

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2003 MAY 23 P 12:14 Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines. ST. JUDE POLITICAL ACTION COMMITTEE

ADDRESS (number and street) Check if different than previously reported. (ACC) ONE LITTLEBET PLAZA ST. PAUL MN 55117

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE 00030589 IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 01/01/2002 through 06/30/2003

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: Peter L. Gow. Signature of Treasurer: [Handwritten Signature] Date: 05/16/2003

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

04 01 2002

To:

06 30 2002

COLUMN A  
This Period

COLUMN B  
Calendar Year-to-Date

6 (a) Cash on Hand January 1, <u>2002</u>		<u>159,185</u>
(b) Cash on Hand at Beginning of Reporting Period .....	<u>17,191.85</u>	
(c) Total Receipts (from Line 10) .....	<u>11,350.00</u>	<u>26,850.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<u>25,441.85</u>	<u>58,441.85</u>
7. Total Disbursements (from Line 30) .....	<u>5,000.00</u>	<u>8,000.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<u>20,441.85</u>	<u>20,441.85</u>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) .....		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 8X (Revised 1/01)

Page 3

Write or Type Committee Name

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

02/01/2002

To:

02/30/2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11 Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) .....	11,250.00	
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11,250.00	26,850.00
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 32, page 4) .....	11,250.00	26,850.00
12 Transfers From Affiliated/Other Party Committees .....		
13 All Loans Received .....		
14 Loan Repayments Received .....		
15 Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....		
16 Refunds of Contributions Made to Federal Candidates and Other Political Committees .....		
17 Other Federal Receipts (Dividends, Interest, etc.) .....		
18 Transfers from Nonfederal Account for Joint Activity .....		
19 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	11,250.00	26,850.00
20 Total Federal Receipts (subtract Line 16 from Line 19) .....		

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	OF 7
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12		
18	14	15	16		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)  
**ST JUDE MEDICAL POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial) **DEVENUTI, RICK R**

Mailing Address **14355 SE 70TH PLACE**

City **NEWCASTLE** State **WA** Zip Code **98059**

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

Name of Employer **Mitsubishi Corporation** Occupation **CFO**

Receipt For:  Primary  General  Other (specify) \_\_\_\_\_

Aggregate Year-to-Date **1500.00**

Date of Receipt **09 10 2008**

Amount of Each Receipt this Period **1500.00**

B. Full Name (Last, First, Middle Initial) **KROLL, MARK W**

Mailing Address **493 SENALOA Road**

City **SIM. VALLEY** State **CA** Zip Code **93065**

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

Name of Employer **ST JUDE MEDICAL** Occupation **EXECUTIVE**

Receipt For:  Primary  General  Other (specify) \_\_\_\_\_

Aggregate Year-to-Date **500.00**

Date of Receipt **09 10 2008**

Amount of Each Receipt this Period **500.00**

C. Full Name (Last, First, Middle Initial) **ELGIN, Robert S**

Mailing Address **22 NORD Circle Road**

City **ST. PAUL** State **MD** Zip Code **20129**

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

Name of Employer **ST. JUDE MEDICAL** Occupation **EXECUTIVE**

Receipt For:  Primary  General  Other (specify) \_\_\_\_\_

Aggregate Year-to-Date **700.00**

Date of Receipt **09 10 2008**

Amount of Each Receipt this Period **700.00**

SUBTOTAL of Receipts This Page (optional) **2700.00**

TOTAL This Period (last page this line number only)

20080910 14355 SE 70TH PLACE NEWCASTLE WA 98059

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 2 OF 7

1a 13 1b 14 1c 15 12 16 17

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NAME OF COMMITTEE (in full)

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)  
WARNO, WENDY L.

Mailing Address  
442 RTE. 302-206N, PMS 818

City: Bedminster State: NJ Zip Code: 07921-0755

FEC ID number of contributing federal political committee: C

Name of Employer: MACK & CO. Occupation: SVP, Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date 500.00

Date of Receipt  
05 06 2009

Amount of Each Receipt this Period  
500.00

B. Full Name (Last, First, Middle Initial)  
FRICKE, EDWARD C.

Mailing Address  
35071 Green Mill Ave.

