

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1420 New York Avenue NW Suite 600  
 Check if different than previously reported. (ACC)  
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00311878  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 03 01 2008 through 03 31 2008

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

Signature of Treasurer Electronically Filed by Gary Ellis Date 04 18 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Medtronic Inc. Medical Technology Fund

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		185919.45
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	195512.85									
(c) Total Receipts (from Line 19) .....	15140.60	45752.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	210653.45	231671.45								
7. Total Disbursements (from Line 31) .....	31000.00	52018.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	179653.45	179653.45								
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**

Write or Type Committee Name  
Medtronic Inc. Medical Technology Fund

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	6765.88	13557.78
(i) Itemized (use Schedule A) .....	8374.72	32194.22
(ii) Unitemized .....	15140.60	45752.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	15140.60	45752.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	15140.60	45752.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15140.60	45752.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	28500.00	49500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	18.00
(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	18.00
29. Other Disbursements.....	2500.00	2500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	31000.00	52018.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31000.00	52018.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	15140.60	45752.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	18.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15140.60	45734.00
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: PAGE 6 / 39  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

**A.**

Full Name (Last, First, Middle Initial)  
Ross A Allen

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Medtronic Inc. Occupation Medtronic VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.10

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2008

**Transaction ID:** A2008-430940

Amount of Each Receipt this Period  
41.62

**B.**

Full Name (Last, First, Middle Initial)  
Ross A Allen

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Medtronic Inc. Occupation Medtronic VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.72

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** A2008-686660

Amount of Each Receipt this Period  
41.62

**C.**

Full Name (Last, First, Middle Initial)  
Susan Alpert

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Medtronic Inc. Occupation Sr VP/Pres

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 961.50

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2008

**Transaction ID:** A2008-430874

Amount of Each Receipt this Period  
192.30

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **275.54**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 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. Medical Technology Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan Alpert	Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address 710 Medtronic Parkway	<b>Transaction ID:</b> A2008-686595
	City State Zip Code Minneapolis MN 55432	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Medtronic Inc. Occupation Sr VP/Pres Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1153.80	

<b>B.</b>	Full Name (Last, First, Middle Initial) Neil P Ayotte	Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address 710 Medtronic Parkway	<b>Transaction ID:</b> A2008-686872
	City State Zip Code Minneapolis MN 55432	Amount of Each Receipt this Period 38.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Carol A Barnett	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 710 Medtronic Parkway	<b>Transaction ID:</b> A2008-430960
	City State Zip Code Minneapolis MN 55432	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>306.30</b>
<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 8 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

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

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** A2008-686680

Amount of Each Receipt this Period 76.00

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

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 03 / 07 / 2008  
**Transaction ID:** A2008-430867

Amount of Each Receipt this Period 76.00

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

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** A2008-686588

Amount of Each Receipt this Period 76.00

**SUBTOTAL** of Receipts This Page (optional) ..... 228.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 39

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

**A.**

Full Name (Last, First, Middle Initial)  
Robert H Blankemeyer

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 0 8

Transaction ID: A2008-686623

Amount of Each Receipt this Period

38.00

**B.**

Full Name (Last, First, Middle Initial)  
Gerard Bussell

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 33606

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 234.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 0 8

Transaction ID: A2008-686896

Amount of Each Receipt this Period

39.00

**C.**

Full Name (Last, First, Middle Initial)  
Leondias Butcher

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Director

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 0 8

Transaction ID: A2008-686695

Amount of Each Receipt this Period

38.00

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

115.00

**TOTAL** 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 10 / 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. Medical Technology Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary C Cade		Date of Receipt MM / DD / YYYY 03 / 21 / 2008		
	Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2008-686593		
	City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 38.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Medtronic Inc.	Occupation Medtronic VP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Terrance L Carlson		Date of Receipt MM / DD / YYYY 03 / 07 / 2008		
	Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2008-430986		
	City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 192.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Medtronic Inc.	Occupation Sr VP/Pres			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 960.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Terrance L Carlson		Date of Receipt MM / DD / YYYY 03 / 21 / 2008		
	Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2008-686706		
	City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 192.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Medtronic Inc.	Occupation Sr VP/Pres			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1152.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	422.00
<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 11 / 39  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

**A.**

Full Name (Last, First, Middle Initial)  
Robert E Clark

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Medtronic Inc. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 207.72

