receipt this Period  
80.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	260.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 18 OF 39
	<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. PAC**

**A. Landon, Christopher, G, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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/GM Diagnostics
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-420388**

Amount of Each Receipt this Period  
80.00

Memo Item

**B. Landon, Christopher, G, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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/GM Diagnostics
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2018

**Transaction ID : A2018-411971**

Amount of Each Receipt this Period  
80.00

Memo Item

**C. Lerman, Bradley, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) SVP Genl Couns/Corp Sec
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
576.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-420360**

Amount of Each Receipt this Period  
192.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	352.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 19 OF 39
	<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. PAC**

**A. Lerman, Bradley, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) SVP Genl Couns/Corp Sec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-411943**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**B. Levinson, Jenifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 HCEcon/Pol/Reimb MITG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-412077**  
 Amount of Each Receipt this Period 58.50  
 Memo Item

**C. Mann, Brek, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 National Sales Diagnostics  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-420363**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.50
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 20 OF 39
	<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. PAC**

**A. Mann, Brek, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 National Sales Diagnostics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-411946**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Martha, Geoffrey, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 RTG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-420460**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**C. Martha, Geoffrey, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 RTG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-412042**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	534.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 21 OF 39
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Medtronic Inc. PAC**

**A. Miller, Michelle, A, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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/Chief Couns Empl Law
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-420619**

Amount of Each Receipt this Period  
80.00

Memo Item

**B. Miller, Michelle, A, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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/Chief Couns Empl Law
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2018

**Transaction ID : A2018-412197**

Amount of Each Receipt this Period  
80.00

Memo Item

**C. O'Donnell, Mark, A, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 RA DIA
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-420594**

Amount of Each Receipt this Period  
90.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 22 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 <b>A. O'Donnell, Mark, A, Mr.,</b>			Date of Receipt
Mailing Address 710 Medtronic Parkway NE			<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2018"/>
City Minneapolis	State MN	Zip Code 55432	<b>Transaction ID : A2018-412174</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="90.00"/>
Name of Employer (for Individual) Medtronic Inc.		Occupation (for Individual) VP RA DIA	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Overvig, Arlen, L, Mr.,</b>			Date of Receipt
Mailing Address 710 Medtronic Parkway NE			<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2018"/>
City Minneapolis	State MN	Zip Code 55432	<b>Transaction ID : A2018-411923</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="52.00"/>
Name of Employer (for Individual) Medtronic Inc.		Occupation (for Individual) Prin Firmware Engineer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="208.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Pendency, Luann, M, Ms.,</b>			Date of Receipt
Mailing Address 710 Medtronic Pkwy			<input type="text" value="02"/> / <input type="text" value="09"/> / <input type="text" value="2018"/>
City Minneapolis	State MN	Zip Code 55432-5603	<b>Transaction ID : A2018-420588</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="75.00"/>
Name of Employer (for Individual) Medtronic Inc.		Occupation (for Individual) SVP/Chief Quality/RA Officer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="217.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

**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)	PAGE 23 OF 39
	<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. PAC**

**A. Pendency, Luann, M, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 Medtronic Pkwy  
 City Minneapolis State MN Zip Code 55432-5603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) SVP/Chief Quality/RA Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-412168**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Pisanelli, Kristina, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 GA AMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-420570**  
 Amount of Each Receipt this Period 182.00  
 Memo Item

**C. Pisanelli, Kristina, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 GA AMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 728.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-412150**  
 Amount of Each Receipt this Period 182.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	439.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 24 OF 39
	<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. PAC**

**A. Roberts, David, H, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 AMER CVG
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
405.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-420416**

Amount of Each Receipt this Period  
135.00

Memo Item

**B. Roberts, David, H, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 AMER CVG
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2018

**Transaction ID : A2018-411999**

Amount of Each Receipt this Period  
135.00

Memo Item

**C. Rodriguez, Adam, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP BD/Strat/CM Amer
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-420350**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	345.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. PAC**

**A. Rodriguez, Adam, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 BD/Strat/CM Amer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2018

**Transaction ID : A2018-411898**

Amount of Each Receipt this Period  
75.00

Memo Item

**B. Rustad, Dean, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Fin CRHF
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-420421**

Amount of Each Receipt this Period  
80.00

Memo Item

**C. Rustad, Dean, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Fin CRHF
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2018

**Transaction ID : A2018-412004**

Amount of Each Receipt this Period  
80.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	235.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 26 OF 39
	<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. PAC**

**A. Schaber, Daniel, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Clin Research HF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-420407**  
 Amount of Each Receipt this Period 135.00  
 Memo Item

**B. Schaber, Daniel, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Clin Research HF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-411990**  
 Amount of Each Receipt this Period 135.00  
 Memo Item

**C. Scherer, Rachael, M, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Gbl Strat CRHF  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-420662**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	370.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Medtronic Inc. PAC**

