

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2007 JUL 30 AM 10:00
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 ▲

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

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

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

Election on

MM / DD / YYYY

in the State of

5. Covering Period

01 / 01 / 2007

through

06 / 30 / 2007

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

Date

07 / 27 / 2007

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

27039491341

**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="2007"/>	<input type="text" value="22791.85"/>	<input type="text" value="22791.85"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="22791.85"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="24892.04"/>	<input type="text" value="24892.04"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="47683.89"/>	<input type="text" value="47683.89"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8000.00"/>	<input type="text" value="8000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="39683.89"/>	<input type="text" value="39683.89"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value=""/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value=""/>	

27039491342

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: **01** ' **01** ' **2007** To: **06** ' **30** ' **2007**

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

	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).....	24,650.00	24,650.00
(ii) Unitemized.....	2,420.4	2,420.4
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	24,892.04	24,892.04
(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 33, page 5)..... ▶	24,892.04	24,892.04
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 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	24,892.04	24,892.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶		

27039491343

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		
(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.....	8,000.00	8,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (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. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8,000.00	8,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		

27039491344

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)	24,892.04	24,892.04
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24,892.04	24,892.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

27039491345

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 9

Grid for line numbers 11a-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

Form A: KOPELLOFF, ARIEL. Mailing Address: 4180 TARRYBRAE TER, TARZANA, CA 91356. Occupation: DIRECTOR, NPJ. Amount: 50.00

Date of Receipt: 03/07/2007. Amount of Each Receipt this Period: 50.00. Aggregate Year-to-Date: 50.00

Form B: KLEIN, DONALD. Mailing Address: 3605 BAILEY RIDGE DR., WOODBURY, MN 55125. Occupation: MARKETING DIRECTOR. Amount: 50.00

Date of Receipt: 03/07/2007. Amount of Each Receipt this Period: 50.00. Aggregate Year-to-Date: 50.00

Form C: GARRETT, THOMAS H. Mailing Address: 540 WENTWORTH AVE. W, ST. PAUL, MN 55118. Occupation: RETIRED. Amount: 2000.00

Date of Receipt: 03/07/2007. Amount of Each Receipt this Period: 2000.00. Aggregate Year-to-Date: 2000.00

SUBTOTAL of Receipts This Page (optional): 2100.00. TOTAL This Period (last page this line number only):

27039491346

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

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

FOR LINE NUMBER: PAGE **2** OF **9**
(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. BROWN, JOHN W.

Mailing Address

750 TRADE CENTRE

City **PORTAGE**

State **MI** Zip Code **49002**

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03 ' 07 ' 2007

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. FAIN, 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

EXEC. VP - CRM

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 ' 07 ' 2007

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. FREMAUX, ANDRE L.

Mailing Address

8722 TRINITY AVE

City **BATON ROUGE**

State **LA** Zip Code **70806**

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

REGIONAL SALES DIR-USD

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 ' 07 ' 2007

Amount of Each Receipt this Period

500.00

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

3000.00

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

27039491347

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

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

FOR LINE NUMBER: PAGE **3** OF **9**

<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. STARKS, DANIEL J.

Mailing Address

ONE LILLEHEI PLAZA

City

ST. PAUL

State

MN

Zip Code

55117

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

CEO & CHAIRMAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 ' 07 ' 2007

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. NORTHEMSCOLD, TOM

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

V.P., ADMIN.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03 ' 07 ' 2007

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. ESSIG, STUART M.

Mailing Address

26 CONISTON COURT

City

PRINCETON

State

NJ

Zip Code

08540

FEC ID number of contributing federal political committee.

C

Name of Employer

INTEGRA LIFE SCIENCES CORP.

Occupation

PRESIDENT & CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03 ' 07 ' 2007

Amount of Each Receipt this Period

2000.00

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

9000.00

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

9000.00

27039491348

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 4 OF 9
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **WAGNER, DENNIS**

Mailing Address

18572 65th AVE. NORTH

City

MAPLE GROVE

State

MN

Zip Code

55311

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

V.P. FINANCE - AF

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 ' 07 ' 2007

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. **VOELLER, LAWRENCE A.**

Mailing Address

469 WOODHILL DRIVE

City

ROSEVILLE

State

MN

Zip Code

55113

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

DIRECTOR, TALENT MGMT.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

03 ' 07 ' 2007

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. **TWER, PIERRE M.**

Mailing Address

3173 SMOKEY RIDGE LANE

City

CARMEL

State

MN

Zip Code

46033

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

Dir., REGIONAL SALES - CSD

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

03 ' 07 ' 2007

Amount of Each Receipt this Period

100.00

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

700.00

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

700.00

27039491349

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

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

FOR LINE NUMBER: PAGE 5 OF 9

(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. ROCCA, MICHAEL A.

