

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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 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)  
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  07 / 01 / 2014 through  09 / 30 / 2014

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. FRENZ**

Signature of Treasurer ROBERT G. FRENZ [Electronically Filed] Date  10 / 09 / 2014

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 (Rev. 02/2003)

Write or Type Committee Name

**ST JUDE MEDICAL POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		50321.10
(b) Cash on Hand at Beginning of Reporting Period.....	55095.10	
(c) Total Receipts (from Line 19) .....	10345.75	94119.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	65440.85	144440.85
7. Total Disbursements (from Line 31).....	28000.00	107000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	37440.85	37440.85
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

**ST JUDE MEDICAL POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

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).....	8057.75	78029.25
(ii) Unitemized .....	2288.00	16090.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10345.75	94119.75
(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) .....	10345.75	94119.75
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 Transfers (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))..... ▶	10345.75	94119.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10345.75	94119.75

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

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 .....	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.....	28000.00	104500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	0.00
(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	0.00
29. Other Disbursements .....	0.00	2500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	28000.00	107000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28000.00	107000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (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) .....	10345.75	94119.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10345.75	94119.75
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 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     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**

Full Name (Last, First, Middle Initial)  
**A. Ann Graves**

Mailing Address 1455 Clippership Court

City State Zip Code  
 Woodbury MN 55125-8564

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

Name of Employer Occupation  
 St. Jude Medical VP, Regulatory

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR53750788141**

Amount of Each Receipt this Period  
 525.00

P/R Deduction (\$75.00 Bi-Weekly)

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

Mailing Address 1828 113th Court NE

City State Zip Code  
 Blaine MN 55449-5484

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

Name of Employer Occupation  
 St. Jude Medical Director, Quality

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR53754278141**

Amount of Each Receipt this Period  
 175.00

P/R Deduction (\$25.00 Bi-Weekly)

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

Mailing Address 1553 Sherman Lake Ct

City State Zip Code  
 Lino Lakes MN 55038-9630

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

Name of Employer Occupation  
 St. Jude Medical Vice President, Operations

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR53754618141**

Amount of Each Receipt this Period  
 175.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 875.00

**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 7 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Brenda Inman**  
 Mailing Address 4260 Lynfield Lane  
 City San Jose State CA Zip Code 95136-1622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Jude Medical Occupation Manager, Localization  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR53755268141**  
 Amount of Each Receipt this Period 175.00  
 P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Frank Zawlocki**  
 Mailing Address 25363 Avenida Ronada  
 City Valencia State CA Zip Code 91355-3203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Jude Medical Occupation Engineer, Prin Test Developmnt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR53758368141**  
 Amount of Each Receipt this Period 25.00  
 P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. John Davis**  
 Mailing Address 10375 E. Texas Sage Ln.  
 City Scottsdale State AZ Zip Code 85255-8505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Jude Medical Occupation Director/Plant Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR53760808141**  
 Amount of Each Receipt this Period 175.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**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 8 OF 22
	<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)  
**ST JUDE MEDICAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Maria Hernandez</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 <b>Transaction ID : PR53762468141</b>
Mailing Address 37735 Grant Court			Amount of Each Receipt this Period 112.00
City Palmdale	State CA	Zip Code 93552-3950	P/R Deduction (\$16.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Occupation Supv, Sr Production	
Name of Employer St. Jude Medical	Occupation Supv, Sr Production		P/R Deduction (\$16.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 272.00		

Full Name (Last, First, Middle Initial) <b>B. Werner Hafelfinger</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 <b>Transaction ID : PR53763278141</b>
Mailing Address 5508 Via Mira Flores			Amount of Each Receipt this Period 105.00
City Thousand Oaks	State CA	Zip Code 91320-6883	P/R Deduction (\$15.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Occupation VP, Operations	
Name of Employer St. Jude Medical	Occupation VP, Operations		P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C. Jeffrey Dallager</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 <b>Transaction ID : PR53764748141</b>
Mailing Address 6918 132nd Street			Amount of Each Receipt this Period 140.00
City Hugo	State MN	Zip Code 55038-5410	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Occupation Sr. Vice President Finance	
Name of Employer St. Jude Medical	Occupation Sr. Vice President Finance		P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	357.00
<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: (check only one)	PAGE 9 OF 22
	<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)  
**ST JUDE MEDICAL POLITICAL ACTION COMMITTEE**