**A. Scherer, Rachael, M, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Gbl Strat CRHF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-412240**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Semedo, Anthony, B, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3850 Brickway Blvd  
 City Santa Rosa State CA Zip Code 95403-8223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Japan  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-420734**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Semedo, Anthony, B, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3850 Brickway Blvd  
 City Santa Rosa State CA Zip Code 95403-8223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Japan  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-412310**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 28 OF 39
	<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. PAC**

**A. Southwick, James, D, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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/Gbl Dpty Couns
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-420480**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Southwick, James, D, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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/Gbl Dpty Couns
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2018

**Transaction ID : A2018-412062**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Steinborn, Philip, M, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 QA/RA AMER
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-420661**

Amount of Each Receipt this Period  
90.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	290.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 29 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Medtronic Inc. PAC**

**A. Steinborn, Philip, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 QA/RA AMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-412239**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

**B. Steinhaus, David, M, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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/GM Heart Failure  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-420418**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Steinhaus, David, M, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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/GM Heart Failure  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-412001**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	390.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 30 OF 39
	<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. PAC**

**A. Swafford, Markham, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Spinal Sales Rep 2  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-412171**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**B. Vogl, James, W, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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/GM Patient Servs/Mon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-420510**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**C. Vogl, James, W, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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/GM Patient Servs/Mon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-412091**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	352.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 31 OF 39
	<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. PAC**

**A. Weiss, Lawrence, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Legal MITG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-420580**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Weiss, Lawrence, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Legal MITG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-412160**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. White, Robert, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-420358**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	492.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 32 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Medtronic Inc. PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
White, Robert, J, ,

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) Manager
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
768.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2018

**Transaction ID : A2018-411941**

Amount of Each Receipt this Period  
192.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.00
<b>TOTAL</b> This Period (last page this line number only).....	9066.52



**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)	PAGE 33 OF 39
	<input 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 checked="" type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Medtronic Inc. PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Al Franken for Senate**

Mailing Address **PO Box 583144**

City <b>Minneapolis</b>	State <b>MN</b>	Zip Code <b>55458</b>
----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C C00570960**

Name of Employer (for Individual) \_\_\_\_\_ Occupation (for Individual) \_\_\_\_\_

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2000.00**

Date of Receipt  
**02 / 14 / 2018**

**Transaction ID : A2018-16265**

Amount of Each Receipt this Period  
**2000.00**

Memo Item  
Refund of contribution made to the 2020 General Election on 9/22/2017.

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

Mailing Address \_\_\_\_\_

City _____	State _____	Zip Code _____
------------	-------------	----------------

FEC ID number of contributing federal political committee. **C** \_\_\_\_\_

Name of Employer (for Individual) \_\_\_\_\_ Occupation (for Individual) \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
\_\_\_\_\_

Date of Receipt  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Amount of Each Receipt this Period  
\_\_\_\_\_

Memo Item

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

Mailing Address \_\_\_\_\_

City _____	State _____	Zip Code _____
------------	-------------	----------------

FEC ID number of contributing federal political committee. **C** \_\_\_\_\_

Name of Employer (for Individual) \_\_\_\_\_ Occupation (for Individual) \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
\_\_\_\_\_

Date of Receipt  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Amount of Each Receipt this Period  
\_\_\_\_\_

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>2000.00</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Medtronic Inc. PAC**

Full Name (Last, First, Middle Initial) <b>A. Bill Cassidy for US Senate</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2018
Mailing Address 499 S. Capitol Street SW Suite 420		FEC Identification Number C00543983 <b>Transaction ID : B680660</b> Amount of Each Disbursement this Period 1000.00
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>Cassidy, William, , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA	District:	

Full Name (Last, First, Middle Initial) <b>B. Carlos Curbelo Congress</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2018
Mailing Address 824 S. Milledge Ave. Suite 101		FEC Identification Number C00546846 <b>Transaction ID : B680665</b> Amount of Each Disbursement this Period 1000.00
City Athens	State GA	Zip Code 30605
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>Curbelo, Carlos, , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 26	

Full Name (Last, First, Middle Initial) <b>C. David Schweikert for Congress</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2018
Mailing Address 499 S. Capitol St. SW Suite 420		FEC Identification Number C00440727 <b>Transaction ID : B680658</b> Amount of Each Disbursement this Period 1000.00
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>Schweikert, David, , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ	District: 06	

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

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

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Medtronic Inc. PAC**

**A. Elise for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution  
Candidate Name **Stefanik, Elise, , ,**  
Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NY District: 21

Date of Disbursement: 02 / 16 / 2018

FEC Identification Number: C00547893  
Transaction ID : **B680671**  
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

**B. Eye of the Tiger PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 4515 Harding Pike Suite 110

City Nashville State TN Zip Code 37205

Purpose of Disbursement Contribution  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) Not Applicable  
State: District:

Date of Disbursement: 02 / 16 / 2018

FEC Identification Number: C00467431  
Transaction ID : **B680656**  
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

