

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEDERAL MAIL
OPERATIONS CENTER

DATE RECEIVED: 11-03

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12P24MS
ST. PAULS MEDICAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) City State ZIP Code
1000 LITTLEFIELD PLAZA
ST. PAULS MISSOURI 65117

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C 0030529 3. IS THIS REPORT NEW OR AMENDED (A)
X

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
<input checked="" type="checkbox"/> April 15 Quarterly Report (Q1)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)	
<input type="checkbox"/> July 15 Quarterly Report (Q2)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)	
<input type="checkbox"/> October 15 Quarterly Report (Q3)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)	
<input type="checkbox"/> January 31 Year-End Report (YE)	Election on:	Convention (12C)	Special (12S)		
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
<input type="checkbox"/> Termination Report (TER)	Election on:				

5. Covering Period 01/01/2004 through 03/31/2004

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. Cove
Signature of Treasurer: [Signature] Date: 04/12/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From *01 01 2004* To *03 31 2004*

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <i>2004</i>		27,241.85
(b) Cash on Hand at Beginning of Reporting Period	27,241.85	
(c) Total Receipts (from Line 18)	8,700.00	8,700.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	35,941.85	35,941.85
7. Total Disbursements (from Line 31)	10,500.00	10,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25,441.85	25,441.85
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 114)

For further information contact:

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

Toll Free 800-424-9630
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

ST JOE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 01 01 2004 To: 12 31 2004

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)	\$700.00	
(ii) Unitemized		
(ii) TOTAL (add Line 11(a)(i) and (ii))	\$700.00	\$700.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 33, page 5)	\$700.00	\$700.00
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 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 H6)		
(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))	\$700.00	\$700.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)		

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	10,500.00	10,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(3)) (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(25))		
(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))	10,500.00	10,500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	2,700.00	2,700.00
34. Total Contribution Refunds (from Line 23(d))	-	-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2,700.00	2,700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	-	-
37. Offsets to Operating Expenditures (from Line 16, page 3)	-	-
38. Net Operating Expenditures (subtract Line 36 from Line 35)	-	-

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

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

FORM LINE NUMBER (check only one)		PAGE 7 OF 7	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20

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. <u>GAM, PAUL J.</u>		Date of Receipt <u>01 08 2004</u>
Mailing Address <u>1670 Chatham Avenue</u>		Amount of Each Receipt this Period <u>500.00</u>
City <u>Arden Hills</u>	State Zip Code <u>MN 55118-3256</u>	
FEC ID number of contributing federal political committee <u>C</u>		
Name of Employer <u>ST. JUDE MEDICAL</u>	Occupation <u>V.P. International Dev.</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date <u>500.00</u>	

Full Name (Last, First, Middle Initial) B. <u>VETTER, PAUL J.</u>		Date of Receipt <u>01 20 2004</u>
Mailing Address <u>2596 Woodland Trail</u>		Amount of Each Receipt this Period <u>500.00</u>
City <u>Pagan</u>	State Zip Code <u>MN 55123</u>	
FEC ID number of contributing federal political committee <u>C</u>		
Name of Employer <u>ST. JUDE MEDICAL</u>	Occupation <u>EXECUTIVE</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date <u>500.00</u>	

Full Name (Last, First, Middle Initial) C. <u>RODRIGUEZ, MIGUEL A.</u>		Date of Receipt <u>01 20 2004</u>
Mailing Address <u>Via Encarnadas, R. 9 Bosque del Lago Encarnadas</u>		Amount of Each Receipt this Period <u>500.00</u>
City <u>Trujillo Alto</u>	State Zip Code <u>PR 00976</u>	
FEC ID number of contributing federal political committee <u>C</u>		
Name of Employer <u>ST. JUDE MEDICAL</u>	Occupation <u>PLANT Manager</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date <u>500.00</u>	

SUBTOTAL of Receipts This Page (optional)	<u>1,500.00</u>
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER
(check only one)

PAGE 3 OF 7

<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	<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) KHOORAVI, BEHZAD

Mailing Address 1090 Breakeridge Pl

City Simi Valley State CA Zip Code 93065

FEC ID number of contributing federal political committee C

Date of Receipt 01 20 2004

Amount of Each Receipt this Period 250.00

Name of Employer ST JUDE MEDICAL Occupation IT Quality IT Leads Dev.