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** A2008-686581

Amount of Each Receipt this Period  
34.62

**B.**

Full Name (Last, First, Middle Initial)  
Vickie L Conley

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 33606

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

Name of Employer Medtronic Inc. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2008

**Transaction ID:** A2008-431258

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Vickie L Conley

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 33606

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

Name of Employer Medtronic Inc. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** A2008-686977

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **234.62**

**TOTAL** 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 / 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. Medical Technology Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael F DeMane		Date of Receipt
	Mailing Address 710 Medtronic Parkway		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 07 / 2008
	City	State	Zip Code
	Minneapolis	MN	55432
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2008-430985
Name of Employer Medtronic Inc.		Occupation Sr VP/Pres	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 192.00
		<input type="text"/> 960.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael F DeMane		Date of Receipt
	Mailing Address 710 Medtronic Parkway		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 21 / 2008
	City	State	Zip Code
	Minneapolis	MN	55432
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2008-686705
Name of Employer Medtronic Inc.		Occupation Sr VP/Pres	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 192.00
		<input type="text"/> 1152.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Machelle Dunavant Shields		Date of Receipt
	Mailing Address 710 Medtronic Parkway		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 21 / 2008
	City	State	Zip Code
	Minneapolis	MN	33606
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2008-686964
Name of Employer Medtronic Inc.		Occupation Medtronic VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 38.46
		<input type="text"/> 230.76	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 422.46
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 39  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

**A.**

Full Name (Last, First, Middle Initial)  
Gary L Ellis

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Medtronic Inc. Occupation Sr VP/Pres

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 965.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2008

**Transaction ID:** A2008-430943

Amount of Each Receipt this Period  
193.00

**B.**

Full Name (Last, First, Middle Initial)  
Gary L Ellis

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Medtronic Inc. Occupation Sr VP/Pres

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1158.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** A2008-686663

Amount of Each Receipt this Period  
193.00

**C.**

Full Name (Last, First, Middle Initial)  
Leroy P Erickson

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Medtronic Inc. Occupation Medtronic VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** A2008-686700

Amount of Each Receipt this Period  
38.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **424.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 39

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

**A.**

Full Name (Last, First, Middle Initial)  
Jeffrey A Farkas

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 228.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: A2008-686600

Amount of Each Receipt this Period  
38.00

**B.**

Full Name (Last, First, Middle Initial)  
Mark Fletcher

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 07 / 2008

Transaction ID: A2008-430907

Amount of Each Receipt this Period  
76.00

**C.**

Full Name (Last, First, Middle Initial)  
Mark Fletcher

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 456.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: A2008-686628

Amount of Each Receipt this Period  
76.00

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

190.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 39

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

**A.**

Full Name (Last, First, Middle Initial)  
Christian R Hadland

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2008

Transaction ID: A2008-430877

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
Christian R Hadland

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2008

Transaction ID: A2008-686598

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
Elizabeth N Hammack

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2008

Transaction ID: A2008-686609

Amount of Each Receipt this Period

40.00

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

140.00

**TOTAL** 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 16 / 39  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

**A.**

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

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Medtronic Inc. Occupation COB/CEO/VC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2008

Transaction ID: A2008-430875

Amount of Each Receipt this Period  
192.00

**B.**

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

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Medtronic Inc. Occupation COB/CEO/VC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1152.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

Transaction ID: A2008-686596

Amount of Each Receipt this Period  
192.00

**C.**

Full Name (Last, First, Middle Initial)  
William J Hooper

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Medtronic Inc. Occupation Medtronic VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

Transaction ID: A2008-686697

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **424.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 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. Medical Technology Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael J Jaro	Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address 710 Medtronic Parkway	<b>Transaction ID:</b> A2008-686827
	City State Zip Code Minneapolis MN 55432	Amount of Each Receipt this Period 38.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 228.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Charles M Kolb	Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address 710 Medtronic Parkway	<b>Transaction ID:</b> A2008-686971
	City State Zip Code Minneapolis MN 33606	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	
	Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 230.76	

<b>C.</b>	Full Name (Last, First, Middle Initial) David G Martin	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 710 Medtronic Parkway	<b>Transaction ID:</b> A2008-431275
	City State Zip Code Minneapolis MN 55432	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Medtronic Inc. Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	126.46
<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 / 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. Medical Technology Fund

