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FEC AN			REPORT OF RECEIPTS				-	RECEIVED FEC MAIL CENTER			
			D DISBURSEMENTS				2003 APR 1 5 AH 10: 32				
For									Office Use Only		
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2.	FEC ID	ENTIFICAT	TON NUM	BER V	·						
0	CO	030	50,2	2		3. IS THIS REPORT	X	NEW (N) OR		IENDED	
ଙ୍କ ସ୍ୱ.	_	OF REPO	RT	(b) Mo	- 98	Feb 20 (M2) П	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election
000	(Choose	One)			e On:	Mar 20 (M3		Jun 20 (M6)	Sep	20 (M9)	Year Only) Dec 20 (M12)
0 M	(a) Quarterly Reports:					Apr 20 (M4)		Jul 20 (M7)		20 (M10)	(Non-Election Year Only) Jan 31 (YE)
ŝ	X	April 15 Quarterly F	Report (Q1)	(c)	السية 12-Day	m	L	ge	 ~_	<u></u>	
N	D	July 15 Quarterly F	Report (Q2)		PRE-Electio	. PP3	Primary (12	·	General	للميطلا	Runoff (12R)
	D	October 15 Quarterly F			Report for t	he:	Convention	(12C)	Special (12S)	
	Ō	January 31 Year-End F	,		E	Election on		· · · · · · · · ·	******	in the State	of
	Ū	July 31 Mic Report (No Year Only)	d-Year n-election	(d)	30-Day POST-Elect	ion	General (30)G)	Runoff (S	30R)	Special (30S)
	n	Termination	Report		Report for t	he:	2011 01			in the	Internationali
	تهملا	(TER)			E	Election on				State	of
5.	Covering	Period	0.7	'B	7 22	208	through	23	'BI ʻ	2008	r
i c	I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.										
Ту	Type or Print Name of Treasurer Robert G. Frenz										
Się	Signature of Treasurer Abert I Large Date 04 1.4 2008										
NC	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.										
_	Off	ice								FEC FOR	
L		se nly								Rev. 12/2	A

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` Г	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
N 	Vrite or Type Committee Name ST - コルムF MF入 Tハム/ ⁻	POLITICAL ACTIO	1) COMMETTEE
R			03' 811' <u>2008</u>
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1,	·	30,403.83
	(b) Cash on Hand at Beginning of Reporting Period	3.0.4.0.3.8.3	
	(c) Total Receipts (from Line 19)	1695000	16,950,00
4402	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	47.3.5.3.8.3	4.7,353.83
∞— Ο _{7.} Ο	Total Disbursements (from Line 31)		800000
M ⊕ ^{8.} ⊗ N	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39.353.83	39,353.83
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	and and the standard section of the standard section o	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	ราการรูปสารรูปสารรูปสาร , เหตุการราการการรูปสารรูปสารรูปสารรูปสารรูปสารรูปสารรูปสารรูปสารรูปสารรูปสารรูปสารรูป	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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For further information contact:

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

Toll Free 800-424-9530 Local 202-694-1100

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	DE		Г
	FEC Form 3X (Rev. 06/2004)	of Receipts	Page 3
	rite or Type Committee Name		~
Ś	JUSE MESICAL	FOLITICAL ACTION	ON COMMITTEE
R	eport Covering the Period: From:	1' <u>12</u> ' <u>18008</u> ™	23 BZ BODS
	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	1/04/00 00	11 1/00 00
	(i) Iternized (use Schedule A)	1.6.4.0.0.00	
	(ii) Uniternized	55,0,00	550 00
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)		
	(b) Delitical Party Committees		
	(b) Political Party Committees(c) Other Political Committees		hand we have the stand we have the stand we have the
	(c) Other Political Committees (such as PACs)		
м	(d) Total Contributions (add Lines	and and the found and the first and and the street	hundersellen der erkun Chendens der Albertaun
œ	11(a)(iii), (b), and (c)) (Carry		والمحمور ومعارضة والمتعالية والمتالية وجرابي والمترواة والمتوجد والمتكادي والتكاري
5	Totals to Line 00 mans 5)	16,950,00	16950.00
ч. 2.	Transfers From Affiliated/Other		
**	Party Committees		
Q			hand and hand hand hand hand hand hand h
0 	All Loans Received		
		and and mail and and and and and and	hunderede a (Bundensland) and and hundered (Bundensed
O M	Lass Deservate Deserved	1	land and and and and and and and and and
∿~14. ⊜∎e	Loan Repayments Received	and and make the dimeter of the	hundered and and and and and and and and
15.	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
16	Refunds of Contributions Made	minimut martine to a firm the state of the s	weeksender Brechender Brechenster Brechen
10.	to Federal Candidates and Other		
	Political Committees		
17	Other Federal Receipts		Landandon Brandan Brandan Brandan Brandan
	(Dividends, Interest, etc.)		
18.	Transfers from Non-Federal and Levin Funds	Land and the stand and the stand and the stand	hand and a construction of the stand
.0.	(a) Non-Federal Account		
	(from Schedule H3)		
		han 19	handered and hand hand hand and an darring hand hand hand hand hand hand hand hand
	(b) Levin Funds (from Schedule H5)		
			hundered and and and and and and and and
	(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))▶	1.6_9.50_0.0	16 950 00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►		