**A. Steven Hill**  
Full Name (Last, First, Middle Initial)

Mailing Address 12933 Monticello Lane

City Champlin State MN Zip Code 55316-1265

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

Name of Employer St. Jude Medical Occupation Manager, eDiscovery & Investigations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2014  
Transaction ID : PR53766378141

Amount of Each Receipt this Period 175.00

P/R Deduction (\$25.00 Bi-Weekly)

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

Mailing Address 9902 Jandel Ave Ne

City Monticello State MN Zip Code 55362-4316

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

Name of Employer St. Jude Medical Occupation Leader, HR Business Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 09 / 30 / 2014  
Transaction ID : PR53767318141

Amount of Each Receipt this Period 350.00

P/R Deduction (\$50.00 Bi-Weekly)

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

Mailing Address 10457 Scott Ave N

City Brooklyn Park State MN Zip Code 55443-5428

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

Name of Employer St. Jude Medical Occupation VP, Finance & CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 30 / 2014  
Transaction ID : PR53767398141

Amount of Each Receipt this Period 350.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 875.00

**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 10 OF 22
	(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"/> 12
		<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. Jeffry Fecho**  
Full Name (Last, First, Middle Initial)

Mailing Address 6165 Fernbrook Lane N

City Plymouth State MN Zip Code 55446-3742

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

Name of Employer St. Jude Medical Occupation VP, Global Quality

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR53767408141**

Amount of Each Receipt this Period **350.00**

P/R Deduction (\$50.00 Bi-Weekly)

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

Mailing Address 3561 Settlers Way

City Stillwater State MN Zip Code 55082-3453

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

Name of Employer St. Jude Medical Occupation VP Gen Counsel and Corp Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1700.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR53767418141**

Amount of Each Receipt this Period **700.00**

P/R Deduction (\$100.00 Bi-Weekly)

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

Mailing Address 5019 Arden Ave

City Edina State MN Zip Code 55424-1315

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 ▼ **1700.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR53767428141**

Amount of Each Receipt this Period **700.00**

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **1750.00**

**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 11 OF 22
<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)  
**ST JUDE MEDICAL POLITICAL ACTION COMMITTEE**

**A. Angela Craig**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1580 Blackhawk Lake Drive

City Eagan	State MN	Zip Code 55122-1245
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FEC ID number of contributing federal political committee. **C**

Name of Employer St. Jude Medical	Occupation VP, Global Human Resources
--------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR53767448141**

Amount of Each Receipt this Period  

350.00
--------

P/R Deduction (\$50.00 Bi-Weekly)

**B. Jeffery Donatto**  
Full Name (Last, First, Middle Initial)  
Mailing Address 45482 White Pines Dr

City Novi	State MI	Zip Code 48374-3719
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FEC ID number of contributing federal political committee. **C**

Name of Employer St. Jude Medical	Occupation Dir, Sr. CVD Strategic Accounts
--------------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR53769768141**

Amount of Each Receipt this Period  

175.00
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P/R Deduction (\$25.00 Bi-Weekly)

**C. Ashli Douglas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 615 25th St. S

City Arlington	State VA	Zip Code 22202-2529
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FEC ID number of contributing federal political committee. **C**

Name of Employer St. Jude Medical	Occupation Sr Director Government Affairs
--------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1650.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR53771458141**

Amount of Each Receipt this Period  

700.00
--------

P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1225.00</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 12 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Michael Diverde**

Mailing Address 933 Angels Camp Court

City Las Vegas      State NV      Zip Code 89138-4503

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

Name of Employer St. Jude Medical      Occupation Dir, Regional Sales, EP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : PR53771958141**