**A.**

Full Name (Last, First, Middle Initial) David G Martin		Date of Receipt MM / DD / YYYY 03 / 21 / 2008
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2008-686994
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Medtronic Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Jim McDermid		Date of Receipt MM / DD / YYYY 03 / 21 / 2008
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2008-686635
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 38.00
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

**C.**

Full Name (Last, First, Middle Initial) Gregory A Meehan		Date of Receipt MM / DD / YYYY 03 / 21 / 2008
Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2008-686930
City Minneapolis	State MN	Zip Code 33606
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 38.50
Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>126.50</b>
<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 19 / 39

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

**A.**

Full Name (Last, First, Middle Initial)  
David F Miller

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 575.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 7 / 2 0 0 8

Transaction ID: A2008-430898

Amount of Each Receipt this Period

115.00

**B.**

Full Name (Last, First, Middle Initial)  
David F Miller

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 690.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 0 8

Transaction ID: A2008-686619

Amount of Each Receipt this Period

115.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Michelle Miller

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. VP Employment Law

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 234.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 0 8

Transaction ID: A2008-686843

Amount of Each Receipt this Period

39.00

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

269.00

**TOTAL** 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 20 / 39  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

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

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** A2008-686582

Amount of Each Receipt this Period  
38.00

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

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 33606

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

Name of Employer Occupation  
Medtronic Inc. Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2008

**Transaction ID:** A2008-431253

Amount of Each Receipt this Period  
50.00

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

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 33606

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

Name of Employer Occupation  
Medtronic Inc. Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** A2008-686972

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **138.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 39

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

**A.**

Full Name (Last, First, Middle Initial)  
David A Ness

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 285.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 07 / 2008

Transaction ID: A2008-430954

Amount of Each Receipt this Period

57.00

**B.**

Full Name (Last, First, Middle Initial)  
David A Ness

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 342.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: A2008-686674

Amount of Each Receipt this Period

57.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael J Nicoletta

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 228.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: A2008-686591

Amount of Each Receipt this Period

38.00

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

152.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 39  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

**A.**

Full Name (Last, First, Middle Initial)  
Christopher J O'Connell

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Medtronic Inc. Occupation Sr VP/Pres

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2008

**Transaction ID:** A2008-430873

Amount of Each Receipt this Period  
192.00

**B.**

Full Name (Last, First, Middle Initial)  
Christopher J O'Connell

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Medtronic Inc. Occupation Sr VP/Pres

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1152.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** A2008-686594

Amount of Each Receipt this Period  
192.00

**C.**

Full Name (Last, First, Middle Initial)  
Stephen N Oesterle

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Medtronic Inc. Occupation Sr VP/Pres

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2008

**Transaction ID:** A2008-430923

Amount of Each Receipt this Period  
192.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **576.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 39  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

**A.**

Full Name (Last, First, Middle Initial)  
Stephen N Oesterle

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Medtronic Inc. Sr VP/Pres

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 21 / 2008

**Transaction ID:** A2008-686643

Amount of Each Receipt this Period 192.00

**B.**

Full Name (Last, First, Middle Initial)  
Arlen L Overvig

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 33606

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Medtronic Inc. Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 03 / 07 / 2008

**Transaction ID:** A2008-431163

Amount of Each Receipt this Period 52.00

**C.**

Full Name (Last, First, Middle Initial)  
Arlen L Overvig

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 33606

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Medtronic Inc. Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 03 / 21 / 2008

**Transaction ID:** A2008-686883

Amount of Each Receipt this Period 52.00

**SUBTOTAL** of Receipts This Page (optional) ..... 296.00

**TOTAL** 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 24 / 39  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

**A.**

Full Name (Last, First, Middle Initial)  
Robert W Perry

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2008

**Transaction ID:** A2008-430983

Amount of Each Receipt this Period  
76.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert W Perry

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** A2008-686703

Amount of Each Receipt this Period  
76.00

**C.**

Full Name (Last, First, Middle Initial)  
Dominic F Presty

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** A2008-686617

Amount of Each Receipt this Period  
38.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **190.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Pamela M Reitz-Bouren		Date of Receipt MM / DD / YYYY 03 / 21 / 2008		
	Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2008-686870		
	City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 38.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Medtronic Inc.	Occupation Medtronic VP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
228.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Herbert F Riband		Date of Receipt MM / DD / YYYY 03 / 07 / 2008		
	Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2008-431110		
	City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 76.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Medtronic Inc.	Occupation Medtronic VP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
380.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Herbert F Riband		Date of Receipt MM / DD / YYYY 03 / 21 / 2008		
	Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2008-686830		
	City Minneapolis	State MN	Zip Code 55432	Amount of Each Receipt this Period 76.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Medtronic Inc.	Occupation Medtronic VP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
456.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	190.00
<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 26 / 39  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

