

**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.

12FE4M5

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

ONE LILLEHEI PLAZA

☐ Check if different than previously reported. (ACC)

ST PAUL

MN

55117

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00305029

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2013

through

M M M / D D D / Y Y Y Y Y Y
12 31 2013

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

M M M / D D D / Y Y Y Y Y Y
01 23 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.

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

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		43414.99
(b) Cash on Hand at Beginning of Reporting Period.....	83438.85	
(c) Total Receipts (from Line 19)	25782.25	98806.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	109221.10	142221.10
7. Total Disbursements (from Line 31)	58900.00	91900.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	50321.10	50321.10
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	1		2	0	1	3		

To:

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

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).....	21281.75	77784.25
(ii) Unitemized	4500.50	21021.86
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	25782.25	98806.11
(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)	25782.25	98806.11
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))	25782.25	98806.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25782.25	98806.11

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	57000.00	90000.00
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	1900.00	1900.00
(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)).....	1900.00	1900.00
29. Other Disbursements	0.00	0.00
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)) ..	58900.00	91900.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58900.00	91900.00

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)	25782.25	98806.11
34. Total Contribution Refunds (from Line 28(d))	1900.00	1900.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23882.25	96906.11
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 30
(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. Daniel Froelich

Mailing Address 7112 Round Hill Road

City State Zip Code
McKinney TX 75070-5709

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Jude Medical

Occupation

Dir, Education & Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : 5376939

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. Ashli Douglas

Mailing Address 615 25th St. S

City State Zip Code
Arlington VA 22202-2529

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 ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : 5377145

Amount of Each Receipt this Period

1300.00

Full Name (Last, First, Middle Initial)

C. Don Deno

Mailing Address 409 137th Lane NW

City State Zip Code
Andover MN 55304-4164

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Jude Medical

Occupation

Scientist Sr Pr, Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : 5692792

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B Totalling \$1900.00 This changes the YTD Total to \$380.00

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

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

1525.00

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 30
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Erhan Erdemir

Mailing Address 1220 Countryview Circle

City State Zip Code
 Maplewood MN 55109-5523

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Jude Medical

Occupation

Engineer Sr, Research Software

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR53746956466

Amount of Each Receipt this Period

650.00

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

Full Name (Last, First, Middle Initial)

B. Don Deno

Mailing Address 409 137th Lane NW

City State Zip Code
 Andover MN 55304-4164

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Jude Medical

Occupation

Scientist Sr Pr, Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR53748686466

Amount of Each Receipt this Period

1440.00

P/R Deduction (\$120.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Todd De Baker

Mailing Address 1332 126th Ave NW

City State Zip Code
 Coon Rapids MN 55448-4004

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Jude Medical

Occupation

Director, QA/QC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR53749046466

Amount of Each Receipt this Period

195.00

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

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

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

2285.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. David Elliot

Mailing Address One St. Jude Medical Dr

City

Saint Paul

State

MN

Zip Code

55117-1789

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Jude Medical

Occupation

VP, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR53749196466

Amount of Each Receipt this Period

325.00

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

Full Name (Last, First, Middle Initial)

B. Ann Graves

Mailing Address 1455 Clippership Court

City

Woodbury

State

MN

Zip Code

55125-8564

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Jude Medical

Occupation

VP, Regulatory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR53750786466

Amount of Each Receipt this Period

975.00

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

Full Name (Last, First, Middle Initial)

C. John McMurtry

Mailing Address 1790 Ringneck Drive

City

Excelsior

State

MN

Zip Code

55331-9064

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Jude Medical

Occupation

Manager Sr, EH&S

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR53752926466

Amount of Each Receipt this Period

650.00

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

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

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

1950.00

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

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

FOR LINE NUMBER: PAGE 9 OF 30
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. 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

St. Jude Medical

Occupation

Director Sr, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR53754616466

Amount of Each Receipt this Period

325.00

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

Full Name (Last, First, Middle Initial)

B. Brenda Inman

Mailing Address 4260 Lynfield Lane

City State Zip Code
 San Jose CA 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR53755266466