**C. Friends of Don Beyer**

Full Name (Last, First, Middle Initial)  
Mailing Address 499 S. Capitol St. SW Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution  
Candidate Name **Beyer, Don, , , Jr.**  
Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: VA District: 08

Date of Disbursement: 02 / 16 / 2018

FEC Identification Number: C00555888  
Transaction ID : **B680667**  
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

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

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

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Medtronic Inc. PAC**

Full Name (Last, First, Middle Initial)  
**A. Friends of Susan Brooks**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		16		2018

Mailing Address 300 First Street SE

FEC Identification Number

**C** C00500207

**Transaction ID : B680653**

Amount of Each Disbursement this Period

1000.00

Memo Item

City Washington State DC Zip Code 20001

Purpose of Disbursement Contribution

**011**  
Category/  
Type

Candidate Name

**Brooks, Susan, , ,**

Office Sought:  House  Senate  President  
State: IN District: 05

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		16		2018

Mailing Address 499 S. Capitol St. SW Suite 420

FEC Identification Number

**C** C00445023

**Transaction ID : B680668**

Amount of Each Disbursement this Period

1000.00

Memo Item

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

**011**  
Category/  
Type

Candidate Name

**Guthrie, Brett, , ,**

Office Sought:  House  Senate  President  
State: KY District: 02

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		16		2018

Mailing Address 526 6th Street SE

FEC Identification Number

**C** C00545467

**Transaction ID : B680659**

Amount of Each Disbursement this Period

1000.00

Memo Item

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

**011**  
Category/  
Type

Candidate Name

**Hurd, William, , ,**

Office Sought:  House  Senate  President  
State: TX District: 23

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

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

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

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Medtronic Inc. PAC**

**A. Kind for Congress Committee**

Full Name (Last, First, Middle Initial)

Mailing Address 233 Pennsylvania Ave. SE 2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

**011**  
Category/  
Type

Candidate Name  
**Kind, Ron, J, ,**

Office Sought:  House  Senate  President  
State: WI District: 03

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
02 / 16 / 2018

FEC Identification Number

**C** C00312017

**Transaction ID : B680672**

Amount of Each Disbursement this Period

2000.00

Memo Item

**B. Kustoff for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address 499 S. Capitol St. SW Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

**011**  
Category/  
Type

Candidate Name  
**Kustoff, David, , ,**

Office Sought:  House  Senate  President  
State: TN District: 08

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Date of Disbursement  
MM / DD / YYYY  
02 / 16 / 2018

FEC Identification Number

**C** C00614826

**Transaction ID : B680670**

Amount of Each Disbursement this Period

1000.00

Memo Item

**C. Lou Correa for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address 114 Lexington Drive

City Silver Spring State MD Zip Code 20901

Purpose of Disbursement Contribution

**011**  
Category/  
Type

Candidate Name  
**Correa, Lou, , ,**

Office Sought:  House  Senate  President  
State: CA District: 46

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
02 / 16 / 2018

FEC Identification Number

**C** C00578302

**Transaction ID : B680669**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Medtronic Inc. PAC**

**A. Project West Political Action Committee**

Full Name (Last, First, Middle Initial)

Mailing Address 1020 N. Fairfax Street Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify)  Not Applicable

State: District:

Date of Disbursement 02 / 16 / 2018

FEC Identification Number C00525543

Transaction ID : B680652

Amount of Each Disbursement this Period 5000.00

Memo Item

**B. Salud Carbajal for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address 219 Pennsylvania Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name Carbajal, Salud, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify)

State: CA District: 24

Date of Disbursement 02 / 16 / 2018

FEC Identification Number C00576041

Transaction ID : B680663

Amount of Each Disbursement this Period 1000.00

Memo Item

**C. Scott Peters for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 22074

City San Diego State CA Zip Code 92192

Purpose of Disbursement Contribution

Candidate Name Peters, Scott, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify)

State: CA District: 52

Date of Disbursement 02 / 16 / 2018

FEC Identification Number C00503110

Transaction ID : B680650

Amount of Each Disbursement this Period 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7000.00

**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)

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

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NAME OF COMMITTEE (In Full)  
**Medtronic Inc. PAC**

**A. Walorski for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 499 S. Capitol St. SW Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution  
Candidate Name **Walorski, Jackie, , ,**  
Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: IN District: 02

Date of Disbursement: 02 / 16 / 2018

FEC Identification Number: **C00468579**  
Transaction ID : **B680657**  
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

**B. Alamo PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1020 N. Fairfax St. Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) Not Applicable  
State: District:

Date of Disbursement: 02 / 27 / 2018

FEC Identification Number: **C00387464**  
Transaction ID : **B681241**  
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

**C. Walters for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 15239

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution  
Candidate Name **Walters, Mimi, , ,**  
Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CA District: 45

Date of Disbursement: 02 / 27 / 2018

FEC Identification Number: **C00546853**  
Transaction ID : **B681240**  
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	24500.00