

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2003 JUL 31 A 10:23

1. NAME OF COMMITTEE (in full) TYPE OR PART Example: If typing, type over the lines. 12FE4M5
ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ONE LILLEHEI PLAZA
Check if different than previously reported. (ACC) ST. PAUL MAJ 55117-1761

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C 0030529 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 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) (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 (12S)
(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01/01/2003 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. Gove
Signature of Treasurer [Signature] Date 07/23/2003

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**

Write or Type Committee Name

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period From: 01 01 2003 To: 06 30 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2003</u>		8,441.85
(b) Cash on Hand at Beginning of Reporting Period	8,441.85	
(c) Total Receipts (from Line 19)	2,000.00	2,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	10,441.85	10,441.85
7. Total Disbursements (from Line 31)	10,000.00	10,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	441.85	441.85
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 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

01 01 2003

To:

06 30 2003

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)	\$000.00	
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii))	\$000.00	\$000.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	\$000.00	\$000.00
12. Transfers from Affiliates/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Non-Federal and Levin Funds:		
(a) Non-Federal Account (from Schedule HS)		
(b) Levin Funds (from Schedule HS)		
(c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	\$000.00	\$000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)		

DETAILED SUMMARY PAGE
of Disbursements

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ii. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal		
Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating		
Expenditures		
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party		
Committees		
23. Contributions to		
Federal Candidates/Committees		
and Other Political Committees	10,000.00	10,000.00
24. Independent Expenditures		
(use Schedule E)		
25. Coordinated Party Expenditures		
(2 U.S.C. §441a(d))		
(use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other		
Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees		
(such as PACs)		
(d) Total Contribution Refunds		
(add Lines 26(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(2))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely		
With Federal Funds		
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22,	10,000.00	10,000.00
23, 24, 25, 26, 27, 28(d), 29 and 30(c))		
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(b)(2)		
from Line 31)		

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 2X (Rev. 02/2003)

Page 5

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)	2,000.00	2,000.00
34. Total Contribution Refunds (from Line 23(d))		
35. Net Contributions (other than loans) (subtract Line 33 from Line 32)	2,000.00	2,000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 36 from Line 35)		

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	
<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)
ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Peter Cove

Mailing Address
10410 Columbus Road

City
Bloomington State
MN Zip Code
55420

FEC ID number of contributing federal political committee
C

Name of Employer
ST. JUDE MEDICAL Occupation
VP, Corporate Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
05 16 2003

Amount of Each Receipt this Period
2000.00

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) ▶ **2000.00**

TOTAL This Period (last page this line number only) ▶ **2000.00**

**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 / OF **3**

<input type="checkbox"/> 21a	<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	<input type="checkbox"/> 30:

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NAME OF COMMITTEE (in Full)

ST JOE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Coleman for U.S. Senate

Mailing Address

625 Washington Ave., Ste. 206

City

Alexandria

State

VA

Zip Code

22314

Purpose of Disbursement

Fundraiser

Candidate Name

Norm Coleman

011
Category/
Type

Date of Disbursement

02/05/2003

Amount of Each Disbursement This Period

500.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify)

State: **VA**

District:

Full Name (Last, First, Middle Initial)

B. The Ramstad Volunteer Committee

Mailing Address

1809 Plymouth Road, Suite 310B

City

Minnetonka

State

MN

Zip Code

55305

Purpose of Disbursement

Fundraiser

Candidate Name

Jim Ramstad

011
Category/
Type

Date of Disbursement

02/05/2003

Amount of Each Disbursement This Period

1,000.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify)

State: **MN**

District: **3**

Full Name (Last, First, Middle Initial)

C. Adva Med PAc

Mailing Address

1200 G Street NW, Suite 400

City

Washington

State

DC

Zip Code

20005-3814

Purpose of Disbursement

PAC Support

Candidate Name

011
Category/
Type

Date of Disbursement

02/05/2003

Amount of Each Disbursement This Period

2,000.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional)

3,500.00

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 1 OF 5

<input type="checkbox"/> 21a	<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

A. McCollum for Congress

Full Name (Last, First, Middle Initial): **McCollum for Congress**

Mailing Address: **P.O. Box 14131**

City: **ST. PAUL** State: **MINN** Zip Code: **55114**

Purpose of Disbursement: **Fundraiser** Category/Type: **011**

Candidate Name: **Betty McCollum**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **MINN** District: **4th**

Date of Disbursement: **02 21 2003**

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

B. Bill Thomas Campaign Committee

Full Name (Last, First, Middle Initial): **Bill Thomas Campaign Committee**

Mailing Address: **P.O. Box 395**

City: **Bakersfield** State: **CA** Zip Code: **93302**

Purpose of Disbursement: **Fundraiser** Category/Type: **011**

Candidate Name: **Bill Thomas**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **CA** District: **33**

Date of Disbursement: **03 04 2003**

Amount of Each Disbursement this Period: **2000.00**

C. Johnson for Congress

Full Name (Last, First, Middle Initial): **Johnson for Congress**

Mailing Address: **P.O. Box 1986**

City: **New Britain** State: **CT** Zip Code: **06050-1986**

Purpose of Disbursement: **Fundraiser** Category/Type: **011**

Candidate Name: **Nancy Johnson**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **CT** District: **5**

Date of Disbursement: **06 10 2003**

Amount of Each Disbursement this Period: **1000.00**

SUBTOTAL of Disbursements This Page (optional) **3500.00**

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 NUMBERS: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) The John Breaux Senate Committee Date of Disbursement 06/13/2003

Mailing Address 110-B Broad Street

City Falls Church State VA Zip Code 22046

Purpose of Disbursement Fundraiser Category Type Q11

Candidate Name John Breaux Amount of Each Disbursement this Period 1,000.00

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

State: VA District:

B. Full Name (Last, First, Middle Initial) EVAN Bayh Committee Date of Disbursement 06/24/2003

Mailing Address 436 C Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Fundraiser Category Type Q11

Candidate Name Evan Bayh Amount of Each Disbursement this Period 1,000.00

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

State: IN District:

C. Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln Date of Disbursement 06/23/2003

Mailing Address P.O. Box 2157

City Little Rock State AR Zip Code 72203

Purpose of Disbursement Fundraiser Category Type Q11

Candidate Name Blanche Lincoln Amount of Each Disbursement this Period 1,000.00

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

State: AR District:

SUBTOTAL of Disbursements This Page (optional) 3,000.00

TOTAL This Period (last page this line number only) 10,000.00

20030613 10:00 AM

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) 7-23-03
<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>See</i>	7-31-03
PREPARER	DATE PREPARED

2003-07-23 10:03:00 AM