Amount of Each Receipt this Period

325.00

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

Full Name (Last, First, Middle Initial)

C. Steven Glasser

Mailing Address 1887 Guilford Circle

City State Zip Code
 Thousand Oaks CA 91360-3219

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Jude Medical

Occupation

Engineer, Senior Software

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR53757046466

Amount of Each Receipt this Period

162.50

P/R Deduction (\$12.50 Bi-Weekly)

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

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

812.50

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mark Trebilcock

Mailing Address 28416 Casselman Lane

City State Zip Code
 Saugus CA 91350-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Jude Medical

Occupation

Mgr,SBU(StrtBusUnit)Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR53759056466

Amount of Each Receipt this Period

325.00

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

Full Name (Last, First, Middle Initial)

B. Nirav Dalal

Mailing Address 11449 Santini Lane

City State Zip Code
 Porter Ranch CA 91326-4426

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Jude Medical

Occupation

Dir, Assoc Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR53760266466

Amount of Each Receipt this Period

650.00

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

Full Name (Last, First, Middle Initial)

C. John Davis

Mailing Address 10375 E. Texas Sage Ln.

City State Zip Code
 Scottsdale AZ 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR53760806466

Amount of Each Receipt this Period

325.00

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

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

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

1300.00

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

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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mari Mikkelsen

Mailing Address 10833 West Alvarado Road

City

AVONDALE

State

AZ

Zip Code

85392-5475

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Jude Medical

Occupation

Administrator, Tech Publicatns

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR53760986466

Amount of Each Receipt this Period

195.00

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

Full Name (Last, First, Middle Initial)

B. Maria Hernandez

Mailing Address 37735 Grant Court

City

Palmdale

State

CA

Zip Code

93552-3950

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Jude Medical

Occupation

Supv, Sr Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR53762466466

Amount of Each Receipt this Period

195.00

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

Full Name (Last, First, Middle Initial)

C. Balakrishnan Shankar

Mailing Address 7001 Parkwood Blvd. #3151

City

Plano

State

TX

Zip Code

75024-4208

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Jude Medical

Occupation

VP, Software Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR53763146466

Amount of Each Receipt this Period

195.00

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

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

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

585.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 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. David Ewing

Mailing Address 10 Mitchell Springs Court

City State Zip Code
 Simpsonville SC 29681-3601

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Jude Medical

Occupation

VP, Global Ops Comp Mfg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR53763296466

Amount of Each Receipt this Period

650.00

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

Full Name (Last, First, Middle Initial)

B. Steven Hill

Mailing Address 12933 Monticello Lane

City State Zip Code
 Champlin MN 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 ▼

475.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR53766376466

Amount of Each Receipt this Period

325.00

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

Full Name (Last, First, Middle Initial)

C. Ronald Kuykendall

Mailing Address 2601 Welty Street

City State Zip Code
 McKinney TX 75071-8512

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Jude Medical

Occupation

Director, Global QA Developmt & Trning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR53767126466

Amount of Each Receipt this Period

325.00

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

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

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

1300.00

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 13 OF 30

☒ 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. Lisa Schoening

Mailing Address 9902 Jandel Ave Ne

City
Monticello

State Zip Code
MN 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 ▼

500.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR53767316466

Amount of Each Receipt this Period

325.00

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

Full Name (Last, First, Middle Initial)

B. Donald Zurbay

Mailing Address 10457 Scott Ave N

City
Brooklyn Park

State Zip Code
MN 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 ▼

1000.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR53767396466

Amount of Each Receipt this Period

650.00

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

Full Name (Last, First, Middle Initial)

C. Jeffry Fecho

Mailing Address 6165 Fernbrook Lane N

City
Plymouth

State Zip Code
MN 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 ▼

500.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR53767406466

Amount of Each Receipt this Period

325.00

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

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

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

1300.00

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

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

FOR LINE NUMBER: PAGE 14 OF 30
(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. Jason Zellers

Mailing Address 3561 Settlers Way

City State Zip Code
 Stillwater MN 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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR53767416466

