

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER 2008 APR 15 AM 10:32 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)

- TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) [checked], 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), General (12G), Runoff (12R), Convention (12C), Special (12S)

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 01 2008 through 03 31 2008

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 [Signature] Date 04 14 2008

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ST. JOE 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="2008"/> | | <input type="text" value="30403.83"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="30403.83"/> | |
| (c) Total Receipts (from Line 19)..... | <input type="text" value="16950.00"/> | <input type="text" value="16950.00"/> |
| (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="47353.83"/> | <input type="text" value="47353.83"/> |
| 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="39353.83"/> | <input type="text" value="39353.83"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | <input type="text"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | <input type="text"/> | |

28039684402

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: **07' 01' 2008** To: **03' 31' 2008**

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

2309684403

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees
(i) Itemized (use Schedule A).....

16,400.00

16,400.00

(ii) Unitemized.....

550.00

550.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

16,950.00

16,950.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

16,950.00

16,950.00

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 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)).....▶

16,950.00

16,950.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-
penditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(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)

| |
|-----------|
| 16,950.00 |
| |
| 16,950.00 |
| |
| |
| |
| |

| |
|-----------|
| 16,950.00 |
| |
| 16,950.00 |
| |
| |
| |
| |

28039684405

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 6

11a 11b 11c 12 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CARLSON, MARK D.

Mailing Address

5411 VILLANOOD CIRCLE

City CALABASAS

State CA Zip Code 91302-3106

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

CHIEF/MEDOFF - CRM

Receipt For:

Primary General Other (specify)

Aggregate Year-to-Date

1,000.00

Date of Receipt

01/11/2008

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. KHOSRAVI, BEHZAD

Mailing Address

1090 BRECKENRIDGE PLACE

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 PROD. DEV. - CRM

Receipt For:

Primary General Other (specify)

Aggregate Year-to-Date

4,000.00

Date of Receipt

03/21/2008

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. WEIGEL, ROBERT B.

Mailing Address

16868 N 3rd PLACE N

City MAPLE GROVE

State MN Zip Code 55311-2678

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

DIR. REGIONAL SALES

Receipt For:

Primary General Other (specify)

Aggregate Year-to-Date

250.00

Date of Receipt

03/21/2008

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1,650.00

TOTAL This Period (last page this line number only)

28039684406

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

PAGE 2 OF 6

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: Hill, Barbara B. 212 Lambeth Road, Baltimore, MD 21218. Employer: Value Options, Inc. CEO. Amount: 2,000.00

Date of Receipt: 03/21/2008. Amount of Each Receipt this Period: 2,000.00

Form B: Zhang, Yongxing 2710 Kelvin Ave. #2324, Irvine, CA 92614. Employer: St. Jude Medical. RD Manager - IBI. Amount: 300.00

Date of Receipt: 03/21/2008. Amount of Each Receipt this Period: 300.00

Form C: Garrett, Thomas H. 540 Wentworth Ave. W, St. Paul, MN 55118. Occupation: Retired. Amount: 2,000.00

Date of Receipt: 03/21/2008. Amount of Each Receipt this Period: 2,000.00

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

SUBTOTAL: 4,300.00. TOTAL: 4,300.00

28039684407

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 6

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

Full Name (Last, First, Middle Initial)

A. BROWN, JOHN W.

Mailing Address

750 TRADE CENTRE

City PORTAGE

State MI Zip Code 49002

Date of Receipt

03 ' 21 ' 2008

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

2000.00

Name of Employer

STRYKER

Occupation

DIRECTOR

Receipt For:

Primary, General, Other (specify) checkboxes

Aggregate Year-to-Date

2000.00

Full Name (Last, First, Middle Initial)

B. WELBORN, HOLLY A.

Mailing Address

15895 YELLOW PINE ST. NW

City ANDOVER

State MN Zip Code 55304

Date of Receipt

03 ' 21 ' 2008

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

250.00

Name of Employer

ST. JUDE MEDICAL

Occupation

TAX DIRECTOR CORP

Receipt For:

Primary, General, Other (specify) checkboxes

Aggregate Year-to-Date

250.00

Full Name (Last, First, Middle Initial)

C. VOELLER, LAWRENCE A.

Mailing Address

469 WOODHILL DRIVE

City ROSEVILLE

State MN Zip Code 55113

Date of Receipt

03 ' 21 ' 2008

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

250.00

Name of Employer

ST. JUDE MEDICAL

Occupation

DIRECTOR-TALENT MGMT.