DETAILED SUMMARY PAGE

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Page 4

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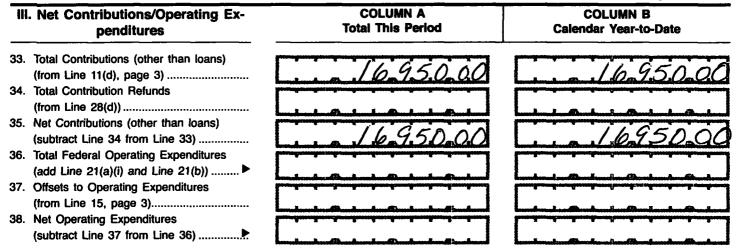
COLUMN B alendar Year-to-Date

	II. Disbursements	COLUMN A Total This Period	Col
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Cal
	(i) Federal Share	and and the strend of the stre	
	(ii) Non Foderal Obere		
	(ii) Non-Federal Share	Land and the stand of the stand	i and the second
	(b) Other Federal Operating Expenditures		
	(c) Total Operating Expenditures	hand the standard and the	l'exclusion de la company
	(add 21(a)(i), (a)(ii), and (b))▶		
22.	Transfers to Affiliated/Other Party		in the second
	Committees		1
23.	Contributions to Federal Candidates/Committees		free-company
	and Other Political Committees	8 00 0 00	
24.	Independent Expenditures		
25	(use Schedule E)		- Instanting
23.	Coordinated Party Expenditures (2 U.S.C. §441a(d))		
	(use Schedule F)		
T	Loop Departments Made		
) ^{20.}	Loan Repayments Made		Landand
1 27.	Loans Made		
28.	Refunds of Contributions To:	hand and the standard and	land-metanet
9	(a) Individuals/Persons Other Than Political Committees		
0 n		hand and and the second s	Burnelinger
ñ	(b) Political Party Committees		
)	(c) Other Political Committees	and the second s	hernethensite and
>	(such as PACs)		
4			
	(d) Total Contribution Refunds	Landon and an all and a subserved as a description of the second s	}
	(add Lines 28(a), (b), and (c)) ►	hand and and and and and and and and and	
~~		L	
29.	Other Disbursements		Landson a
30	Federal Election Activity (2 U.S.C. §431(20))		
50.	(a) Allocated Federal Election Activity		
	(from Schedule H6)		Construction of the local division of the lo
	(i) Federal Share		
	· · · · · · · · · · · · · · · · · · ·		Construction of the second
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		Laurenderenderenderenderenderenderenderend
	With Federal Funds		
	(c) Total Federal Election Activity (add		1
	Lines 30(a)(i), 30(a)(ii) and 30(b)) ►	Landon and the stand of the stand	Landanda
•			
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	<u> </u>	Land and
32	Total Federal Disbursements		
52.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	**************************************	
		hundre den Charles to Charles de star	land and and

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)





SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

		OR	LINE	NU	MBER	:	PAGE	1
Use separate schedule(s) for each category of the	(check only one)							 12
Detailed Summary Page			13		14		15	16