Amount of Each Receipt this Period

1300.00

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

Full Name (Last, First, Middle Initial)

B. Rachel Ellingson

Mailing Address 5019 Arden Ave

City State Zip Code
 Edina MN 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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR53767426466

Amount of Each Receipt this Period

1300.00

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

Full Name (Last, First, Middle Initial)

C. Angela Craig

Mailing Address 1580 Blackhawk Lake Drive

City State Zip Code
 Eagan MN 55122-1245

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR53767446466

Amount of Each Receipt this Period

650.00

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

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

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

3250.00

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

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

FOR LINE NUMBER: PAGE 15 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jeffrey Zigler

Mailing Address 8229 Crabtree Drive

City State Zip Code
 Austin TX 78750-7833

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 St. Jude Medical Mgr, Sr. Healthcare Economics

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR53768686466

Amount of Each Receipt this Period

325.00

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

Full Name (Last, First, Middle Initial)

B. Ellen Rick

Mailing Address 1520 Highland Rd

City State Zip Code
 Winter Park FL 32789-5743

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 St. Jude Medical Director, National Accounts

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR53769566466

Amount of Each Receipt this Period

325.00

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

Full Name (Last, First, Middle Initial)

C. Robert Dunn Jr

Mailing Address 11833 Sterling Panorama Terr

City State Zip Code
 Austin TX 78738-5017

FEC ID number of contributing
federal political committee.

C

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

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR53769836466

Amount of Each Receipt this Period

250.00

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

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

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

900.00

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

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

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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 State Zip Code
 Las Vegas NV 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR53771956466

Amount of Each Receipt this Period

325.00

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

Full Name (Last, First, Middle Initial)

B. Richard Cadic

Mailing Address 2141 Azalea Circle

City State Zip Code
 Decatur GA 30033-2609

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 ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR53775096466

Amount of Each Receipt this Period

325.00

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

Full Name (Last, First, Middle Initial)

C. Andrew Norden

Mailing Address 3241 Cherry Meadow Path

City State Zip Code
 Lexington KY 40509-8548

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Jude Medical

Occupation

Territory Mgr III, NMD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR53775926466

Amount of Each Receipt this Period

325.00

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

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

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

975.00

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

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

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☐ 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. Timothy Lyons

Mailing Address 15660 Kesselwood Trail

City

Marshall

State

MI

Zip Code

49068-9476

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 ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR53776956466

Amount of Each Receipt this Period

325.00

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

Full Name (Last, First, Middle Initial)

B. Pamela Holly

Mailing Address 635 Dougherty Oaks Ct

City

Ballwin

State

MO

Zip Code

63021-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Jude Medical

Occupation

Cardiovascular Sales Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR53777356466

Amount of Each Receipt this Period

325.00

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

Full Name (Last, First, Middle Initial)

C. Steven Allen

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

M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR53778826466

Amount of Each Receipt this Period

195.00

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

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

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

845.00

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)

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☒ 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 Tuckerman

Mailing Address 11602 Claymont Cir.

City

Windermere

State

FL

Zip Code

34786-5331

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Jude Medical

Occupation

Dir, Sr. Regional Sales, EP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR53782196466

Amount of Each Receipt this Period

195.00

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

Full Name (Last, First, Middle Initial)

B. Jeffrey Powell

Mailing Address 5 Thornwood Lane

City

Greenville

State

SC

Zip Code

29605-3150

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Jude Medical

Occupation

Divisional Vice President, CRM/AF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR53782486466

Amount of Each Receipt this Period

650.00

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

Full Name (Last, First, Middle Initial)

C. Keith Boettiger

Mailing Address 18 Ehrlich Rd

City

Austin

State

TX

Zip Code

78746-3109

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Jude Medical

Occupation

VP, Sales, NMD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR53782506466

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

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

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

1105.00

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

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

FOR LINE NUMBER: PAGE 19 OF 30
(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. Scott Holstine

Mailing Address 6200 Soter Pkwy

City State Zip Code
Austin TX 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 ▼

