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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines. **12FB4M5**
ST. JUDE POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ONE LILLEHEI PLAZA
City ST. PAUL State MINN ZIP CODE 55117
 Check if different than previously reported. (AGC)

2. FEC IDENTIFICATION NUMBER 00030529
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] In the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] In the State of []

5. Covering Period 04/01/2002 through 06/30/2002

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 J. Gove
Signature of Treasurer [Signature] Date 07/12/2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 8437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 04/01/2002 To: 06/30/2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2002</u>		<u>1,591.85</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>14,191.85</u>	
(c) Total Receipts (from Line 19)	<u>11,250.00</u>	<u>26,850.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>25,441.85</u>	<u>28,441.85</u>
7. Total Disbursements (from Line 30)	<u>5,000.00</u>	<u>8,000.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>20,441.85</u>	<u>20,441.85</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

Write or Type Committee Name

ST. JOSE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 01/01/2002 To: 06/30/2002

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 (use Schedule A)	11,950.00	
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii))	11,950.00	26,850.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	11,950.00	26,850.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, 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 (and Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	11,950.00	26,850.00
20. Total Federal Receipts (subtract Line 18 from Line 19)		

DETAILED SUMMARY PAGE
of Disbursements

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	5,000.00	8,000.00
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)	50,000.00	80,000.00
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(c), page 3)	11,250.00	26,850.00
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	11,250.00	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)		

2012 FEB 22 10:23 AM

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 1 OF 1

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. Devenoti, Rick R.

Mailing Address

14355 SE 77th Place

City

Newcastle

State

WA

Zip Code

98059

FEC ID number of contributing federal political committee.

C

Name of Employer

Microsoft Corporation

Occupation

CFO

Receipt For:

Primary General Other (specify)

Aggregate Year-to-Date

1500.00

Date of Receipt

04 10 2002

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Kroll, Mark W.

Mailing Address

493 SINALOA Road

City

SIMI VALLEY

State

CA

Zip Code

93065

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

Executive

Receipt For:

Primary General Other (specify)

Aggregate Year-to-Date

500.00

Date of Receipt

04 10 2002

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Elgin, Robert S.

Mailing Address

22 NORD CIRCLE ROAD

City

ST PAUL

State

MIN

Zip Code

55129

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

Executive

Receipt For:

Primary General Other (specify)

Aggregate Year-to-Date

700.00

Date of Receipt

04 10 2002

Amount of Each Receipt this Period

700.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2700.00

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 2 OF 7

<input type="checkbox"/> 11a	<input type="checkbox"/> 13b	<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. Full Name (Last, First, Middle Initial)
VARNO, WENDY L.

Mailing Address
442 RTE 202-206 N, PHB 218

City BEDMINSTER State NJ Zip Code 07921-0533

FEC ID number of contributing federal political committee: C

Name of Employer: MEXX & CO. Occupation: SVP, Human Resources

Receipt For: Primary General Other (specify) _____

Aggregate Year-to-Date: 500.00

Date of Receipt: 05/06/2002

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
FERRIER, EDWARD C.

Mailing Address
25071 Green Mill Ave.

City Newhall State CA Zip Code 91321-3453

FEC ID number of contributing federal political committee: C

Name of Employer: ST. Jude Medical Occupation: EXECUTIVE

Receipt For: Primary General Other (specify) _____

Aggregate Year-to-Date: 500.00

Date of Receipt: 05/06/2002

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
SONG, JANE

Mailing Address
6312 MARINA PALMERA DR. N

City Long Beach State CA Zip Code 90803

FEC ID number of contributing federal political committee: C

Name of Employer: ST JUDE MEDICAL Occupation: EXECUTIVE

Receipt For: Primary General Other (specify) _____

Aggregate Year-to-Date: 500.00

Date of Receipt: 05/06/2002

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) _____

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

1,500.00

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 5 of 7

<input 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. Full Name (Last, First, Middle Initial)
GRUBSIK, JOHN F

Mailing Address
332 CARPENTER AVE

City SEA CLIFF State NY Zip Code 11579

FEC ID number of contributing federal political committee: C

Name of Employer: ST. JUDE MEDICAL Occupation: EXECUTIVE

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 05 '06 3003

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
COYLE, MICHAEL J.