Amount of Each Receipt this Period  
**175.00**

P/R Deduction (\$25.00 Bi-Weekly)

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

Mailing Address 308 Polo Trail

City Colleyville      State TX      Zip Code 76034-7579

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

Name of Employer St. Jude Medical      Occupation Dir, Regional Sales, NMD

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : PR53772058141**

Amount of Each Receipt this Period  
**84.00**

P/R Deduction (\$12.00 Bi-Weekly)

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

Mailing Address 7309 South Heatherride Ave

City Sioux Falls      State SD      Zip Code 57108-3351

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

Name of Employer St. Jude Medical      Occupation Direct Sales Rep, AF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : PR53777068141**

Amount of Each Receipt this Period  
**105.00**

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **364.00**

**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 13 OF 22  
(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)  
**ST JUDE MEDICAL POLITICAL ACTION COMMITTEE**

**A. Don Dietz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9509 Greenfield Dr  
City Raleigh State NC Zip Code 27615-2308  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St. Jude Medical Occupation Direct Sales Rep, CRM  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **225.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR53778658141**  
Amount of Each Receipt this Period **105.00**  
P/R Deduction (\$15.00 Bi-Weekly)

**B. Steven Allen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 408 Gregan Court  
City Matthews State NC Zip Code 28104-7000  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St. Jude Medical Occupation Territory Mgr, Structural Heart  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **255.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR53778828141**  
Amount of Each Receipt this Period **105.00**  
P/R Deduction (\$15.00 Bi-Weekly)

**C. Marcus Gonzales**  
Full Name (Last, First, Middle Initial)  
Mailing Address 313 Pelican Avenue  
City McAllen State TX Zip Code 78504-1730  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St. Jude Medical Occupation Direct Sales Rep, CRM  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **850.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR53781048141**  
Amount of Each Receipt this Period **350.00**  
P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **560.00**  
**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 14 OF 22
<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)  
**ST JUDE MEDICAL POLITICAL ACTION COMMITTEE**

**A. Robert Hastings**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1713 Shoal Creek Avenue  
City State Zip Code  
Wichita Falls TX 76310-8029  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
St. Jude Medical Direct Sales Rep, CRM  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 150.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR53781238141**  
Amount of Each Receipt this Period  
-1350.00  
P/R Deduction (\$-1350.00 Bi-Weekly)

**B. Christopher Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 226 N. Shelmore Blvd  
City State Zip Code  
Mt Pleasant SC 29464-6616  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
St. Jude Medical Dir, Sr. Regional Sales EP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR53782308141**  
Amount of Each Receipt this Period  
350.00  
P/R Deduction (\$50.00 Bi-Weekly)

**c. Charles DuVall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 536 Apperson Cove  
City State Zip Code  
Marion AR 72364-2654  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
St. Jude Medical Direct Consultant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR53782458141**  
Amount of Each Receipt this Period  
700.00  
P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	-300.00
<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: (check only one)	PAGE 15 OF 22
	<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)  
**ST JUDE MEDICAL POLITICAL ACTION COMMITTEE**

**A. Scott Holstine**  
Full Name (Last, First, Middle Initial)

Mailing Address 6200 Soter Pkwy

City Austin State TX Zip Code 78735-6135

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

Name of Employer St. Jude Medical Occupation DVP, Vascular

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR53782518141**

Amount of Each Receipt this Period  
 576.75

P/R Deduction (\$192.25 Bi-Weekly)

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

Mailing Address 2204 Demona Dr

City Austin State TX Zip Code 78733-1689

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

Name of Employer St. Jude Medical Occupation Sr VP, Sales Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR53782728141**

Amount of Each Receipt this Period  
 350.00

P/R Deduction (\$50.00 Bi-Weekly)

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

Mailing Address 62 Perkins St

City Charlestown State MA Zip Code 02129-1218

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

Name of Employer St. Jude Medical Occupation Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR64449018141**