3652.75

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : PR53782516466

Amount of Each Receipt this Period

2499.25

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

Full Name (Last, First, Middle Initial)

B. David Hendrick

Mailing Address 2204 Demona Dr

City State Zip Code
Austin TX 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : PR53782726466

Amount of Each Receipt this Period

650.00

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

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

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

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

3149.25

21281.75

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 30

<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. Bera For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2013

Mailing Address Post Office Box 582496

City	State	Zip Code
Elk Grove	CA	95758

Transaction ID : 5449387

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Ami Bera MDCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 07

Amount	2000.00
--------	---------

Full Name (Last, First, Middle Initial)

B. RICHARD BURR COMMITTEE; THE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2013

Mailing Address POST OFFICE BOX 5928

City	State	Zip Code
WINSTON-SALEM	NC	27113

Transaction ID : 5449388

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Mr. Richard BurrCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NC District:

Amount	1000.00
--------	---------

Full Name (Last, First, Middle Initial)

C. Diana DeGette for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2013

Mailing Address 228 2nd Street SE

City	State	Zip Code
Washington	DC	20003

Transaction ID : 5449389

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Ms. Diana DegetteCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CO District: 01

Amount	1000.00
--------	---------

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

Amount	4000.00
--------	---------

Amount	
--------	--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 30

<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. Alexander For Senate 2014 Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2013

Mailing Address 228 S Washington Street Suite 115

City	State	Zip Code
Alexandria	VA	22314

Transaction ID : 5449390

Purpose of Disbursement

011

Amount of Each Disbursement this Period

2000.00

Candidate Name

Sen. Lamar AlexanderCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN

District:

Full Name (Last, First, Middle Initial)

B. Scott Peters For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2013

Mailing Address PO Box 70980

City	State	Zip Code
Washington	DC	20024

Transaction ID : 5449391

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. Scott PetersCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 52

Full Name (Last, First, Middle Initial)

C. Donnelly for Indiana

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2013

Mailing Address P.O. Box 891

City	State	Zip Code
Indianapolis	IN	46206

Transaction ID : 5449392

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Mr. Joseph DonnellyCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 30

<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. Richard E Neal For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2013

Mailing Address 76 Magnolia Terrace

City	State	Zip Code
Springfield	MA	01108

Purpose of Disbursement

011

Transaction ID : 5449393

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. Richard NealCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 01

Full Name (Last, First, Middle Initial)

B. Boustany for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2013

Mailing Address 217 Third Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

011

Transaction ID : 5449394

Amount of Each Disbursement this Period

2000.00

Candidate Name

Mr. Charles BoustanyCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 07

Full Name (Last, First, Middle Initial)

C. Susan Davis For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2013

Mailing Address PO Box 84049

City	State	Zip Code
San Diego	CA	92138

Purpose of Disbursement

011

Transaction ID : 5449395

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. Susan DavisCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 53

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

4000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 30

<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. Portman For Senate Committee

Mailing Address 9856 Archer Lane

City	State	Zip Code
Dublin	OH	43017

Purpose of Disbursement

011

Candidate Name

Sen. Rob Portman

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2013

Transaction ID : 5449396

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Tim Scott For Senate

Mailing Address 1405 Ashley River Road

City	State	Zip Code
Charleston	SC	29407

Purpose of Disbursement

011

Candidate Name

Sen. Tim Scott

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2013

Transaction ID : 5449397

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Jeff Duncan for Congress

Mailing Address 499 S Capital Street SW, Suite 420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

011

Candidate Name

Mr. Jeff Duncan

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: SC District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2013

Transaction ID : 5449398

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 30

<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. McConnell Senate Committee 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2013

Mailing Address 425 2nd Street, NE

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement

011

Transaction ID : 5449449

Amount of Each Disbursement this Period

5000.00

Candidate Name

Mr. Mitch McConnellCategory/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: KY District:

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. MATHESON FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2013

Mailing Address P.O. BOX 521048

City	State	Zip Code
SALT LAKE CITY	UT	84152

Purpose of Disbursement

011

Transaction ID : 5449450

Amount of Each Disbursement this Period

2000.00

Candidate Name

Mr. James MathesonCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: UT District: 02

