									-	1	· .• ·		
	F	FE FORM	· •		AND	DISB	URSE	CEIPT MENT d Committe	S		FEC MAI	O .AM II	,
	1. NAME OF TYP COMMITTEE (in full)				TYPE OR	PRINT V		ample: if typin er the lines.	ng, type	12FE4M	Office Use		
	ADDRESS (number and street)												
	Ľ	tha	eck if diffe n previous orted. (AC	sly	5T	PAUL				MM	55,1,1	1 <b>2</b> -L	
	2.	FEC ID	ENTIFIC	ATION N	UMBER 🔻	, 					ZI	PCODE	<b>A</b>
41		CC	0,30	50	29		3. IS THIS REPORT	1Y 1	NEW N) <b>OR</b>		MENDED		
- 270394913	4.	(Choose	April 15 Quarterly July 15 Quarterly October Quarterly January Year-End July 31 M Report (N Year Only	orts: Report (C Report (C 15 Report (C 31 Report (N Mid-Year Non-electic	Du 21) (c) 22) (23) (c) (d) (d)	port Li e On: 12-Day PRE-Election Report for t 30-Day POST-Elect Report for t	he:	»	12C)		(12S) ] in S 30R) [ ] in	I (Nor Year De (Nor Year Jar Jar Rur the tate of	v 20 (M11) n-Election r Only) c 20 (M12) n-Election r Only) n 31 (YE) noff (12R) ecial (30S)
		-	I have ex			and to the be		through		e, correct an	d complete.		
	Sig	nature of	t Name of Treasurer		dut	Kobert S-Fre complete infor	my	trent	D	hate 0	1 ' L. ?		007 c. §437g.
:		Of U	fice lse nly								FEC F	ORM 12/2004	

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Γ	-	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	٦
_	FEC Form 3X (Rev. 02/2003)		Page 2
۷	Vrite or Type Committee Name		1
_	ST. JUDE MEDICAL F	BLITICAL ACTION C	OMMITTEE
F	Report Covering the Period: From:	7 01 Q007	0.6 30 2007
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 20.0.7		22.79.185
	(b) Cash on Hand at Beginning of Reporting Period		
	(c) Total Receipts (from Line 19)	24.89.2.0.4	24.89.20.4
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>		4.7, 6.8.3.89
7.	Total Disbursements (from Line 31)	8,000,00	8,000,00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39,683,89	39,683,89
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	manganangananga sagatang saangananganangananganang manganangananga	
10.	Debts and Obligations Owed <b>BY</b> 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

FE6AN026

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Γ	D FEC Form 3X (Rev. 06/2004)	etailed SUMMARY PAGE of Receipts	Page 3
Wr	ite or Type Committee Name		Fage J
	ST. JUDE MEDICAL POL	ITICAL ACTION CON	MATTEE
Re	port Covering the Period: From:	1 01 4007	··· 06'30'2007
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	<ul> <li>Contributions (other than loans) From:</li> <li>(a) Individuals/Persons Other Than Political Committees <ul> <li>(i) Itemized (use Schedule A)</li></ul></li></ul>	2+65000 2+20+ 2+8920+	2465000 24204 2489204
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2489204	24,89,204
13.	All Loans Received		
15.	Loan Repayments Received 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))		
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	24 892 0.4	24.892.0.4
	Total Federal Receipts (subtract Line 18(c) from Line 19)►		

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#### **DETAILED SUMMARY PAGE**

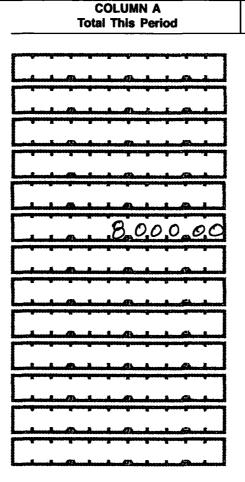
of Disbursements

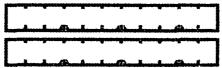
FEC Form 3X (Rev. 02/2003)