Mailing Address
100 STAGECOACH ROAD

City BELL CANYON State CA Zip Code 91307-1044

FEC ID number of contributing federal political committee: C

Name of Employer: ST. JUDE MEDICAL Occupation: EXECUTIVE

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 1500.00

Date of Receipt: 05 '06 3003

Amount of Each Receipt this Period: 1500.00

C. Full Name (Last, First, Middle Initial)
MATECARRIA, RONALD A.

Mailing Address
9167 HAPPY HOLLOW DRIVE

City SCOTTSDALE State AZ Zip Code 85262

FEC ID number of contributing federal political committee: C

Name of Employer: ST. JUDE MEDICAL Occupation: Board member

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 1000.00

Date of Receipt: 05 '06 3003

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) →

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

4000.00

**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 4 OF 7

<input 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 Full Name (Last, First, Middle Initial) CHRISTIANI, JUAN

Mailing Address 3011 SUSSEX ROAD

City ORONO State MIN Zip Code 55356

FEC ID number of contributing federal political committee. C

Name of Employer ST JUDE MEDICAL Occupation EXECUTIVE

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 300.00

Date of Receipt

03 / 09 / 2003

Amount of Each Receipt this Period

300.00

B Full Name (Last, First, Middle Initial) FRIN, ERIC S

Mailing Address 10 PRINCETON ROAD

City MENLO PARK State CA Zip Code 94025

FEC ID number of contributing federal political committee. C

Name of Employer ST. Jude Medical Occupation EXECUTIVE

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 500.00

Date of Receipt

03 / 24 / 2003

Amount of Each Receipt this Period

500.00

C Full Name (Last, First, Middle Initial) FIEHLER, WILLIAM

Mailing Address 9696 VALAROND CANE N

City Maple Grove State MIN Zip Code 55311-1213

FEC ID number of contributing federal political committee. C

Name of Employer ST. JUDE MEDICAL Occupation EXECUTIVE

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 350.00

Date of Receipt

03 / 24 / 2003

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1150.00

**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 5 OF 7

<input 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. Full Name (Last, First, Middle Initial) Letter, Paul J

Mailing Address 5596 Woodland Trail

City Eagan State MN Zip Code 55123

FEC ID number of contributing federal political committee. C

Name of Employer St. Jude Medical Occupation Executive

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 500.00

Date of Receipt

06 / 05 / 2002

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial) HOFFMAN, JOAN

Mailing Address 28234 N INFINITY CIRCLE

City SAUGUS State CA Zip Code 91350

FEC ID number of contributing federal political committee. C

Name of Employer St. Jude Medical Occupation Executive

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 500.00

Date of Receipt

06 / 05 / 2002

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial) KAZIO, GEORGE J.

Mailing Address ONE LLEHEZ PLAZA

City ST. PAUL State MN Zip Code 55119-1961

FEC ID number of contributing federal political committee. C

Name of Employer ST. JUDE MEDICAL Occupation EXECUTIVE

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 400.00

Date of Receipt

06 / 10 / 2002

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1400.00

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 6 OF 7

<input 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. STOWERS, DENNIS A.