**A.**

Full Name (Last, First, Middle Initial)  
John L Ross

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2008

**Transaction ID:** A2008-430956

Amount of Each Receipt this Period  
57.00

**B.**

Full Name (Last, First, Middle Initial)  
John L Ross

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** A2008-686676

Amount of Each Receipt this Period  
57.00

**C.**

Full Name (Last, First, Middle Initial)  
Dean E Rustad

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** A2008-686665

Amount of Each Receipt this Period  
38.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **152.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel E Schaber		Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2008-686710
	City Minneapolis	State MN	Zip Code 55432
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
	Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rachael M Scherer		Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2008-686630
	City Minneapolis	State MN	Zip Code 55432
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
	Name of Employer Medtronic Inc.	Occupation Medtronic VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Rajiv V Shah		Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address 710 Medtronic Parkway		<b>Transaction ID:</b> A2008-686639
	City Minneapolis	State MN	Zip Code 55432
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
	Name of Employer Medtronic Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	114.00
<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 28 / 39

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

**A.**

Full Name (Last, First, Middle Initial)  
Ron Shettler

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 07 / 2008

Transaction ID: A2008-430966

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)  
Ron Shettler

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: A2008-686686

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)  
Peter B Slone

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 575.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 07 / 2008

Transaction ID: A2008-430885

Amount of Each Receipt this Period

115.00

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

235.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 39  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

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

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Medtronic Inc. Occupation Medtronic VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2008

**Transaction ID:** A2008-686606

Amount of Each Receipt this Period  
115.00

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

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Medtronic Inc. Occupation Medtronic VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 07 / 2008

**Transaction ID:** A2008-430913

Amount of Each Receipt this Period  
76.00

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

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Medtronic Inc. Occupation Medtronic VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2008

**Transaction ID:** A2008-686634

Amount of Each Receipt this Period  
76.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **267.00**

**TOTAL** 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 30 / 39  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

**A.**

Full Name (Last, First, Middle Initial)  
Catherine M Szyman

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 07 / 2008

Transaction ID: A2008-430941

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
Catherine M Szyman

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: A2008-686661

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
Brian D Urke

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 228.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: A2008-686599

Amount of Each Receipt this Period

38.00

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

138.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 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. Medical Technology Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott R Ward	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 710 Medtronic Parkway	<b>Transaction ID:</b> A2008-430866
	City State Zip Code Minneapolis MN 55432	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Medtronic Inc. Occupation Sr VP/Pres Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 960.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Scott R Ward	Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address 710 Medtronic Parkway	<b>Transaction ID:</b> A2008-686587
	City State Zip Code Minneapolis MN 55432	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Medtronic Inc. Occupation Sr VP/Pres Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1152.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert S White	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 710 Medtronic Parkway	<b>Transaction ID:</b> A2008-430881
	City State Zip Code Minneapolis MN 55432	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Medtronic Inc. Occupation Medtronic VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	460.00
<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 32 / 39  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

**A.**

Full Name (Last, First, Middle Initial)  
Robert S White

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** A2008-686602

Amount of Each Receipt this Period  
76.00

**B.**

Full Name (Last, First, Middle Initial)  
Henry K Woo

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** A2008-686681

Amount of Each Receipt this Period  
38.00

**C.**

Full Name (Last, First, Middle Initial)  
Winifred C Wu

Mailing Address 710 Medtronic Parkway

City State Zip Code  
Minneapolis MN 55432

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

Name of Employer Occupation  
Medtronic Inc. Medtronic VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** A2008-686711

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>154.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>6765.88</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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

A.

Full Name (Last, First, Middle Initial)  
AdvaMed PAC

Transaction ID: B209913  
Date of Disbursement

Mailing Address 701 Pennsylvania Ave. NW Suite 80

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

City Washington State DC Zip Code 20004

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

011
Category/ Type

5000.00
---------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: US District:

Not Applicable

B.

Full Name (Last, First, Middle Initial)  
The Reed Committee

Transaction ID: B209980  
Date of Disbursement

Mailing Address P.O. Box 8628

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	8

City Cranston State RI Zip Code 02920

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

011
Category/ Type

1000.00
---------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: RI District:

C.

