

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2002 OCT 22

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: if typing, type over the lines.

12FE4M5

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

ONE LILLET PLAZA

Check if different than previously reported. (ACC)

ST PAUL

MINN

55117

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

00030529

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(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)

(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)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Report for the:

Convention (12C)

Special (12S)

Election on

11/02/2002

in the State of

MINN

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

10/01/2002

through

10/16/2002

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Peter L. Gahr

Signature of Treasurer

[Signature]

Date

10/18/2002

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 (Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

ST JUDE POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

10 01 2002

To:

10 16 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2002</u>		<u>1591.85</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>13941.85</u>	
(c) Total Receipts (from Line 19)	<u>0.00</u>	<u>26850.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>13941.85</u>	<u>28441.85</u>
7. Total Disbursements (from Line 30)	<u>1500.00</u>	<u>16000.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))	<u>12441.85</u>	<u>12441.85</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

ST. JOSE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

10/01/2002

To:

10/16/2002

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 (see Schedule A)	0.00	
(ii) Unitemized		
(iii) TOTAL (add	0.00	26,850.00
Lines 11(a)(i) and (ii)		
(b) Political Party Committees		
(c) Other Political Committees		
(such as PACs)		
(d) Total Contributions (add Lines	0.00	26,850.00
11(a)(i), (b), and (c)) (Carry		
Totals to Line 32, page 4)		
12. Transfers From Affiliated/Other		
Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures		
(Relunds, Rebates, etc.)		
(Carry Totals to Line 36, page 4)		
16. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees		
17. Other Federal Receipts		
(Dividends, Interest, etc.)		
18. Transfers from Nonfederal		
Account for Joint Activity		
19. Total Receipts (add Lines 11(d),	0.00	26,850.00
12, 13, 14, 15, 16, 17, and 18)		
20. Total Federal Receipts		
(subtract Line 18 from Line 19)		

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1A01)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,500.00	16,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions to:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	1,500.00	16,000.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(e), page 3)	0.00	26,850.00
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	0.00	26,850.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35)		

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)				PAGE 1 OF 2	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29				

Any information copied from such Reports and Statements may not be used or read 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 committees.

NAME OF COMMITTEE (in Full)
ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Mark Kennedy (D) Date of Disbursement 10/03/2002

Mailing Address P.O. Box 300

City Buffalo State MN Zip Code 55313 Amount of Each Disbursement this Period 250.00

Purpose of Disbursement Fundraiser Category/Type Other

Candidate Name Mark Kennedy

Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____

State: MN District: 10th

B. Full Name (Last, First, Middle Initial) Kline for Congress Date of Disbursement 10/03/2002

Mailing Address 14101 Southcross Dr W Suite 125

City Burnsville State MN Zip Code 55337-6910 Amount of Each Disbursement this Period 250.00

Purpose of Disbursement Fundraiser Category/Type Other

Candidate Name John Kline

Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____

State: MN District: _____

C. Full Name (Last, First, Middle Initial) Coleman for Senate Date of Disbursement 10/02/2002

Mailing Address 1410 Energy Park Drive, Suite 11

City ST. PAUL State MN Zip Code 55109 Amount of Each Disbursement this Period 500.00

Purpose of Disbursement Fundraiser Category/Type Other

Candidate Name Norm Coleman

Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____

State: MN District: _____

SUBTOTAL of Disbursements This Page (optional) 1,000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 29
<input type="checkbox"/> 28	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 28d	<input type="checkbox"/> 28e	<input type="checkbox"/> 28f	<input type="checkbox"/> 28g

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Coleman for Senate

Mailing Address

1410 Energy Park Drive, Suite 11

CITY ST. PAUL

State MN Zip Code 55108

Purpose of Disbursement

Fundraiser

Candidate Name

Norm Coleman

Category/Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary
 General
 Other (specify)

State: MN District:

Date of Disbursement

10/25/2002

Amount of Each Disbursement this Period

60000

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary
 General
 Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary
 General
 Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)


TOTAL This Period (last page this line number only)

50000
150000

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <u>10/28/08</u>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	<u>10/28/08</u> DATE PREPARED