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 250.00

B. Full Name (Last, First, Middle Initial) PETERSEN, ROBERT L.

Mailing Address 9333 Vincent Ave N

City Brooklyn Park State MA Zip Code 55444

FEC ID number of contributing federal political committee C

Date of Receipt 02 02 2004

Amount of Each Receipt this Period 300.00

Name of Employer ST JUDE MEDICAL Occupation SR Director of Finance, CS

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 300.00

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

Mailing Address 28334 N Infinity Circle

City Saugus State CA Zip Code 91350-5231

FEC ID number of contributing federal political committee C

Date of Receipt 02 02 2004

Amount of Each Receipt this Period 500.00

Name of Employer ST JUDE MEDICAL Occupation V.P. Human Resources

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 500.00

SUBTOTAL of Receipts This Page (optional) 1,050.00

TOTAL This Period (last page this line number only) 1,050.00

**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 7
(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

A. Full Name (Last, First, Middle Initial)
 CRESTANI, JUAN

Mailing Address
 3011 SUSSEX Road

City
 BRONX State MN Zip Code 55336

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
 02 02 2004

Amount of Each Receipt This Period
 300.00

B. Full Name (Last, First, Middle Initial)
 FALKENBERG, ERIC N

Mailing Address
 2820 Royal Hills Ct

City
 SIMI VALLEY State CA Zip Code 93065

FEC ID number of contributing federal political committee
 C

Name of Employer
 ST. JUDE MEDICAL Occupation SR V.P. Global Research Emerging Initiatives

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date
 500.00

Date of Receipt
 02 02 2004

Amount of Each Receipt This Period
 500.00

C. Full Name (Last, First, Middle Initial)
 FAZIN, 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
 02 02 2004

Amount of Each Receipt This Period
 500.00

SUBTOTAL of Receipts This Page (optional) 1,300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 7

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. PARD, GEORGE J

Date of Receipt

02 02 2004

Mailing Address

1 Littlefield Plaza

City

ST. PAUL

State

MINN

Zip Code

55117

Amount of Each Receipt this Period

700.00

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

Full Name (Last, First, Middle Initial)

B. SUTTON, WILLIAM M.

Date of Receipt

02 18 2004

Mailing Address

18419 Kingswood Terr.

City

M. ONE TONKA

State

MINN

Zip Code

55345

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

Director of P.A.D

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

C. FOUND, LARRY W

Date of Receipt

02 18 2004

Mailing Address

6689 Sherman Lake Rd

City

Shim Lakes

State

MINN

Zip Code

55038

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

VP Human Resources, Intl.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

SUBTOTAL of Receipts This Page (optional)

1,450.00

TOTAL This Period (list page this Form number only)

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

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

FOR LINE NUMBER.
(check only one)

PAGE 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"/> 15	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (in PAs)

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) ELWING, DAVID M
 Mailing Address 5 ECHO LAKE BLVD.
 City MAHOMET State MA Zip Code 55115-1490
 Date of Receipt 02 18 2004
 Amount of Each Receipt This Period 750.00
 FEC ID number of contributing federal political committee: C
 Name of Employer ST. JUDE MEDICAL Occupation V.P. CSD Division
 Receipt For: Primary General
 Aggregate Year-to-Date 750.00

B. Full Name (Last, First, Middle Initial) FERRIER, EDWARD C
 Mailing Address 24581 Trenchland AVE
 City Newhall State CA Zip Code 91321-3458
 Date of Receipt 02 18 2004
 Amount of Each Receipt This Period 500.00
 FEC ID number of contributing federal political committee: C
 Name of Employer ST. JUDE MEDICAL Occupation Executive
 Receipt For: Primary General
 Aggregate Year-to-Date 500.00

C. Full Name (Last, First, Middle Initial) FIEDLER, CORINNE M.
 Mailing Address 1806 Redwood Hills Drive
 City Minneapolis State MA Zip Code 55108
 Date of Receipt 02 23 2004
 Amount of Each Receipt This Period 500.00
 FEC ID number of contributing federal political committee: C
 Name of Employer ST. JUDE MEDICAL Occupation D.R. Global Applications SURS
 Receipt For: Primary General
 Aggregate Year-to-Date 500.00

SUBTOTAL of Receipts This Page (optional) 1,750.00
 TOTAL This Period (last page this line number only)

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

Use separate schedules 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"/> 17

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

A. Full Name (Last, First, Middle Initial) *LOSE, JERT L.*

Mailing Address *2432 Lakeview Road*

City *Uphamville* State *OH* Zip Code *45317*

FEC ID number of contributing federal political committee *C*

Date of Receipt *02/23/2007*

Amount of Each Receipt this Period *500.00*

Name of Employer *ST JUDE MEDICAL* Occupation *V.P. and CEO*

Receipt For: Primary General Other (specify) _____

Aggregate Year-to-Date *500.00*

B. Full Name (Last, First, Middle Initial) *S. HONE, Susan D.*

Mailing Address *2132 45th Ave S*

City *Minneapolis* State *MN* Zip Code *55406*

FEC ID number of contributing federal political committee *C*

Date of Receipt *02/23/2007*

Amount of Each Receipt this Period *150.00*

Name of Employer *ST JUDE MEDICAL* Occupation *Director of Human Resources*

Receipt For: Primary General Other (specify) _____

Aggregate Year-to-Date *150.00*

C. Full Name (Last, First, Middle Initial) *WALKER, SUSAN L.*

Mailing Address *2026 Humboldt Ave S Unit A*

City *Minneapolis* State *MN* Zip Code *55108*

FEC ID number of contributing federal political committee *C*

Date of Receipt *03/06/2007*

Amount of Each Receipt this Period *500.00*

Name of Employer *ST JUDE MEDICAL* Occupation *Director, Reimbursement*

Receipt For: Primary General Other (specify) _____

Aggregate Year-to-Date *500.00*

SUBTOTAL of Receipts This Page (optional) *1,150.00*

TOTAL This Period (last page this line number only)