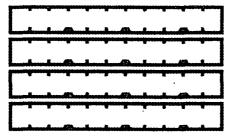
### II. Disbursements

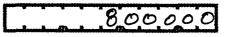
#### 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share ..... (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures ..... (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ..... ▶ 22. Transfers to Affiliated/Other Party Committees..... Contributions to 23. Federal Candidates/Committees and Other Political Committees..... 24. Independent Expenditures

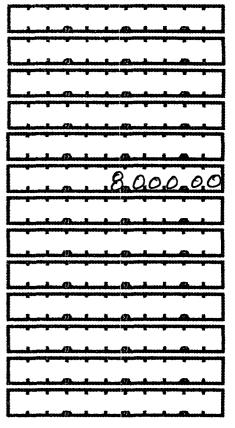
- (use Schedule E)..... 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....
- 26. Loan Repayments Made.....
- - (b) Political Party Committees .....
  - (c) Other Political Committees (such as PACs).....
  - (d) Total Contribution Refunds(add Lines 28(a), (b), and (c))......
- 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))....►
- Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))...
- 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....











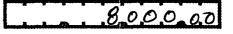
Page 4

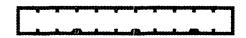
COLUMN B

**Calendar Year-to-Date** 

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#### DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

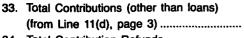
# III. Net Contributions/Operating Expenditures

#### COLUMN A Total This Period

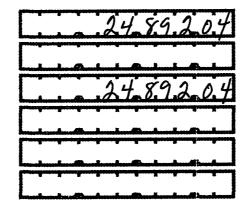


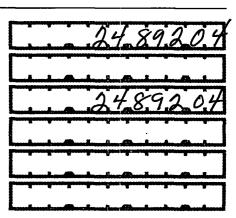
Page 5

**Calendar Year-to-Date** 



- (subtract Line 34 from Line 33) ......
  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) ......







S	CHEDULE A (FEC Form 3X)	I	T	FOR LINE NUMBER: PAGE OF 9					
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)					
			Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and State for commercial purposes, other than using the name	son for the purpose of soliciting contributions							
Ν	NAME OF COMMITTEE (In Full)	1							
Z	ST. JUDE MEDICAL	-tol:	ITICAL ACTI	ON COMMITTEE					
A.	Full Name (Last, First, Middle Initial)	ARI	EL	Date of Receipt					
	Mailing Address 4180 TARRYB	State	The Code C	0.3 0.7 2007					
	TARZANA	C	A 41356	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		50.00					
	Name of Employer ST. JUNE MEDICAL		ECTOR, NAJ						
•	Pagaint For		Year-to-Date ▼	4					
	Other (specify) ▼		50.00						
в.	Full Name (Last, First, Middle Initial)	ONAL	LD	Date of Receipt					
	Mailing Address 3605 BAILEY R	<u>TDGE</u> State	E DR.	0.3 0.7 2007					
	WOOD BURY		IN 55125	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C [		50.00					
		CCUPATION	KETING DIRECTOR						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼	arregenedare	A						
— c.	Full Name (Last, First, Middle Initial) GARRETT, THO	omas	 s H.	Date of Receipt					
	Mailing Address 540 WENTWORT		AVE. (1)	0310712007					
	City ST. PAUL	State	N 55118	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C :		200000					
	Name of Employer O	Occupation							
	Receipt For: A Primary General	ggregate	Year-to-Date ▼	1.					
	Other (specify) ▼		20.0.0.000	. <u> </u>					
s	UBTOTAL of Receipts This Page (optional)		•	210000					
T	OTAL This Period (last page this line number only	/)	•						

