

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 ST Jude Medical Political Action Committee

ADDRESS (number and street) One Lillehei Plaza ST Paul MN 55117

2. FEC IDENTIFICATION NUMBER C00305029 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) X July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) 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 (12S) 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 01/01/2008 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 Robert G Franz Signature of Treasurer Robert G Franz Date 11/13/2008

28039921009

**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 OF

<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)

**ST Jude Medical Political Action Committee**

Full Name (Last, First, Middle Initial)

A. **Coleman for Senate**

Mailing Address

**680 A Transfer Road**

City

**ST Paul**

State

**MN**

Zip Code

**55114**

Purpose of Disbursement

**Fundraiser**

Candidate Name

**Senator Norm Coleman**

**011**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: **MN**

District: **4th**

Date of Disbursement

**03 06 2008**

Amount of Each Disbursement this Period

**4,000.00**

**Memo: as disclosed  
in April 2008 quarterly  
Report**

Full Name (Last, First, Middle Initial)

B. **Coleman for Senate**

Mailing Address

**680 A Transfer Road**

City

**ST Paul**

State

**MN**

Zip Code

**55114**

Purpose of Disbursement

**Fundraiser**

Candidate Name

**Senator Norm Coleman**

**011**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: **MN**

District: **4th**

Date of Disbursement

**03 30 2008**

Amount of Each Disbursement this Period

**3,500.00**

**Memo  
Redesignation of above  
Contribution**

Full Name (Last, First, Middle Initial)

C. \_\_\_\_\_

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: \_\_\_\_\_

District: \_\_\_\_\_

Date of Disbursement

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

Amount of Each Disbursement this Period

\_\_\_\_\_

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

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

28039921010

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *fed ex* Shipping Date  
11/13/08  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*[Signature]* 11/14/08  
 PREPARER DATE PREPARED

28039921011