Mailing Address

28930 SOMERS DR.

City

NAPLES

State

FL

Zip Code

34119

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

-

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03 ' 07 ' 2007

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. BLUMQUIST, DALE

Mailing Address

511 124th LANE NW

City

COON RAPIDS

State

MN

Zip Code

55448

FEC ID number of contributing federal political committee.

C

Name of Employer

ST JUDE MEDICAL

Occupation

TAX DIRECTOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

03 ' 20 ' 2007

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. KHOSRAVI, BEHZAD

Mailing Address

690 BRECKENRIDGE PL

City

SIMI VALLEY

State

CA

Zip Code

93065

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

EXEC. VP. PRODUCT DEVELOPMENT - CRM

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03 ' 20 ' 2007

Amount of Each Receipt this Period

2000.00

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

2300.00

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

2300.00

27039491350

**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 **9**

<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. DEVENUTI, RICHARD

Mailing Address

100 CASCADE KEY

City **BELLEVUE**

State **WA** Zip Code **98006**

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03 ' 26 ' 2007

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. MOORE, MICHAEL T.

Mailing Address

4547 FOREST BROOKE CT.

City **RICHFIELD**

State **OH** Zip Code **44286**

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

VP. AREA SALES - USD

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 ' 26 ' 2007

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. SONG, JANE J.

Mailing Address

700 2nd ST. S #22

City **MINNEAPOLIS**

State **MN** Zip Code **55401**

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

PRESIDENT - AFD

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03 ' 26 ' 2007

Amount of Each Receipt this Period

2000.00

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

4250.00

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

4250.00

27039491351

**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 9

(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. FERRIER, EDWARD C.

Mailing Address

24521 PEACHLAND AVE

City **NEWHALL**

State **CA** Zip Code **91321**

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

SR. VP. FINANCE & IT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 ' 06 ' 2007

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. REYNOLDS, JAMES W.

Mailing Address

16301 SONDANCER LN.

City **HUNTINGTON BEACH**

State **CA** Zip Code **92649**

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

SR. VP, MFG. OPERATIONS - CRMD

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 ' 06 ' 2007

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MCGARRY, WILLIAM J.

Mailing Address

ONE LILLEHEI PLAZA

City **ST. PAUL**

State **MN** Zip Code **55117**

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

CIO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 ' 12 ' 2007

Amount of Each Receipt this Period

500.00

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

1500.00

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

1500.00

27039491352

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

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

FOR LINE NUMBER: PAGE 8 OF 9

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **EWING, DAVID**

Mailing Address

10 MITCHELL SPRING CT.

City

SIMPSONVILLE

State

SC

Zip Code

29681

FEC ID number of contributing federal political committee.

C

Date of Receipt

04 ' 18 ' 2007

Amount of Each Receipt this Period

500.00

Name of Employer

ST. JUDE MEDICAL

Occupation

VP. - COMPONENT MFG.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

B. **HOFFMAN, MARK**

Mailing Address

28234 INFINITY CIRCLE

City

SANTA CLARITA

State

CA

Zip Code

91390

FEC ID number of contributing federal political committee.

C

Date of Receipt

05 ' 04 ' 2007

Amount of Each Receipt this Period

500.00

Name of Employer

ST. JUDE MEDICAL

Occupation

SR VP, HUMAN RESOURCES

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

C. **CHATEAU, JEFF J.**

Mailing Address

24376 MIRA VISTA ST.

City

VALENCIA

State

CA

Zip Code

91355

FEC ID number of contributing federal political committee.

C

Date of Receipt

05 ' 04 ' 2007

Amount of Each Receipt this Period

500.00

Name of Employer

ST. JUDE MEDICAL

Occupation

VP, SUPPLY LINE MGMT. - CRMD

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

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

1,500.00

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

1,500.00

27039491353

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 9

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
 CHAVEZ, THOMAS

Mailing Address
 9601 DEMONA COVE

City Austin State TX Zip Code 78733

FEC ID number of contributing federal political committee. C

Name of Employer ST. JUDE MEDICAL Occupation VP., SALES USD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt *PAYROLL DEDUCTION*

Amount of Each Receipt this Period
 300.00

\$50.00 Bi-weekly started 4/13/07

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

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

Amount of Each Receipt this Period

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

TOTAL This Period (last page this line number only)..... ▶ 24,650.00

27039491354

**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 4
	<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	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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

A. **THE RICHARD BURR COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address: **P.O. BOX 5928**

City: **WINSTON-SALEM** State: **NC** Zip Code: **27113**

Purpose of Disbursement: **FUNDRAISER**

Candidate Name: **SENATOR RICHARD BURR**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **NC** District:

Date of Disbursement: **01 / 29 / 2007**

Amount of Each Disbursement this Period: **1,000.00**

Category/Type: **011**

B. **FRIENDS OF JIM CLYBURN**

Full Name (Last, First, Middle Initial)

