

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

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

FOR LINE NUMBER: PAGE 206 OF 356

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Medtronic Inc. PAC**

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

**A. Miller, Michelle, A, Ms.,**

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 ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2019

**Transaction ID : A2019-1368310**

Amount of Each Receipt this Period

80.00

☐ 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  
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 ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 14 / 2019

**Transaction ID : A2019-1667589**

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  
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 ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 28 / 2019

**Transaction ID : A2019-1667972**

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)..... ►

240.00