

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/>	<input type="text" value=""/>	<input type="text" value="46176.60"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="38682.53"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6786.00"/>	<input type="text" value="102291.93"/>
(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="45468.53"/>	<input type="text" value="148468.53"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14000.00"/>	<input type="text" value="117000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="31468.53"/>	<input type="text" value="31468.53"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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)

Write or Type Committee Name

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

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).....	6140.00	80740.00
(ii) Unitemized	646.00	21551.93
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6786.00	102291.93
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	6786.00	102291.93
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	6786.00	102291.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6786.00	102291.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	117000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14000.00	117000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14000.00	117000.00

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)	6786.00	102291.93
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6786.00	102291.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 23
(check only one)
 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

A. Sue Pilling
 Full Name (Last, First, Middle Initial)
 Mailing Address 3005 Brighton Blvd
 City Mound State MN Zip Code 55364-9280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Manager Sr, Commodity
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR537485115827
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. Curt Deno
 Full Name (Last, First, Middle Initial)
 Mailing Address 409 137th Lane NW
 City Andover State MN Zip Code 55304-4164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Scientist Sr Pr, Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR537486815827
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. Clinton Harris
 Full Name (Last, First, Middle Initial)
 Mailing Address 2901 N. Umberland
 City Lewisville State TX Zip Code 75056-5972
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Manager Manufacturing Technical Supp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR537493015827
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 270.00
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: PAGE 7 OF 23
(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. Ann Graves

Mailing Address 1455 Clippership Court

City State Zip Code
 Woodbury MN 55125-8564

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 St. Jude Medical VP, Regulatory

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 880.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR537507815827

Amount of Each Receipt this Period
 240.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Laird Michael Niewinski

Mailing Address 1460 Independence Avenue

City State Zip Code
 Minneapolis MN 55426-1868

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 St. Jude Medical Manager, Machine Shop

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR537516115827

Amount of Each Receipt this Period
 60.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 1301 Drake Cove

City State Zip Code
 Mayer MN 55360-8801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 St. Jude Medical Engineer Principal, Process Developmen

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR537527515827

Amount of Each Receipt this Period
 60.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 360.00

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 8 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Maja Engeman
Full Name (Last, First, Middle Initial)
Mailing Address 6500 Welsley Court
City Chanhassen State MN Zip Code 55317-7505
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Jude Medical Occupation Program Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR537531515827
Amount of Each Receipt this Period 60.00
P/R Deduction (\$10.00 Bi-Weekly)

B. Bradley Huss
Full Name (Last, First, Middle Initial)
Mailing Address 1501 Heron Drive
City Chanhassen State MN Zip Code 55317-8530
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Jude Medical Occupation Manager Sr, R&D Core Team
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR537538115827
Amount of Each Receipt this Period 50.00
P/R Deduction (\$10.00 Bi-Weekly)

C. Bradley Roberts
Full Name (Last, First, Middle Initial)
Mailing Address 1553 Sherman Lake Ct
City Lino Lakes State MN Zip Code 55038-9630
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Jude Medical Occupation Vice President, Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 460.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR537546115827
Amount of Each Receipt this Period 120.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	230.00
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 9 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Brenda Inman

Mailing Address 4260 Lynfield Lane

City San Jose State CA Zip Code 95136-1622

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Jude Medical Occupation Manager, Localization

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR537552615827

Amount of Each Receipt this Period
150.00

P/R Deduction (\$25.00 Bi-Weekly)

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

Mailing Address 28416 Casselman Lane

City Saugus State CA Zip Code 91350-3227

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Jude Medical Occupation Mgr,SBU(StrtBusUnit)Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR537590515827

Amount of Each Receipt this Period
50.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 10375 E. Texas Sage Ln.

City Scottsdale State AZ Zip Code 85255-8505

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Jude Medical Occupation Director/Plant Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR537608015827

Amount of Each Receipt this Period
120.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **320.00**

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: PAGE 10 OF 23
(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. Jeff Dallager
 Full Name (Last, First, Middle Initial)
 Mailing Address 6918 132nd Street
 City Hugo State MN Zip Code 55038-5410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Sr. Vice President Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR537647415827
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Lisa Campbell
 Full Name (Last, First, Middle Initial)
 Mailing Address 2024 Oakridge St.
 City Saint Paul State MN Zip Code 55119-5329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Director, Corporate Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR537670215827
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. Robert Burton
 Full Name (Last, First, Middle Initial)
 Mailing Address 1605 Widgeon Circle
 City Centerville State MN Zip Code 55038-3321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Dir Internal Audit-Intl & Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR537671015827
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.00
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: PAGE 11 OF 23
(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. Donald Zurbay

