

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) [X]

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

5. Covering Period 07 / 01 / 2012 through 09 / 30 / 2012

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 / 10 / 2012

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)

Page 2

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="2012"/>		59687.10
(b) Cash on Hand at Beginning of Reporting Period.....	89579.69	
(c) Total Receipts (from Line 19) .....	9368.24	82591.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	98947.93	142279.00
7. Total Disbursements (from Line 31).....	67500.00	110831.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	31447.93	31447.93
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

FEC Form 3X (Rev. 06/2004)

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).....	7996.24	64486.40
(ii) Unitemized .....	1372.00	18105.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9368.24	82591.90
(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) .....	9368.24	82591.90
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))..... ▶	9368.24	82591.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9368.24	82591.90

**DETAILED SUMMARY PAGE**  
of Disbursements

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	331.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	331.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	67500.00	110500.00
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	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)) ..	67500.00	110831.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67500.00	110831.07

**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) .....	9368.24	82591.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9368.24	82591.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	0.00	331.07
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	331.07

**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 21  
(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. Satish Amancharla**

Mailing Address 3761 121st Ave NW

City State Zip Code  
 Coon Rapids MN 55433

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

Name of Employer Occupation  
 St Jude Medical Mgr., II APD Integrated Systems

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 09 / 28 / 2012  
**Transaction ID : SA11AI.6272**

Amount of Each Receipt this Period  
 175.00

Bi-weekly Payroll

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

Mailing Address 2141 Azalea Circle

City State Zip Code  
 Decatur GA 30033

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

Name of Employer Occupation  
 St Jude Medical Sales Rep., CRM

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 09 / 28 / 2012  
**Transaction ID : SA11AI.6276**

Amount of Each Receipt this Period  
 105.00

Bi-weekly Payroll

Full Name (Last, First, Middle Initial)  
**c. Frank Callaghan**

Mailing Address 10712 Sanctuary Drive NE

City State Zip Code  
 Blaine MN 55449

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

Name of Employer Occupation  
 St Jude Medical President, G & A Admin.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 09 / 28 / 2012  
**Transaction ID : SA11AI.6277**

Amount of Each Receipt this Period  
 700.00

Bi-weekly Payroll

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 980.00

**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 7 OF 21
<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) <b>A. Angela Craig</b>		Date of Receipt MM / DD / YYYY 09 / 28 / 2012 <b>Transaction ID : SA11AI.6279</b>
Mailing Address 1966 Princeton Ave.		Amount of Each Receipt this Period 630.00
City St. Paul	State MN	Zip Code 55105
FEC ID number of contributing federal political committee. C	Bi-weekly Payroll	
Name of Employer St Jude Meidical	Occupation VP, Corporate Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

Full Name (Last, First, Middle Initial) <b>B. John Davis</b>		Date of Receipt MM / DD / YYYY 09 / 28 / 2012 <b>Transaction ID : SA11AI.6281</b>
Mailing Address 10375 E Texas Sage Lane		Amount of Each Receipt this Period 105.00
City Scottsdale	State AZ	Zip Code 85255
FEC ID number of contributing federal political committee. C	Bi-weekly Payroll	
Name of Employer St Jude Medical	Occupation Director/Plant Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) <b>C. Todd De Baker</b>		Date of Receipt MM / DD / YYYY 09 / 28 / 2012 <b>Transaction ID : SA11AI.6282</b>
Mailing Address 1332 126th Ave NW		Amount of Each Receipt this Period 105.00
City Coon Rapids	State MN	Zip Code 55448
FEC ID number of contributing federal political committee. C	Bi-weekly Payroll	
Name of Employer St Jude Medical - AF	Occupation Director, QA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	840.00
<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 8 OF 21
	<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)  
**A. Michael Diverde**

Mailing Address 933 Angels Camp Court

City Las Vegas State NV Zip Code 89138

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

Name of Employer St Jude Medical Sales Occupation Dr., 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 / 28 / 2012

**Transaction ID : SA11AI.6283**

Amount of Each Receipt this Period  
**175.00**

Bi-weekly Payroll

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

Mailing Address 615 25th Street S

City Arlington State VA Zip Code 22202

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

Name of Employer St Jude Medical Occupation Sr. Dir., Gov. Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1735.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11AI.6286**