City: Newhall State: CA Zip Code: 91331-3455

FEC ID number of contributing federal political committee: C

Name of Employer: ST. JUDE MEDICAL Occupation: EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date 500.00

Date of Receipt  
05 06 2009

Amount of Each Receipt this Period  
500.00

C. Full Name (Last, First, Middle Initial)  
SODR, JANE

Mailing Address  
6342 Marina Pacifica Dr N

City: Laguna Beach State: CA Zip Code: 92653

FEC ID number of contributing federal political committee: C

Name of Employer: ST. JUDE MEDICAL Occupation: EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date 500.00

Date of Receipt  
05 26 2009

Amount of Each Receipt this Period  
500.00

SUBTOTAL of Receipts This Page (optional) 1500.00

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 3 OF 7

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

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NAME OF COMMITTEE (in Full)

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
GRUBIAR, John F

Mailing Address  
332 CARPENTER AVE.

City  
Sea Cliff State NY Zip Code 11579

FEC ID number of contributing federal political committee  
C

Name of Employer  
ST. JUDE MEDICAL Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Aggregate Year-to-Date  
500.00

Date of Receipt  
03 06 2002

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
COYLE, Michael J.

Mailing Address  
100 Stagecoach Road

City  
Bell Canyon State CA Zip Code 91307-1044

FEC ID number of contributing federal political committee  
C

Name of Employer  
ST. JUDE Medical Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Aggregate Year-to-Date  
1500.00

Date of Receipt  
03 06 2002

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
Matarazzo, Ronald A.

Mailing Address  
9167 HAPPY Hollow Drive

City  
Scottsdale State AZ Zip Code 85262

FEC ID number of contributing federal political committee  
C

Name of Employer  
ST. JUDE Medical Occupation Board Member

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Aggregate Year-to-Date  
1000.00

Date of Receipt  
03 06 2002

Amount of Each Receipt this Period  
1000.00

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

TOTAL This Period (last page has line number only) \_\_\_\_\_

2000.00

SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 4 OF 7
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial): **CRISTIANI, JUAN**

Mailing Address: **3011 SUSSEX ROAD**

City: **ORONO** State: **ME** Zip Code: **55356**

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

Name of Employer: **ST. JUDE MEDICAL** Occupation: **EXECUTIVE**

Receipt For:  Primary  General  Other (specify) \_\_\_\_\_

Aggregate Year-to-Date: **300.00**

Date of Receipt: **05 23 2008**

Amount of Each Receipt this Period: **300.00**

B. Full Name (Last, First, Middle Initial): **FAIN, ERIC S**

Mailing Address: **10 PRINCETON ROAD**

City: **PLEASANT PARK** State: **CA** Zip Code: **94025**

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

Name of Employer: **ST. JUDE MEDICAL** Occupation: **EXECUTIVE**

Receipt For:  Primary  General  Other (specify) \_\_\_\_\_

Aggregate Year-to-Date: **500.00**

Date of Receipt: **05 24 2008**

Amount of Each Receipt this Period: **500.00**

C. Full Name (Last, First, Middle Initial): **FIEDLER, WILLIAM**

Mailing Address: **9696 VAGABOND LANE N**

City: **MAPLE GROVE** State: **MN** Zip Code: **55311-1815**

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

Name of Employer: **ST. JUDE MEDICAL** Occupation: **EXECUTIVE**

Receipt For:  Primary  General  Other (specify) \_\_\_\_\_

Aggregate Year-to-Date: **350.00**

Date of Receipt: **05 24 2008**

Amount of Each Receipt this Period: **350.00**

SUBTOTAL of Receipts This Page (optional): **1150.00**

TOTAL This Period (last page this line number only): **1150.00**

SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS

Use separate schedules  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 7

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 12	<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)

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Wether, Paul J.

Mailing Address 3596 Woodland Trail

City Edgar State MO Zip Code 65129

FEC ID number of contributing federal political committee C

Name of Employer ST. JUDE Medical Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date 500.00

Date of Receipt 06 09 2008

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial) Holtzman, Joan

Mailing Address 2831 N Infinity Circle

City Saugus State CA Zip Code 91350

FEC ID number of contributing federal political committee C

Name of Employer ST. JUDE Medical Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date 500.00

Date of Receipt 06 09 2008

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial) Fazio, George J.

Mailing Address One S. Weber Plaza

City St. Paul State MO Zip Code 65112-1761

FEC ID number of contributing federal political committee C

Name of Employer ST. JUDE Medical Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date 400.00

Date of Receipt 06 10 2008

Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ▶

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

1,400.00



SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 7
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)  
**ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial): **STOWERS, DENNIS A.**