Mailing Address 10457 Scott Ave N

City State Zip Code
 Brooklyn Park MN 55443-5428

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 St. Jude Medical VP, Finance & CFO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR537673915827

Amount of Each Receipt this Period
 300.00

P/R Deduction (\$50.00 Bi-Weekly)

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

Mailing Address 6165 Fernbrook Lane N

City State Zip Code
 Plymouth MN 55446-3742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 St. Jude Medical VP, Global Quality

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 690.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR537674015827

Amount of Each Receipt this Period
 180.00

P/R Deduction (\$30.00 Bi-Weekly)

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

Mailing Address 3561 Settlers Way

City State Zip Code
 Stillwater MN 55082-3453

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 St. Jude Medical VP Gen Counsel and Corp Secretary

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR537674115827

Amount of Each Receipt this Period
 600.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► 1080.00

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: PAGE 12 OF 23
(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. Rachel Ellingson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5019 Arden Ave
 City Edina State MN Zip Code 55424-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation VP, Global Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1840.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR537674215827
 Amount of Each Receipt this Period 480.00
 P/R Deduction (\$80.00 Bi-Weekly)

B. Damien Janet
 Full Name (Last, First, Middle Initial)
 Mailing Address 5145 Baltimore
 City Kansas City State MO Zip Code 64112-2403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Field Clinical Engineer II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR537681315827
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. John Veasey
 Full Name (Last, First, Middle Initial)
 Mailing Address 305 Cowal Dr N
 City Spicewood State TX Zip Code 78669-2044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Mgr, Contract Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR537686715827
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 640.00
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 13 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ellen Rick
Full Name (Last, First, Middle Initial)

Mailing Address 1520 Highland Rd

City Winter Park State FL Zip Code 32789-5743

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Jude Medical Occupation Director, National Accounts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR537695615827

Amount of Each Receipt this Period **90.00**

P/R Deduction (\$15.00 Bi-Weekly)

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

Mailing Address 10830 SW 138th street

City Miami State FL Zip Code 33176-6530

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Jude Medical Occupation Dir, Corporate Accounts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR537695715827

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 3177 Hwy 15

City Calhoun State LA Zip Code 71225-8137

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Jude Medical Occupation Sr. Director, Corporate Accounts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR537718515827

Amount of Each Receipt this Period **120.00**

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **270.00**

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: PAGE 14 OF 23
(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. Michael Diverde
 Full Name (Last, First, Middle Initial)
 Mailing Address 933 Angels Camp Court
 City Las Vegas State NV Zip Code 89138-4503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Dir, Regional Sales, EP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR537719515827
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Brent Doehring
 Full Name (Last, First, Middle Initial)
 Mailing Address 5005 Foxfire Court
 City Springfield State IL Zip Code 62711-7806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Mgr, Regional Sales, EP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR537722315827
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. Melissa Davidian
 Full Name (Last, First, Middle Initial)
 Mailing Address 79550 St. Margaret's Bay
 City Bermuda Dunes State CA Zip Code 92203-1700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Territory Mgr III, NMD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR537734215827
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 300.00
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 15 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Lou Cadic
Full Name (Last, First, Middle Initial)

Mailing Address 2141 Azalea Circle

City Decatur State GA Zip Code 30033-2609

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Jude Medical Occupation Direct Sales Rep, CRM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR537750915827

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 502 Anhinga Dr

City East Lansing State MI Zip Code 48823-8664

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Jude Medical Occupation Direct Sales Rep, CRM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR537769415827

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 408 Gregan Court

City Matthews State NC Zip Code 28104-7000

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Jude Medical Occupation Territory Mgr, Structural Heart

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR537788215827

Amount of Each Receipt this Period **90.00**

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **210.00**

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: PAGE 16 OF 23
(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. Marcus Gonzales

Mailing Address 313 Pelican Avenue

City State Zip Code
 McAllen TX 78504-1730

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 St. Jude Medical Direct Sales Rep, CRM

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR537810415827

Amount of Each Receipt this Period
120.00

P/R Deduction (\$20.00 Bi-Weekly)

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

Mailing Address 18 Ehrlich Rd

City State Zip Code
 Austin TX 78746-3109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 St. Jude Medical VP, Sales, NMD

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR537825015827

Amount of Each Receipt this Period
120.00

P/R Deduction (\$20.00 Bi-Weekly)

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

Mailing Address 3702 81st Avenue SE

City State Zip Code
 Mercer Island WA 98040-3531

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 St. Jude Medical DVP, CRM/AF

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR537825315827

Amount of Each Receipt this Period
60.00

P/R Deduction (\$10.00 Bi-Weekly)