Amount of Each Receipt this Period  
**595.00**

Bi-weekly Payroll

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

Mailing Address 5019 Arden Ave

City Edina State MN Zip Code 55424

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

Name of Employer St Jude Medical Occupation VP, Corp Comm. & Investor Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11AI.6287**

Amount of Each Receipt this Period  
**175.00**

Bi-weekly Payroll

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>945.00</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: (check only one)	PAGE 9 OF 21
<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. Jeff Fecho**

Mailing Address 213 Birch Ave NW

City	State	Zip Code
St Michael	MN	55376

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

Name of Employer	Occupation
St Jude Medical	VP, Quality

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	/	28	/	2012

**Transaction ID : SA11AI.6289**

Amount of Each Receipt this Period  

175.00
--------

Bi-weekly Payroll

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

Mailing Address 1455 Clippership Ct.

City	State	Zip Code
Woodbury	MN	55125

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

Name of Employer	Occupation
St Jude Medical - Cardiovascul	Director, Sr. Regulatory

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1460.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

**Transaction ID : SA11AI.6290**

Amount of Each Receipt this Period  

700.00
--------

Bi-weekly Payroll

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

Mailing Address 2204 Demona Drive

City	State	Zip Code
Austin	TX	78733

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

Name of Employer	Occupation
St Jude Medical	VP., Corporate 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	/	28	/	2012

**Transaction ID : SA11AI.6294**

Amount of Each Receipt this Period  

175.00
--------

Bi-weekly Payroll

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1050.00</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: (check only one)	PAGE 10 OF 21
	<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)  
**A. Richard Hoare**

Mailing Address 6131 Northwood Road

City Dallas State TX Zip Code 75225

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

Name of Employer St Jude Medical Occupation President - NMD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 09 / 28 / 2012  
**Transaction ID : SA11AI.6296**

Amount of Each Receipt this Period  
**350.00**

Bi-weekly Payroll

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

Mailing Address 214 Knox

City Houston State TX Zip Code 77007

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

Name of Employer St Jude Medical - USD Occupation VP, Corporate Accounts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 09 / 28 / 2012  
**Transaction ID : SA11AI.6298**

Amount of Each Receipt this Period  
**350.00**

Bi-weekly Payroll

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

Mailing Address 4071 Chama Street

City Prosper State TX Zip Code 75078

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

Name of Employer St Jude Medical Occupation Dir., Organizational Dev and Training

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 09 / 28 / 2012  
**Transaction ID : SA11AI.6300**

Amount of Each Receipt this Period  
**105.00**

Bi-weekly Payroll

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **805.00**

**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 21
<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. Christopher Lucero**  
Full Name (Last, First, Middle Initial)

Mailing Address 21947 Wakefield Ct

City Santa Clarita State CA Zip Code 91350

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

Name of Employer St Jude Medical CRM Occupation Engineer, Sr Design Assur

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1061.15**

Date of Receipt **09 / 28 / 2012**

**Transaction ID : SA11AI.6303**

Amount of Each Receipt this Period **464.24**

Bi-weekly Payroll

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

Mailing Address 3110 Thomas Ave #327

City Dallas State TX Zip Code 75204

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

Name of Employer St Jude Medical NMD Occupation Compliance Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **09 / 28 / 2012**

**Transaction ID : SA11AI.6304**

Amount of Each Receipt this Period **350.00**

Bi-weekly Payroll

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

Mailing Address 1215 Oakview Lane N

City Plymouth State MN Zip Code 55441

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

Name of Employer St Jude Medical Occupation VP., IT & CIO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1536.00**

Date of Receipt **09 / 28 / 2012**

**Transaction ID : SA11AI.6307**

Amount of Each Receipt this Period **672.00**

Bi-weekly Payroll

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1486.24</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: (check only one)	PAGE 12 OF 21
	<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. Lisa Schoening**  
Full Name (Last, First, Middle Initial)