Mailing Address

4336 SOUTH LAKE BLVD.

City

SHOREVIEW

State

MN

Zip Code

55126

FEC ID number of contributing federal political committee

C

Name of Employer

ST. JUDE MEDICAL

Occupation

EXECUTIVE

Receipt For:

Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 10 2002

Amount of Each Receipt This Period

500.00

Full Name (Last, First, Middle Initial)

B. BRANDT, STEVE

Mailing Address

6140 CHESTRE LAKE, N

City

FLYMOOTH

State

MN

Zip Code

55446

FEC ID number of contributing federal political committee

C

Name of Employer

ST. JUDE MEDICAL

Occupation

EXECUTIVE

Receipt For:

Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 10 2002

Amount of Each Receipt This Period

250.00

Full Name (Last, First, Middle Initial)

C. PERT, LAXME N.

Mailing Address

8847 ST. CROIX ROAD

City

WOODBERRY

State

MN

Zip Code

55125

FEC ID number of contributing federal political committee

C

Name of Employer

ST. JUDE MEDICAL

Occupation

EXECUTIVE

Receipt For:

Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 27 2002

Amount of Each Receipt This Period

250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1,000.00

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 7	
(check only one)			
<input 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. **FRETSCHNER, WALTER J**

Date of Receipt
06/22/2007

Mailing Address
33 MARLBORO LANE

Amount of Each Receipt this Period
500.00

City **BELL CANYON** State **CA** Zip Code **91307**

FEC ID number of contributing federal political committee.
C

Name of Employer
ST. JUDE MEDICAL Occupation **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) **▼** Aggregate Year-to-Date **500.00**

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

Date of Receipt

Mailing Address

Amount of Each Receipt this Period

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

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

Date of Receipt

Mailing Address

Amount of Each Receipt this Period

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

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	11,250.00

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE / OF 24

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

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NAME OF COMMITTEE (In Full)

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends of Max Baucus

Mailing Address: **203 C Street, NE**

City: **WASHINGTON** State: **DC** Zip Code: **20004**

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

Candidate Name: **Max Baucus**

Office Sought: House Senate President

Disturbment For: Primary General Other (specify) ▼

State: **MT** District: _____

Date of Disbursement: **04/25/2002**

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

B. John Thone for South Dakota COMMITTEE

Mailing Address: **P.O. Box 516**

City: **Sioux Falls** State: **SD** Zip Code: **57101**

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

Candidate Name: **John Thone**

Office Sought: House Senate President

Disturbment For: Primary General Other (specify) ▼

State: **SD** District: _____

Date of Disbursement: **04/29/2002**

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

C. Mike Bilirakis for Congress

Mailing Address: **P.O. Box 1077**

City: **Tarpon Springs** State: **FL** Zip Code: **34688-1077**

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

Candidate Name: **Mike Bilirakis**

Office Sought: House Senate President

Disturbment For: Primary General Other (specify) ▼

State: **FL** District: **09**

Date of Disbursement: **05/06/2002**

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

SUBTOTAL of Disbursements This Page (optional) _____

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

2500.00

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)

<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"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c

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NAME OF COMMITTEE (In Full)

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

A. Coleman for Senate

Full Name (Last, First, Middle Initial) _____
 Mailing Address: **1410 Energy Park Drive**
 City: **ST. PAUL** State: **MN** Zip Code: **55108**

Purpose of Disbursement: **Fundraiser**

Candidate Name: **NORM COLEMAN**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **MN** District: _____

Date of Disbursement: **06 05 2002**

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

Category/Type: **ALL**

B. Friends of Chris Dodd

Full Name (Last, First, Middle Initial) _____
 Mailing Address: **236 Massachusetts Ave, NE, Suite 209**
 City: **Washington** State: **DC** Zip Code: **20002**

Purpose of Disbursement: **Fundraiser**

Candidate Name: **CHRIS DODD**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **CT** District: _____

Date of Disbursement: **06 27 2002**

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

Category/Type: **ALL**

C. Lotgren for Congress

Full Name (Last, First, Middle Initial) _____
 Mailing Address: **436 New Jersey Ave. SE**
 City: **Washington** State: **DC** Zip Code: **20003**

Purpose of Disbursement: **Fundraiser**

Candidate Name: **ZOE LOTGREN**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **CA** District: _____

Date of Disbursement: **06 27 2002**

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

Category/Type: **ALL**

SUBTOTAL of Disbursements This Page (optional) **2500.00**

TOTAL This Period (last page this line number only) **5000.00**

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
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