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. ROBERTS, PAT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2013

Mailing Address PO BOX 15

City	State	Zip Code
DODGE CITY	KS	67801

Purpose of Disbursement

011

Transaction ID : 5449451

Amount of Each Disbursement this Period

2000.00

Candidate Name

Pat RobertsCategory/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: KS District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

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 25 OF 30

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Betty McCollum for Congress

Mailing Address P.O. Box 14131

City State Zip Code
 St Paul MN 55114

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ms. Betty McCollum

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 09 / 27 / 2013

Transaction ID : 5449452

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. People for Patty Murray

Mailing Address 122 Maryland Avenue, NE

City State Zip Code
 Washington DC 20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ms. Patty Murray

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : 5686626

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Chris Coons for Delaware

Mailing Address 1602 Belle View Boulevard #510

City State Zip Code
 Alexandria VA 22307

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Christopher Coons

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: DE District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : 5686627

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 30

<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. Kay Hagan for U.S. Senate

Mailing Address 426 C Street, NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement

011

Candidate Name

Ms. Kay Hagan

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : 5686628

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Kay Hagan for U.S. Senate

Mailing Address 426 C Street, NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement

011

Candidate Name

Ms. Kay Hagan

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : 5686629

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Marsha Blackburn for CongressMailing Address 499 South Capitol Street SW
Suite 420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

011

Candidate Name

Ms. Marsha Blackburn

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : 5686630

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 30

<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. Guthrie for CongressMailing Address 499 S Capitol Street SW
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Mr. S. Brett GuthrieOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : 5686643

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Pompeo For Congress Inc

Mailing Address PO Box 780146

City Wichita State KS Zip Code 67212

Purpose of Disbursement

011

Candidate Name

Rep. Mike PompeoOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : 5686644

Amount of Each Disbursement this Period

1000.00

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 PetersOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : 5686645

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 30

<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. MATHESON FOR CONGRESS

Mailing Address P.O. BOX 521048

City	State	Zip Code
SALT LAKE CITY	UT	84152

Purpose of Disbursement

011

Candidate Name

Mr. James Matheson

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: UT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : 5686647

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Tiberi For CongressMailing Address 2931 E Dublin Granville Road
Suite 190

City	State	Zip Code
Columbus	OH	43231

Purpose of Disbursement

011

Candidate Name

Rep. Pat Tiberi

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : 5686648

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mike Kelly For Congress

Mailing Address PO Box 476

City	State	Zip Code
Lyndora	PA	16045

Purpose of Disbursement

011

Candidate Name

Rep. Mike Kelly

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : 5686649

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 30

<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 ERIK PAULSEN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

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

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2014

☒

Primary

☐

General

☐

Other (specify) ▼

State: MN

District: 03

Transaction ID : 5686650

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tony Cardenas for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Mailing Address 3700 Wilshire Blvd., Ste 1050A

City

Los Angeles

State

CA

Zip Code

90010

Purpose of Disbursement

011

Candidate Name

Mr. Tony Cardenas

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2014

☒

Primary

☐

General

☐

Other (specify) ▼

State: CA

District: 29

Transaction ID : 5686651

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Chris Murphy

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Mailing Address PO Box 127

City

Cheshire

State

CT

Zip Code

06410

Purpose of Disbursement

011

Candidate Name

Christopher Murphy

Office Sought:

☐

House

☒

Senate

☐

President

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

State: CT

District:

Transaction ID : 5686933

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

57000.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

A. Don Deno

Mailing Address 409 137th Lane NW

City	State	Zip Code
Andover	MN	55304-4164

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Three 7-segment displays are shown, each with a different number of segments lit. The first display shows '12' with 4 segments lit. The second display shows '16' with 5 segments lit. The third display shows '2013' with 7 segments lit. The displays are arranged horizontally and separated by slashes.

Transaction ID : 5604281

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

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

1900.00

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

1900.00