Mailing Address 9902 Jandel Ave. NE

City Monticello State MN Zip Code 55362

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

Name of Employer St Jude Medical Occupation Director, Sr., HR. CVD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 09 / 28 / 2012  
**Transaction ID : SA11AI.6308**

Amount of Each Receipt this Period  
**175.00**

Bi-weekly Payroll

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

Mailing Address 870 Calle Compo

City Thousand Oaks State CA Zip Code 91360

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

Name of Employer St Jude Medical - CRMD Occupation Engineer, Sr Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 09 / 28 / 2012  
**Transaction ID : SA11AI.6309**

Amount of Each Receipt this Period  
**175.00**

Bi-weekly Payroll

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

Mailing Address 1828 113th Court NE

City Blaine State MN Zip Code 55449

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

Name of Employer St Jude Medical Occupation Director, Design Assurance CVD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 09 / 28 / 2012  
**Transaction ID : SA11AI.6311**

Amount of Each Receipt this Period  
**105.00**

Bi-weekly Payroll

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **455.00**

**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 13 OF 21
<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. Michael Tuckerman**

Mailing Address 11602 Claymont Circle

City Windermere State FL Zip Code 34786

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

Name of Employer St Jude Medical Occupation Director Regional Sales - CRM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **09 / 28 / 2012**

**Transaction ID : SA11AI.6316**

Amount of Each Receipt this Period **105.00**

Bi-weekly Payroll

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

Mailing Address 3248 Holmes Ave S

City Minneapolis State MN Zip Code 55408

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

Name of Employer St Jude Medical - Cardio Occupation VP., BVusiness Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **09 / 28 / 2012**

**Transaction ID : SA11AI.6319**

Amount of Each Receipt this Period **350.00**

Bi-weekly Payroll

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

Mailing Address 14056 Vale Court

City Eden Prairie State MN Zip Code 55346

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 **09 / 28 / 2012**

**Transaction ID : SA11AI.6320**

Amount of Each Receipt this Period **105.00**

Bi-weekly Payroll

**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 21
	<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. Paul Young**  
Full Name (Last, First, Middle Initial)

Mailing Address 1601 Resaca Blvd.

City Austin State TX Zip Code 78738

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

Name of Employer St Jude Medical Occupation Sr. VP Finance USD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 09 / 28 / 2012  
**Transaction ID : SA11AI.6323**

Amount of Each Receipt this Period  
**175.00**

Bi-weekly Payroll

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

Mailing Address 3561 Settlers Way

City Stillwater State MN Zip Code 55082

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 09 / 28 / 2012  
**Transaction ID : SA11AI.6324**

Amount of Each Receipt this Period  
**350.00**

Bi-weekly Payroll

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

Mailing Address 10457 Scott Ave. N

City Brooklyn Park State MN Zip Code 55443

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

Name of Employer St Jude Medical Occupation VP & Corporate Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt  
 09 / 28 / 2012  
**Transaction ID : SA11AI.6325**

Amount of Each Receipt this Period  
**350.00**

Bi-weekly Payroll

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>875.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>7996.24</b>

**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  
Fundraiser

011

Candidate Name  
**Al Franken**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MN District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

Transaction ID : **SB23.6268**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. Betty McCollum for Congress**

Mailing Address P.O. Box 14131

City St Paul State MN Zip Code 55114

Purpose of Disbursement  
Fundraiser

011

Candidate Name  
**Betty McCollum**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MN District: 04

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

Transaction ID : **SB23.6243**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Bilbray for Congress**

Mailing Address 3502 Halcyon Drive

City Alexandria State VA Zip Code 22305

Purpose of Disbursement  
Fundraiser

011

Candidate Name  
**Brian Bilbray**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 50

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

Transaction ID : **SB23.6254**

Amount of Each Disbursement this Period

2000.00

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

10000.00

**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. Bob Casey for Senate**

Mailing Address 303 Massachusetts Ave. NE 1st Floor

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Fundraiser

011

Candidate Name

**Robert Casey**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

Transaction ID : **SB23.6237**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Campbell for Congress**