Full Name (Last, First, Middle Initial)  
Shays for Congress

Transaction ID: B209982  
Date of Disbursement

Mailing Address 98 East Ave. Rear Bldg.

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	8

City Norwalk State CT Zip Code 06851

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

011
Category/ Type

1000.00
---------

Candidate Name  
Christopher Shays

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CT District: 04

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

7000.00
---------

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

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# 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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Solis for Congress</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Hilda Solis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B209976 <b>Date of Disbursement</b> 03 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Souder for Congress Inc.</p> <p>Mailing Address P.O. Box 40233</p> <p>City Fort Wayne State IN Zip Code 46804</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Mark Edward Souder</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B209978 <b>Date of Disbursement</b> 03 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Team Sununu</p> <p>Mailing Address P.O. Box 500</p> <p>City Rye State NH Zip Code 03870</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name John Sununu</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B209974 <b>Date of Disbursement</b> 03 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

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

4000.00

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mark Udall for Congress</p> <p>Mailing Address 869 P.O. Box 40158</p> <p>City Denver State CO Zip Code 80204</p> <p>Purpose of Disbursement Contribution Contribution <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Mark E Udall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 02</p>	<p><b>Transaction ID:</b> B209975 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">2500.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Woolsey for Congress</p> <p>Mailing Address P.O. Box 750176</p> <p>City Petaluma State CA Zip Code 94975</p> <p>Purpose of Disbursement Contribution Contribution <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Lynn Woolsey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 06</p>	<p><b>Transaction ID:</b> B209991 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Hoosiers for Baron Hill</p> <p>Mailing Address P.O. Box 1071</p> <p>City Seymour State IN Zip Code 47274</p> <p>Purpose of Disbursement Contribution Contribution <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Baron P Hill</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 09</p>	<p><b>Transaction ID:</b> B210285 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">2000.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">5500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;"> </span>

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

A.	Full Name (Last, First, Middle Initial) Woolsey for Congress	Transaction ID: B210284 Date of Disbursement																			
	Mailing Address P.O. Box 750176	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	8												
	City Petaluma State CA Zip Code 94975	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Lynn Woolsey	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Collins for Senator	Transaction ID: B210670 Date of Disbursement																			
	Mailing Address P.O. Box 1096	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	8												
	City Bangor State ME Zip Code 04402	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name Susan M Collins	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) John Shadegg's Friends	Transaction ID: B210669 Date of Disbursement																			
	Mailing Address P.O. Box 45444	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	8												
	City Phoenix State AZ Zip Code 85064	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name John B Shadegg	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>8000.00</td></tr></table>	8000.00
8000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# 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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

A.	Full Name (Last, First, Middle Initial) Mark Udall for Colorado	Transaction ID: B211439 Date of Disbursement 03 / 27 / 2008
	Mailing Address P.O. Box 40158	
	City Denver State CO Zip Code 80204	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution Candidate Name Mark E Udall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 02	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Steve Cohen for Congress	Transaction ID: B211535 Date of Disbursement 03 / 31 / 2008
	Mailing Address 349 Kenilworth Place	
	City Memphis State TN Zip Code 38112	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Stephen Cohen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 09	011 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Friends of Dan Maffei	Transaction ID: B211536 Date of Disbursement 03 / 31 / 2008
	Mailing Address P.O. Box 74	
	City Syracuse State NY Zip Code 13214	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Dan Maffei Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	011 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	28500.00

**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)

PAGE 38 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Medtronic Inc. Medical Technology Fund

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Solorio for Assembly 2008</p> <p>Mailing Address P.O. Box 26063</p> <p>City Santa Ana State CA Zip Code 92799</p> <p>Purpose of Disbursement P-2008 State House 69 CA</p> <p>Candidate Name Jose Solorio</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: B211434</p> <p>Date of Disbursement 03 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Friends of Pat Wiggins 2010</p> <p>Mailing Address 1275 4th Street #386</p> <p>City Santa Rosa State CA Zip Code 95404</p> <p>Purpose of Disbursement P-2010 State Senate 02 CA</p> <p>Candidate Name Patricia Wiggins</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: B211436</p> <p>Date of Disbursement 03 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

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

2500.00

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

2500.00

Image# 28990863004

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.

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