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

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: PAGE 17 OF 23
(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. Doug Nock
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Starlight Isle
 City Ladera Ranch State CA Zip Code 92694-1467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation VP, Area Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR537825615827
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. Dave Hendrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 2204 Demona Dr
 City Austin State TX Zip Code 78733-1689
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Sr VP, Sales Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR537827215827
 Amount of Each Receipt this Period 240.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. Jennifer Aguero
 Full Name (Last, First, Middle Initial)
 Mailing Address 28451 Foothill Drive
 City Agoura Hills State CA Zip Code 91301-2241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Jude Medical Occupation Sr. Dir. Finance Plan & Reporting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR644462215827
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 360.00
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: PAGE 18 OF 23
(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. David Krahe
 Full Name (Last, First, Middle Initial)
 Mailing Address 3003 Niagara Dr
 City Austin State TX Zip Code 78733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Jude Medical Occupation Director Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR766879715827
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Michael Bryant
 Full Name (Last, First, Middle Initial)
 Mailing Address 4125 Purdue St.
 City Houston State TX Zip Code 77005-1039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SJM Occupation Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR766929315827
 Amount of Each Receipt this Period 240.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. Scott MacPherson
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Scenic Hills CT
 City Belle Mead State NJ Zip Code 08502-5137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Jude Medical Occupation Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR766940115827
 Amount of Each Receipt this Period 240.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 580.00
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: PAGE 19 OF 23
(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. Jon Ryther
 Full Name (Last, First, Middle Initial)
 Mailing Address 1782 85th Street
 City New Richmond State WI Zip Code 54017-7125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **SJM** Occupation **Manager**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR767038015827
 Amount of Each Receipt this Period **60.00**
 P/R Deduction (\$10.00 Bi-Weekly)

B. Angela Morris
 Full Name (Last, First, Middle Initial)
 Mailing Address 1821 Lake Texoma Circle
 City Allen State TX Zip Code 75002-4841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **St. Jude Medical** Occupation **Sr. Manager, Patient Therapy Access**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **920.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR767068915827
 Amount of Each Receipt this Period **240.00**
 P/R Deduction (\$40.00 Bi-Weekly)

C. Richard Quesada
 Full Name (Last, First, Middle Initial)
 Mailing Address 26837 Maris Court
 City Sun City State CA Zip Code 92585-8927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **St. Jude Medical** Occupation **Territory Manager**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **880.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR767110215827
 Amount of Each Receipt this Period **240.00**
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **540.00**
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: PAGE 20 OF 23
(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. Candace Steele Flippin
 Full Name (Last, First, Middle Initial)
 Mailing Address 604 River Street
 City Minneapolis State MN Zip Code 55401-2576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation VP, PR & External Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR767137515827
 Amount of Each Receipt this Period 240.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. David Stern
 Full Name (Last, First, Middle Initial)
 Mailing Address 1420 Natchez Way
 City Grayson State GA Zip Code 30017-1085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation VP, R&D
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR767138215827
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$40.00 Bi-Weekly)

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).....▶	440.00
TOTAL This Period (last page this line number only).....▶	6140.00

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 checked="" 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 ERIK PAULSEN

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Erik Paulsen

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
						2015							

Transaction ID : 7824440

Amount of Each Disbursement this Period

												2000.00
--	--	--	--	--	--	--	--	--	--	--	--	---------

Full Name (Last, First, Middle Initial)

B. Roskam for Congress

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60189

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Peter Roskam

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
						2015							

Transaction ID : 7824554

Amount of Each Disbursement this Period

												1000.00
--	--	--	--	--	--	--	--	--	--	--	--	---------

Full Name (Last, First, Middle Initial)

C. Price For Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Thomas Price M.D.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
						2015							

Transaction ID : 7824555

Amount of Each Disbursement this Period

												2000.00
--	--	--	--	--	--	--	--	--	--	--	--	---------

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

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

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**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 checked="" 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. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement

011

Candidate Name

Rep. Cathy McMorris Rodgers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			28			2015			

Transaction ID : 7824557

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Becerra for Congress

Mailing Address P.O. Box 116

City Hyattsville State MD Zip Code 20781

Purpose of Disbursement

011

Candidate Name

Mr. Xavier Becerra

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			28			2015			

Transaction ID : 7824558

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Bob Casey for Senate

Mailing Address 303 Massachusetts Ave. NE 1st Floor

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

Mr. Robert Casey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			28			2015			

Transaction ID : 7824559

Amount of Each Disbursement this Period

2000.00

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

6000.00

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

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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 checked="" 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. Texans For Senator John Cornyn Inc

Date of Disbursement

Mailing Address PO Box 13026

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2015

City Austin State TX Zip Code 78711

Transaction ID : 7824560

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

3000.00

Candidate Name

Sen. John Cornyn

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TX District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

3000.00

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

14000.00