Mailing Address P.O. Box 1605

City Alexandria State VA Zip Code 22313

Purpose of Disbursement  
Fundraiser

011

Candidate Name

**John Campbell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: CA District: 48

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

Transaction ID : **SB23.6252**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Chris Coons for Delaware**

Mailing Address 1602 Belle View Boulevard #510

City Alexandria State VA Zip Code 22307

Purpose of Disbursement  
Fundraiser

011

Candidate Name

**Chris Coons**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: DE District:

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

Transaction ID : **SB23.6240**

Amount of Each Disbursement this Period

2500.00

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

6000.00

**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. Enzi for US Senate**

Mailing Address P.O. Box 2775

City State Zip Code  
Cody WY 82414

Purpose of Disbursement  
Fundraiser

011

Candidate Name

**Michael Enzi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: WY District:

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

**Transaction ID : SB23.6253**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ERIK PAULSEN**

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

City State Zip Code  
Eden Prairie MN 55344

Purpose of Disbursement  
Fundraiser

011

Candidate Name

**Erik Paulsen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

**Transaction ID : SB23.6257**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**C. Friends of John Barrasso Committee**

Mailing Address 406 Virginia Ave.

City State Zip Code  
Alexandria VA 22302

Purpose of Disbursement  
Fundraiser

011

Candidate Name

**John Barrasso**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: WY District:

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

**Transaction ID : SB23.6261**

Amount of Each Disbursement this Period

2500.00

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

11500.00

**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. Guthrie for Congress**

Mailing Address 499 S Capitol Street SW  
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Fundraiser

Candidate Name  
**Brett Guthrie**

Office Sought:  House  
 Senate  
 President  
State: KY District: 02

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB23.6234**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. HATCH ELECTION COMMITTEE INC**

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement  
Fundraiser

Candidate Name  
**Orin Hatch**

Office Sought:  House  
 Senate  
 President  
State: UT District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB23.6264**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. KLOBUCHAR FOR MINNESOTA**

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement  
Fundraiser

Candidate Name  
**Amy Klobuchar**

Office Sought:  House  
 Senate  
 President  
State: MN District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB23.6236**

Amount of Each Disbursement this Period

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

**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. ROGERS FOR CONGRESS**

Mailing Address PO Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement  
Fundraiser

011

Candidate Name

**Mike Rogers**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 08

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

**Transaction ID : SB23.6269**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Schweikert for Congress**

Mailing Address 8776 E Shea Blvd. Suite B3A-626

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement  
Fundraiser

011

Candidate Name

**David Schweikert**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AZ District: 05

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

**Transaction ID : SB23.6258**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Scott Brown for US Senate Committee Inc.**

Mailing Address 337 Summer Street

City Boston State MA Zip Code 02210

Purpose of Disbursement  
Fundraiser

011

Candidate Name

**Scott Brown**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MA District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

**Transaction ID : SB23.6248**

Amount of Each Disbursement this Period

5000.00

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

15000.00

**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. The Niki Tsongas Committee**

Mailing Address P.O. Box 1454

City Lowell State MA Zip Code 08153

Purpose of Disbursement  
Fundraiser

011

Candidate Name

**Niki Tsongas**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MA District: 05

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

**Transaction ID : SB23.6245**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. The Richard Burr Committee**

Mailing Address P.O. Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement  
Fundraiser

011

Candidate Name

**Richard Burr**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2012

**Transaction ID : SB23.6270**

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

**C. Tony Cardenas for Congress**

Mailing Address 3700 Wilshire Blvd., Ste 1050A

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement  
Fundraiser

011

Candidate Name

**Tony Cardenas**

Category/  
Type

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

**Transaction ID : SB23.6265**

Amount of Each Disbursement this Period

5000.00

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

9000.00

**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. Upton for All of US**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Fundraiser

Category/  
Type

Candidate Name  
**Fred Upton**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: MI District: 06

Date of Disbursement

/  /

**Transaction ID : SB23.6235**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. VOLUNTEERS FOR SHIMKUS**

Mailing Address 499 S Capital St. SW Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Fundraiser

Category/  
Type

Candidate Name  
**John Shimkus**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: OH District: 19

Date of Disbursement

/  /

**Transaction ID : SB23.6256**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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