Receipt For:

Primary, General, Other (specify) checkboxes

Aggregate Year-to-Date

250.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

2803968408

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

PAGE 4 OF 6

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

Full Name (Last, First, Middle Initial)

A. NORTHENSCOLD, TOM

Mailing Address

1215 OAKVIEW LANE N

City PLYMOUTH

State MN Zip Code 55441

Date of Receipt

03 ' 21 ' 2008

Amount of Each Receipt this Period

1,500.00

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

VP, IT & CIO

Receipt For:

Primary, General, Other (specify) checkboxes

Aggregate Year-to-Date

1,500.00

Full Name (Last, First, Middle Initial)

B. FAIN, ERIC S.

Mailing Address

10 PRINCETON ROAD

City MENLO PARK

State CA Zip Code 94025

Date of Receipt

03 ' 24 ' 2008

Amount of Each Receipt this Period

1,500.00

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

PRESIDENT-CRM

Receipt For:

Primary, General, Other (specify) checkboxes

Aggregate Year-to-Date

1,500.00

Full Name (Last, First, Middle Initial)

C. ESSIG, STUART M.

Mailing Address

26 CONISTON COURT

City PRINCETON

State NJ Zip Code 08540

Date of Receipt

03 ' 24 ' 2008

Amount of Each Receipt this Period

2,000.00

FEC ID number of contributing federal political committee.

C

Name of Employer

INTERA LIFE SCIENCES

Occupation

PRESIDENT & CEO

Receipt For:

Primary, General, Other (specify) checkboxes

Aggregate Year-to-Date

2,000.00

SUBTOTAL of Receipts This Page (optional)

5,000.00

TOTAL This Period (last page this line number only)

28039684409

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 6

| | | | | | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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. LYBECK, ALAN L.

Mailing Address

5006 29th AVE. S

City MINNEAPOLIS

State MN Zip Code 55417

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

RECORDS MGR. - Corp.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 25 / 2008

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

2,000.00

Date of Receipt

03 / 25 / 2008

Amount of Each Receipt this Period

2,000.00

Full Name (Last, First, Middle Initial)

C. YARNO, WENDY L.

Mailing Address

8 HAY BARRICK ROAD

City WHITEHOUSE STATION

State NI Zip Code 08889

FEC ID number of contributing federal political committee.

C

Name of Employer

MERCK & CO.

Occupation

CHIEF MARKETING OFFICER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 31 / 2008

Amount of Each Receipt this Period

500.00

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

2,750.00

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

2,750.00

28039684410

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

PAGE 6 OF 6

| | | | | | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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. FRETSCHNER, WALTER J.

Mailing Address

33 MARLBORO DRIVE

City State Zip Code

BELL CANYON CA 91307

FEC ID number of contributing federal political committee.

C

Date of Receipt

03 / 21 / 2008

Amount of Each Receipt this Period

200.00

Name of Employer

ST. JUDE MEDICAL

Occupation

SR. VP., FINANCE - USD

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

____ / ____ / _____

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

____ / ____ / _____

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

200.00

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

16,400.00

2803968411

**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 2

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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. **McCOLLUM FOR CONGRESS**

Mailing Address

P.O. BOX 14131

City

ST. PAUL

State

MN

Zip Code

55114

Purpose of Disbursement

FUNDRAISER

Candidate Name

CONGRESSWOMAN BETTY McCOLLUM

0.1.1
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **MN**

District: **4th**

Date of Disbursement

02' 08' 2008

Amount of Each Disbursement this Period

1,000.00

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

COLEMAN FOR SENATE

Mailing Address

680A 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

03' 06' 2008

Amount of Each Disbursement this Period

4,000.00

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

ROBERTS FOR SENATE

Mailing Address

P.O. BOX 433

City

GREAT BEND

State

KS

Zip Code

67530

Purpose of Disbursement

FUNDRAISER

Candidate Name

SENATOR PAT ROBERTS

0.1.1
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **KS**

District:

Date of Disbursement

03' 06' 2008

Amount of Each Disbursement this Period

1,000.00

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

6,000.00

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

28039684412

**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 2

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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. **ADVAMED PAC**

Mailing Address
701 PENNSYLVANIA AVE., NW, Suite 800

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

Purpose of Disbursement
PAC SUPPORT

Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement

03 / 27 / 2008

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement

_____ / _____ / _____

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement

_____ / _____ / _____

Amount of Each Disbursement this Period

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

2000.00

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

8000.00

2803968413

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed Ex* Shipping Date
4/14/08
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

EA
 PREPARER
 (3/2005)

4/15/08
 DATE PREPARED

28039684414