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 2 OF 9 (check only one)						
	ny information copied from such Reports and Statement r for commercial purposes, other than using the name	its may not be sold or used by any pe							
	NAME OF COMMITTEE (In Full) ST. JUDE MEDICAL POLE	MMITTEE							
A.	Full Name (Last, First, Middle Initial) BROWN; JOHN Mailing Address 750 Trable CEN	Date of Receipt $0.3' 0.7' 2.0.07$							
	City PORTAGE	MI Zip Code 49002	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.		2000.00						
•	Receipt For:     Aggre       Primary     General       Other (specify) ▼     Image: Control of the specify of the specific	ngate Year-to-Date ▼	-						
-   	Mailing Address	S. Road	Date of Receipt						
5 6 10	City MENLO PARK Stat	са <sup>Zip Code</sup> 94025	Amount of Each Receipt this Period						
270	FEC ID number of contributing federal political committee.		50000						
	Provide For:	Antion EC. VP - CRM Igate Year-to-Date ▼							
С.	Full Name (Last, First, Middle Initial) FREMADX, AND	RE L.	Date of Receipt						
	Mailing Address 8722 TRINITY City	AVE	03'07'2007						
	FEC ID number of contributing federal political committee.	LA 70806	Amount of Each Receipt this Period						
	Dessist Ferr	ation <u>bEDNAL SALES DIR-1</u> gate Year-to-Date ▼ <u>50.0.00</u>	sd						
	SUBTOTAL of Receipts This Page (optional)		300000						
1	OTAL This Period (last page this line number only)	•							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         OF         9           (check only one)         11a         11b         11c         12           113         114         15         16         17						
	ny information copied from such Reports and State for commercial purposes, other than using the n			rson for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full) ST. JUDE MEDICAL	ME OF COMMITTEE (IN FULL) ST. JUDE MEDICAL POLITICAL ACTIC								
۲ <u>ـــ</u> ۸.	Full Name (Last, First, Middle Initial) STARKS, DANIE Mailing Address			Date of Receipt						
	ONE LILLEHEI	State	Zip Code	0310712007						
	ST. PAUL	MI	J <u>55117</u>	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	CI.		5.0.00.00						
	ST. JUDE MEDICAL	Occupation CEO	g CHAIRMAN	<b>-</b>						
	Receipt For:	Aggregate	Year-to-Date ▼							
<u>∞</u>		L	50.0.0.0.0							
ୟ M B.	Full Name (Last, First, Middle Initial) NORTHENSCOLD, Mailing Address	70	M	Date of Receipt						
চ ঘ	1215 OAKVIEW	State	Zip Code	03 07 2007						
6 ≌	PLYMOUTH		1N 5544/	Amount of Each. Receipt this Period						
2 7 0	FEC ID number of contributing federal political committee.			20,0.0.00						
•	ST. JULE MEDICAL	Occupation	, ASMIN.							
	Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) ▼	l	A2.0.0.0.0.0							
C.	Full Name (Last, First, Middle Initial) ESS_IG, STC	JART	- M.	Date of Receipt						
	Mailing Address 26 CONISTON	) <u>Co</u> State	URT	03'07'2007						
	PRINCETON		J08540	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C .		2000 00						
Ŧ	NTEGRA LIFE SCIENCES		IDENT & CEO							
	Receipt For:     COR P.       Primary     General       Other (specify) ▼	Aggregate	Year-to-Date ▼							
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	900000						
Т	OTAL This Period (last page this line number on	ły)	►							