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

Use separate schedules for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 7	
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<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)
FRISCHNER, Walter J

Mailing Address
33 Marlboro Lane

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*

Date of Receipt
03 06 2004

Amount of Each Receipt this Period
500.00

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) *500.00*

TOTAL This Period (last page give line number only) *8,700.00*

**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 1 of 3

21a 22 23 24 25 26
 27 28a 28b 29 30a

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NAME OF COMMITTEE (in Full)

ST. JUDE MEDICAL Political Action Committee

Full Name (Last, First, Middle Initial)

A. JIM RAMSTAD VOLUNTEER COMMITTEE

Date of Disbursement

02/18/2004

Mailing Address

1809 South Plymouth, Suite 306B

City M. Ancker

State MN Zip Code 55305

Purpose of Disbursement

Fundraiser

Candidate Name

Jim Ramstad

C 11
Category Type

Amount of Each Disbursement this Period

1,000.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State: MN District: 3

B. ANNA ESTROG FOR CONGRESS

Date of Disbursement

02/18/2004

Mailing Address

555 Capitol Mall, Suite 1425

City Sacramento

State CA Zip Code 95814

Purpose of Disbursement

Fundraiser

Candidate Name

ANNA ESTROG

C 11
Category Type

Amount of Each Disbursement this Period

1,000.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State: CA District: 14

C. MARK KENNEDY FOR CONGRESS

Date of Disbursement

02/18/2004

Mailing Address

P.O. BOX 49333

City Blaine

State MN Zip Code 55449

Purpose of Disbursement

Fundraiser

Candidate Name

Mark Kennedy

C 11
Category Type

Amount of Each Disbursement this Period

1,000.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State: MN District: 10

SUBTOTAL of Disbursements This Page (optional)

3,000.00

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 <u>2</u> OF <u>3</u>
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 29b	

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

A. Full Name (Last, First, Middle Initial) Kyl for Senate Date of Disbursement 02 18 2004

Mailing Address 507 Capitol Court, NE Suite 100

City Washington State DC Zip Code 20002

Purpose of Disbursement Fundraiser

Candidate Name Jon Kyl Category Type 011 Amount of Each Disbursement This Period 2,000.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: AZ District:

B. Full Name (Last, First, Middle Initial) McCULLUM FOR CONGRESS Date of Disbursement 02 18 2004

Mailing Address PO Box 14131

City ST. PAUL State MA Zip Code 50114

Purpose of Disbursement Fundraiser

Candidate Name Betty McCullum Category Type 011 Amount of Each Disbursement This Period 1,000.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MA District: 4th

C. Full Name (Last, First, Middle Initial) Christopher Cox Congressional Committee Date of Disbursement 02 18 2004

Mailing Address 107 East Coast Ave.

City Alexandria State VA Zip Code 22301

Purpose of Disbursement Fundraiser

Candidate Name Christopher Cox Category Type 011 Amount of Each Disbursement This Period 1,000.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: CA District: 4th

SUBTOTAL of Disbursements This Page (optional) 4,000.00

TOTAL This Period (last page this line number only) 4,000.00

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

Use separate schedules for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 3 OF 3

21b 22 23 24 25 26
 27 28a 28b 29 30

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NAME OF COMMITTEE (in Full)

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.

ADVANCED PAC

Date of Disbursement

03/11/2004

Mailing Address

1200 G Street, NW, Suite 400

City Washington

State DC

Zip Code 20005

Purpose of Disbursement

PAC Support

011
Category Type

Amount of Each Disbursement this Period

2,500.00

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: District:

B.

A LOT OF PEOPLE SUPPORTING TOM DASCHLE

Date of Disbursement

03/15/2004

Mailing Address

P.O. Box 1656

City SIOUX FALLS

State SD

Zip Code 57101

Purpose of Disbursement

Fundraiser

011
Category Type

Amount of Each Disbursement this Period

1,000.00

Candidate Name

TOM DASCHLE

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: SD District:

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

.....

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional)

3,500.00

TOTAL This Period (last page this line number only)

10,500.00

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.

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<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fedex</i>	Shipping Date <i>4-12-04</i>
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>FEI</i>	<i>4-14-04</i>
PREPARER	DATE PREPARED