Mailing Address: **4436 SNAIL LAKE Blvd.**

City: **Shoreview** State: **MIN.** Zip Code: **55126**

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

Name of Employer: **ST. JUDE MEDICAL** Occupation: **EXECUTIVE**

Receipt For:  Primary  General  Other (specify) \_\_\_\_\_

Aggregate Year-to-Date: **500.00**

Date of Receipt: **06/10/2002**

Amount of Each Receipt this Period: **500.00**

**B.** Full Name (Last, First, Middle Initial): **BRANT, STEVE**

Mailing Address: **6140 CHESSIE LANE, N**

City: **Plymouth** State: **MN** Zip Code: **55446**

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

Name of Employer: **ST. JUDE MEDICAL** Occupation: **EXECUTIVE**

Receipt For:  Primary  General  Other (specify) \_\_\_\_\_

Aggregate Year-to-Date: **250.00**

Date of Receipt: **06/10/2002**

Amount of Each Receipt this Period: **250.00**

**C.** Full Name (Last, First, Middle Initial): **FERI, LAXMI N.**

Mailing Address: **8847 ST. Croix Road**

City: **Woodberry** State: **MN** Zip Code: **55125**

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

Name of Employer: **ST. JUDE Medical** Occupation: **EXECUTIVE**

Receipt For:  Primary  General  Other (specify) \_\_\_\_\_

Aggregate Year-to-Date: **250.00**

Date of Receipt: **06/20/2002**

Amount of Each Receipt this Period: **250.00**

SUBTOTAL of Receipts This Page (optional): **1000.00**

TOTAL This Period (last page: this line number only): **1000.00**

SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 7 OF 7	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20

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NAME OF COMMITTEE (in Full)  
*ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE*

**A.** Full Name (Last, First, Middle Initial)  
*Fritschner, Walter J.*

Mailing Address  
*33 Marlboro Lane*

City *Bell Canyon* State *CA* Zip Code *91307*

FEC ID number of contributing federal political committee  
*C*

Name of Employer  
*ST. JUDE Medical* Occupation  
*EXECUTIVE*

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date  
*50000*

Date of Receipt  
*11/22/2004*

Amount of Each Receipt this Period  
*500.00*

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee  
*C*

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee  
*C*

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) *500.00*

TOTAL This Period (last page this line number only) *113500.00*

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

PAGE 1 OF 2

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NAME OF COMMITTEE (In Full)  
**ST. JOE MEDICAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**Friends of Max Baucus**

Date of Disbursement  
**04/25/2004**

Mailing Address  
**303 C Street, NE**

City  
**Washington** State **DC** Zip Code **20004**

Purpose of Disbursement  
**Fundraiser**

Candidate Name  
**Max Baucus** Category/Type **D.L.**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: **MT** District:

Amount of Each Disbursement this Period  
**1,000.00**

Full Name (Last, First, Middle Initial)  
**John Thune for South Dakota Committee**

Date of Disbursement  
**04/29/2004**

Mailing Address  
**P.O. Box 516**

City  
**Sioux Falls** State **SD** Zip Code **57101**

Purpose of Disbursement  
**Fundraiser**

Candidate Name  
**John Thune** Category/Type **D.L.**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: **SD** District:

Amount of Each Disbursement this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**Mike Bilirakis for Congress**

Date of Disbursement  
**05/06/2004**

Mailing Address  
**P.O. Box 1007**

City  
**Tarpon Springs** State **FL** Zip Code **34688-1007**

Purpose of Disbursement  
**Fundraiser**

Candidate Name  
**Mike Bilirakis** Category/Type **D.L.**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: **FL** District **09**

Amount of Each Disbursement this Period  
**1,000.00**

SUBTOTAL of Disbursements This Page (optional) **2,500.00**

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)

PAGE 2 OF 2

<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"/> 29

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NAME OF COMMITTEE (In Full)

ST. JUDE MEDICAL Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Coleman for Senate

Mailing Address 1410 Energy Park Drive

City ST. PAUL State MIN. Zip Code 55108

Purpose of Disbursement Fundraiser Category/Type Q11

Candidate Name Norm Coleman

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: MIN District:     

Date of Disbursement 06/05/2003

Amount of Each Disbursement this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial) Friends of Chris Dodd

Mailing Address 2310 MASSACHUSETTS AVE. NE, SU. 420

City Washington State DC Zip Code 20002

Purpose of Disbursement Fundraiser Category/Type Q11

Candidate Name Chris Dodd

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: CT District:     

Date of Disbursement 06/05/2003

Amount of Each Disbursement this Period 1000.00

**C.**

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

Mailing Address 436 New Jersey Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Fundraiser Category/Type Q11

Candidate Name Zoe Lotgren

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: CA District:     

Date of Disbursement 06/21/2003

Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) 2300.00

TOTAL this Period (last page this line number only) 5000.00

Federal Election Commission

### ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 5/15/03
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Ja</i> PREPARER	5/19/03 DATE PREPARED

23038091017