	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 4 OF 9						
П	EMIZED RECEIPTS	for each category of the Detailed Summary Page							
	ny information copied from such Reports and Statements m r for commercial purposes, other than using the name and a								
	NAME OF COMMITTEE (IN FULL) ST JUDE MEDICAL POLI	I AMMITTEE							
Ľ	Full Name (Last First Middle Initial)								
A	WAGNER, DENNI		Date of Receipt						
	18572 65 <sup></sup> AVE	Zip Code	0.3 0.7 200.7						
		IN 55311	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.		5,00 00						
	Name of Employer Occupation ST. JUDE MEDICAL V.P.	FINANCE - AF							
	Receipt For: Aggregate Primary General Aggregate	Year-to-Date ▼							
თ	Other (specify)	50.0.00							
Ч МВ		CE A.	Date of Receipt						
491	Mailing Address 469 WOODHILL DRIVE		03'07'2007						
on M	City ROSEVILLE State	N <sup>Zip Code</sup> 55113	Amount of Each Receipt this Period						
270	FEC ID number of contributing federal political committee.	······································	1.00.00						
	Name of Employer ST. JUDE MEDICAL DIREC	LTOR, TALENT MGA	17.						
	Pageint For:	Year-to-Date ▼							
	Other (specify) ▼	1.0.0.0.0							
	Full Name (Last, First, Middle Initial) TWER, PIERRE	Μ.	Date of Receipt						
	Mailing Address 3173 SMOKEY RILL		03 07 2007						
	CARMEL State	N <sup>Zip Code</sup> 46033	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.		10000						
	Name of Employer ST. JUDE MEDICAL Dir.	RELIONAL JALES - C	us d						
	Respiret Form	Year-to-Date ▼							
	Other (specify) ▼	1.0.0_00							
٦.	SUBTOTAL of Receipts This Page (optional)	Þ	7,0,0,0,0						
-	TOTAL This Period (last page this line number only)	<b>&gt;</b>							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Statements ma	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 rson for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full) ST. JUDE MEDJCAL	to solicit contributions from such committee.								
A.	Full Name (Last, First, Middle Initial) ROCCA, MICHAE	ERS State F C	R. Z <sup>zip Code</sup> 34119	Date of Receipt						
27039491350 9	Full Name (Last, First, Middle Initial)         BLOMQUIST,         Mailing Address         511       124 H LANE         City       COON RAPIDS         FEC ID number of contributing federal political committee.         Name of Employer         ST_JUSE MEATCAL         Receipt For:         Primary       General         Other (specify) ▼	State M C Occupation TAX Aggregate	·····	Date of Receipt						
с.	Full Name (Last, First, Middle Initial)         KHOSRAVI         Mailing Address         GO BRECKENF         City         SIMI VALLEY         FEC ID number of contributing federal political committee.         Name of Employer         ST. JUNE MEDICAL         Receipt For:         Primary       General         Other (specify) ▼	State C Occupation EXeC	PL A <sup>Zip Code</sup> 93065	Date of Receipt 0.3 ' 20 ' 2007 Amount of Each Receipt this Period 20000 20000 XELOPMENT - CRM)						
	SUBTOTAL of Receipts This Page (optional)			23.00.00						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         OF         9           (check only one)         11a         11b         11c         12           11a         11b         11c         12           13         14         15         16         17					
	ny information copied from such Reports and Sir for commercial purposes, other than using the			rson for the purpose of soliciting contributions					
	NAME OF COMMITTEE (IN FUIL) ST. JUDE MEDICAL P	YMITTEE							
<b>A</b> .	Full Name (Last, First, Middle Initial) DEVENUTI, 1 Mailing Address	RICHA	rd	Date of Receipt					
	City BELLEVUE	KEY State	)A Zip Code 98006	03 26 2007					
	FEC ID number of contributing federal political committee.	C .	DA 48006	Amount of Each Receipt this Period					
	Name of Employer KETIRED	Occupation							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼						
MB.	Mailing Address	HAEL	_	Date of Receipt					
0 7 0 7 0	City RICHFIEL)	State	<u>ROOKE CT.</u> )H <sup>Zap Code</sup> 44286	Amount of Each. Receipt this Period					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FEC ID number of contributing federal political committee.	C :		250.00					
N -	Name of Employer ST. JUDE MEDICAL Receipt For:		AREA SALES - 1	sd					
	Primary General Other (specify) ▼		Year-to-Date ▼						
с.	Full Name (Last, First, Middle Initial) SONG, JANE	<b>J</b> .	· · · · · · · · · · · · · · · · · · ·	Date of Receipt					
	Mailing Address 700 2nd ST. S City Ad	State	Zip Code	0.3 26 3007					
	FEC ID number of contributing federal political committee.	M	<u>N 55401</u>	Amount of Each Receipt this Period					
	Name of Employer ST. JUDE MEDICAL	Occupation PRES	IDENT-AFD						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2_0,0.0_0,0						
s	UBTOTAL of Receipts This Page (optional)		••••••	425.0.00					
T	OTAL This Period (last page this line number o	only)	•••••						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         OF         9           (check only one)         11a         11b         11c         12           11a         11b         11c         12         13         14         15         16         17						
	ny information copied from such Reports and S for commercial purposes, other than using the			rson for the purpose of soliciting contributions						
5	NAME OF COMMITTEE (IN FULL) ST. JUDE MEDICAL	COMMITTEE								
Ľ	Full Name (Last, First, Middle Initial)	ARD (	-							
Α.	Mailing Address 24521 PEACHL			Date of Receipt						
	Chy NEWHALL	State	A Zip Code 91321	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	·							
	Name of Employer	Occupation								
	ST. JUBE MEDICAL Receipt For: Primary General	SR. V Aggregate	Year-to-Date ▼	-						
	Other (specify) ▼		50.0.0.0							
∼. ທ B.	Full Name (Last, First, Middle Initial) RETNOLDS, 2	TAMES	ω.	Date of Receipt						
101	Mailing Address			04'06'2007						
ማ ወ እ	HUNTENGTON BEAC	H <sup>State</sup>	A Zip Code 92649	Amount of Each Receipt this Period						
0	FEC ID number of contributing federal political committee.	C		5.0.0.00						
2	Name of Employer ST. JUNE MEDICAL	SR.VP	, MFG. OPERATION	vs - CRMS						
	Receipt For:	Aggregate	Year-to-Date ▼							
_	Other (specify) ▼		▲ . <u>▲</u> 5.0.0▲0.0	·						
C.		LIAM	J.	Date of Receipt						
	Mailing Address	PLAZ State	Zin Code	04 / Ia / 2007						
	ST. PAUL	MI	N 55117	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		50000						
	Name of Employer ST. JUDE MEDICAL	Occupation	I D							
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 5.0.0_0.0							
S	UBTOTAL of Receipts This Page (optional)			150000						
Т	OTAL This Period (last page this line number	only)	····· •							

