

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Medtronic Inc. PAC

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

A. May, Damian, , ,

Mailing Address 710 Medtronic Parkway NE

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

C

Name of Employer (for Individual)

Medtronic Inc.

Occupation (for Individual)

Reimbursement Program Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
03	20	2020

Transaction ID : A2020-619814

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Miller, Michelle, A, Ms.,

Mailing Address 710 Medtronic Parkway NE

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

C

Name of Employer (for Individual)

Medtronic Inc.

Occupation (for Individual)

VP/Chief Couns Empl Law

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	D D	Y Y Y Y
03	06	2020

Transaction ID : A2020-373617

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

C. Miller, Michelle, A, Ms.,

Mailing Address 710 Medtronic Parkway NE

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

C

Name of Employer (for Individual)

Medtronic Inc.

Occupation (for Individual)

VP/Chief Couns Empl Law

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M	D D	Y Y Y Y
03	20	2020

Transaction ID : A2020-619637

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

210.00