Mailing Address: **499 SOUTH CAPITOL STREET SW, Suite #12**

City: **WASHINGTON** State: **DC** Zip Code: **20003**

Purpose of Disbursement: **FUNDRAISER**

Candidate Name: **JAMES E. CLYBURN**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **SC** District: **6th**

Date of Disbursement: **03 / 01 / 2007**

Amount of Each Disbursement this Period: **2,000.00**

Category/Type: **011**

C. **JOHN D. DINGELL FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address: **607 14th STREET N.W., SUITE 800**

City: **WASHINGTON** State: **DC** Zip Code: **20005**

Purpose of Disbursement: **FUNDRAISER**

Candidate Name: **JOHN D. DINGELL**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **MI** District: **15th**

Date of Disbursement: **03 / 15 / 2007**

Amount of Each Disbursement this Period: **2,000.00**

Category/Type: **011**

SUBTOTAL of Disbursements This Page (optional)..... ▶ **5,000.00**

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

27039491355

**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 4

<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	<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 GORDON SMITH

Mailing Address

900 19th STREET, NW, 8th FLOOR

City

WASHINGTON

State

DC

Zip Code

20006

Purpose of Disbursement

FUNDRAISER

Candidate Name

SENATOR GORDON SMITH

0.1.1
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: DR

District:

Date of Disbursement

0.4 ' 1.7 ' 2007

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. BRIAN BILBRAY FOR CONGRESS

Mailing Address

P.O. BOX 455

City

RANCHO SANTA FE

State

CA

Zip Code

92067

Purpose of Disbursement

FUNDRAISER

Candidate Name

CONGRESSMAN BRIAN BILBRAY

0.1.1
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: CA

District: 50th

Date of Disbursement

0.4 ' 2.5 ' 2007

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. COLEMAN FOR SENATE 08

Mailing Address

680 TRANSFER ROAD

City

ST. PAUL

State

MN

Zip Code

55114

Purpose of Disbursement

FUNDRAISER

Candidate Name

SENATOR NORM COLEMAN

0.1.1
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: MN

District:

Date of Disbursement

0.6 ' 1.1 ' 2007

Amount of Each Disbursement this Period

1,000.00

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

3,000.00

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

27039491356

**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	<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. BENNETT ELECTION COMMITTEE INC.

Mailing Address

175 SOUTH WEST TEMPLE, STE 650

City

SALT LAKE CITY

State

UT

Zip Code

84101

Purpose of Disbursement

FUNDRAISER

Candidate Name

SENATOR ROBERT BENNETT

0.1.1

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: UT

District:

Date of Disbursement

0.6 ' 12 ' 2007

Amount of Each Disbursement this Period

2,000.00

Full Name (Last, First, Middle Initial)

B. JIM RAMSTAD VOLUNTEER COMMITTEE

Mailing Address

1809 SOUTH PLYMOUTH SUITE 310B

City

MINNETONKA

State

MN

Zip Code

55305

Purpose of Disbursement

FUNDRAISER

Candidate Name

JIM RAMSTAD

0.1.1

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: MN

District: 3rd

Date of Disbursement

0.6 ' 27 ' 2007

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. SNOW PAC

Mailing Address

P.O. BOX 77361

City

WASHINGTON

State

DC

Zip Code

20013

Purpose of Disbursement

FUNDRAISER

Candidate Name

SENATOR BOB BENNETT

0.1.1

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: UT

District:

Date of Disbursement

0.3 ' 15 ' 2006

Amount of Each Disbursement this Period

1,000.00

(Voided check)

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

2,000.00

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

27039491357

**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 <u>4</u> OF <u>4</u>
	<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	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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

A. JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address: **P.O. BOX 1986**

City: **NEW BRITAIN** State: **CT** Zip Code: **06050**

Purpose of Disbursement: **FUNDRAISER**

Candidate Name: **NANCY JOHNSON** Category/Type: **011**

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

State: **CT** District: **5th**

Date of Disbursement: **03 / 15 / 2006**

Amount of Each Disbursement this Period: **(1,000.00)**
Voided check

B. JOHN D. DINGELL FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address: **P.O. BOX 75214**

City: **WASHINGTON** State: **DC** Zip Code: **20013-5214**

Purpose of Disbursement: **FUNDRAISER**

Candidate Name: **CONGRESSMAN JOHN D. DINGELL** Category/Type: **011**

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

State: **MI** District: **15th**

Date of Disbursement: **03 / 15 / 2006**

Amount of Each Disbursement this Period: **(1,000.00)**
Voided check

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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) **(2,000.00)**

TOTAL This Period (last page this line number only) **8,000.00**

27039491358

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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

<input type="checkbox"/> USPS First Class Mail	Postmarked
--	------------

<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
--	------------------

<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
--	------------

<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Exp</i>	Shipping Date <i>7/27/07</i>
Next Business Day Delivery <input type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
--	-----------------

<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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<i>Jms</i>	<i>7/31/07</i>
PREPARER	DATE PREPARED

(3/2005)

27039491359