S	CHEDULE A (FEC Form 3X)	i	·····	50	D 1 14/C	. AN 144		PAC	<u> </u>	, OF 9	
•			Use separate schedule(s) for each category of the		FOR LINE NUMBER: PAGE OF 9 (check only one)						
Ħ	EMIZED RECEIPTS		ГГ	]11a	<b>[</b> ]12	2					
			Detailed Summary Page		13	114		15	16	5 17	
	ny information copied from such Reports and St r for commercial purposes, other than using the										
Π	NAME OF COMMITTEE (In Full)	~		-	_						
	ST. JODE MEDICAL 7	Col	ИМЗ	TT7	Ē	E					
Α.	Full Name (Last, First, Middle Initial)		Date of Receipt								
	Mailing Address				0411812,007						
	CHY SIMPSONVILLE	State	<u>्<sup>Zip Code</sup> २९७४।</u>		Amoun	t of Ea	ch R	eceipt t	his Peri	od	
•,•	FEC ID number of contributing federal political committee.	С							5,00	000	
	Name of Employer ST. JUDE MEDICAL	Occupation	COMPONENT MFL	, ,							
	Receipt For:	Aggregate	Year-to-Date ▼	7							
	Primary General Other (specify)		60000								
м		-	50.0.00								
и М <b>В.</b>	Full Name (Last, First, Middle Initial) HOFFMAN, M	ARK			Date of Receipt						
ຕ ດ	Mailing Address	AFRALE		2	7 ′ E	2.4	7 ' <b>Г</b>				
5	City		-	0.5		2.7		200	4		
ຫ	SANTA CLARITA	State		Amount of Each Receipt this Period							
M O	FEC ID number of contributing	CA 41390									
r~	federal political committee.				50000						
2	Name of Employer ST. JUDE MEDICAL	Occupation	P, HUMAN RESOURCE		2						
	Receipt For:	· · · · · · · · · · · · · · · · · · ·	1	>							
	Primary General	Aggregate									
	Other (specify) ▼										
С.	Full Name (Last, First, Middle Initial) CHATEAU, J	EFF	J.		Date of	Recei	pt			· · · · · · · ·	
	Mailing Address 24376 MIRA	VITETA	ST	1		<u>ј / Г</u>					
	City .	State Zin Code -			0.5		2.4		200	2.7	
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<u>FRIENDS OF GORDON SMITH</u> Mailing Address <u>900 19<sup>th</sup> STREET, NW, 8<sup>th</sup> Floor</u> City State , Zip Code	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution 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. JULE MEDICAL POLITICAL ACTION COMMITTEE         Full Name (Last, First, Middle Initial)         A.         FRIENDS OF GORDON SMITTH         Mailing Address         In Address         In Address         Image: Address	30b 15
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