Amount of Each Receipt this Period  
 350.00

P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1276.75
<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 16 OF 22  
(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)  
**ST JUDE MEDICAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Anne Dougherty**

Mailing Address 400 Hessian Drive

City State Zip Code  
Kennett Square PA 19348-2863

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

Name of Employer Occupation  
St Jude Medical, INC FCE II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2014

**Transaction ID : PR64450038141**

Amount of Each Receipt this Period  
700.00

P/R Deduction (\$100.00 Bi-Weekly)

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

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  
MM / DD / YYYY

Amount of Each Receipt this Period

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

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  
MM / DD / YYYY

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8057.75



**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)  
**ST JUDE MEDICAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF LOIS CAPPES**

Mailing Address PO Box 23940

City State Zip Code  
Santa Barbara CA 93121

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Ms. Lois Capps**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

**Transaction ID : 6476583**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Marsha Blackburn for Congress**

Mailing Address 499 South Capitol Street SW  
Suite 420

City State Zip Code  
Washington DC 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Ms. Marsha Blackburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

**Transaction ID : 6476590**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Ann Wagner For Congress**

Mailing Address PO Box 50

City State Zip Code  
Ballwin MO 63022

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Ann Wagner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

**Transaction ID : 6476602**

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 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)  
**ST JUDE MEDICAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jeff Duncan for Congress**

Mailing Address 499 S Capital Street SW, Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

**Mr. Jeff Duncan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

**Transaction ID : 6476604**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Renee Ellmers For Congress Committee**

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Candidate Name

**Rep. Renee Ellmers RN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

**Transaction ID : 6476605**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Scott Peters For Congress**

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement

011

Candidate Name

**Rep. Scott Peters**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

**Transaction ID : 6476607**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

4	5	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

4	5	0	0	.	0	0
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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)  
**ST JUDE MEDICAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Tony Cardenas for Congress**

Mailing Address 3700 Wilshire Blvd., Ste 1050A

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement

011

Candidate Name

**Mr. Tony Cardenas**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 29

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

**Transaction ID : 6476609**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Upton for All of US**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

011

Candidate Name

**Mr. Frederick Upton**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

**Transaction ID : 6476644**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ERIK PAULSEN**

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

011

Candidate Name

**Mr. Erik Paulsen**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MN District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

**Transaction ID : 6476645**

Amount of Each Disbursement this Period

2000.00

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

5500.00

**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)  
**ST JUDE MEDICAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dan Coats For Indiana**

Mailing Address PO Box 301141

City Indianapolis State IN Zip Code 46230

Purpose of Disbursement

011

Candidate Name

**Sen. Daniel Coats**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

**Transaction ID : 6476653**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. People for Patty Murray**

Mailing Address 122 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

**Ms. Patty Murray**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

**Transaction ID : 6476657**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Donnelly for Indiana**

Mailing Address P.O. Box 891

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement

011

Candidate Name

**Mr. Joseph Donnelly**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

**Transaction ID : 6476658**

Amount of Each Disbursement this Period

2500.00

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

5500.00

**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)  
**ST JUDE MEDICAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Wyden for Senate**

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement

011

Candidate Name

**Mr. Ronald Wyden**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

**Transaction ID : 6476659**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Portman For Senate Committee**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement

011

Candidate Name

**Sen. Rob Portman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

**Transaction ID : 6476660**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. ROBERTS, PAT**

Mailing Address PO BOX 15

City DODGE CITY State KS Zip Code 67801

Purpose of Disbursement

011

Candidate Name

**Pat Roberts**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

**Transaction ID : 6476662**

Amount of Each Disbursement this Period

2500.00

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

5500.00

**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)  
**ST JUDE MEDICAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Al Franken for Senate 2014**

Mailing Address 420 C Street

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

**Mr. Al Franken**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : 6476663**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Tim Scott For Senate**

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement

011

Candidate Name

**Sen. Tim Scott**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : 6476666**

Amount of Each Disbursement this Period

2500.00

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

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

3500.00

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

28000.00