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	ny information copied from such Reports and S for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full)		~					
Ľ	ST JUDE MEDICAL	- tou	ITICAL ACTI	ON) ('o	MMI	TTEE	Ξ
A.	CARLSON, M	1ARK	<u>ک</u> .		Date o	f Receipt		
	Mailing Address 5411 VILLAN	1005 C	IRCLE		0.1		7 20	08
	City CALABASAS	State	Zip Code	6	Amoun	t of Each	Receipt this Po	eriod
	FEC ID number of contributing federal political committee.	C				- h h.	100	0.00
	Name of Employer	Occupation		_	Bannan di sena			
	ST. JUSE MESTRAL Receipt For:		=MEDOFF · CRMD					
	Primary General	Aggregate	Year-to-Date ♥	3				
۰ س_	Other (specify) ▼	L/						
ତ ସ B.	Full Name (Last, First, Middle Initial)	BEHZH	, }		Date of	f Receipt		
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ф О	City SIMI VALLEY	State	Zip Code 93065		Amount		Receipt this Pe	
м С	FEC ID number of contributing						······································	0.00
2 8	federal political committee. Name of Employer	Occupation		_	L			0.00
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	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,				
	Other (specify) v		A. 4.0.0 0.0					
<u> </u>	Full Name (Last, First, Middle Initial)	ROBE	RT B		Date of	f Receipt		
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	City MAPLE GROVE	State	Zip Code				····	
	FEC ID number of contributing		<u> </u>	0	Amoun	t of Each	Receipt this Po	
	federal political committee.				L		<u> </u>	0.00
-	Name of Employer ST. JUSE MEDICAL	Occupation	REGIONAL SAL	ES				
	Receipt For: General	Aggregate	Year-to-Date ▼					
	Other (specify)		250.00					
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T	OTAL This Period (last page this line number	only)	••••••	•	L			أسدهمه

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) **ITEMIZED RECEIPTS** for each category of the 11a 11b 12 11c Detailed Summary Page 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) ITICAL ACTION COMMITTEE TCAL F Middle Initial) Full Name (Last, First, ARRARA Date of Receipt Mailing Address KOAL City Zip Code State TMO Amount of Each Receipt this Period FEC ID number of contributing С federal political committee. Name of Employer Occupation AL Receipt For Aggregate Year-to-Date V Primary General Other (specify) 21.0.0 • \odot Full Name (Last, First, Middle Initial) 9 **ч 8**. ONGXIN **Date of Receipt** +ANJO Mailing Address 00 # ω တ City Zip Code State M ZRUIN Amount of Each Receipt this Period Θ FEC ID number of contributing 80 С federal political committee. \sim Name of Employer Occupation NF.I)I(AI MANAGE 57. IUD **Receipt For:** Aggregate Year-to-Date 🔻 Primary General 300,00 Other (specify) Full Name (Last, First, Middle Initial) C. **Date of Receipt** ARRE Mailing Address H Citv State Zip Code 55118 Mλ Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation TIREN **Receipt For:** Aggregate Year-to-Date V Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) PAGE OF FOR LINE NUMBER: Use separate schedule(s) (check only one) **ITEMIZED RECEIPTS** for each category of the 12 11a 11b 11c **Detailed Summary Page** 13 15 16 17 14 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) JOHN W ROWN **Date of Receipt** Mailing Address CENTRE City Zip Code 49002 ORTAG MI Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Occupation Name of Employer STRYKER DIRECTOR **Receipt For:** Aggregate Year-to-Date V Primary General).*0.0_02* Other (specify) 00 Ξ Full Name (Last, First, Middle Initial) 57 40LLY **\\$B** WELBORN **Date of Receipt** 00 **Mailing Address** PINE Ø ELLOW ST. NW 3 တ City State Zip Code M ANDOVEN 530 MN Amount of Each Receipt this Period \odot FEC ID number of contributing 00 С federal political committee. \mathbf{N} Name of Employer Occupation DIRECTOR. COR. ST JUDE HEDICAL TAX **Receipt For:** Aggregate Year-to-Date V Primary General 5.0.00 Other (specify) Full Name (Last, First, Middle Initial) ER, LAWRENCE C. **Date of Receipt** Mailing Address ELL DRIVE City State Zip Code MN 55113 Amount of Each Receipt this Period FEC ID number of contributing IC federal political committee. Occupation Name of Employer ST. JUDE MEDICAL DIRECTOR-TALENT MUMT. Receipt For: Aggregate Year-to-Date V Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) PAGE OF FOR LINE NUMBER: Use separate schedule(s) (check only one) **ITEMIZED RECEIPTS** for each category of the 11a 11b 12 11c **Detailed Summary Page** 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) TOM NORTHEN Date of Receipt Mailing Address AKVIEW LANE City / State Zip Code PLYMOUT $\mu_{\mathcal{N}}$ 55441 Amount of Each Receipt this Period FEC ID number of contributing С federal political committee. Occupation Name of Employer VP -CIO T JUDE UF ATCAL IT 9 Receipt For: Aggregate Year-to-Date Primary General 1.5.00.00 Other (specify) Ø Ο Full Name (Last, First, Middle Initial) ল ERIC ч**В**. **Date of Receipt** Mailing Address 00 OAT Тол Ø Ø City State Zip Code 940<u>25</u> М Amount of Each Receipt this Period \odot FEC ID number of contributing 00 С federal political committee. \sim Occupation Name of Employer PRESIDENT MENTAL J. JUDE **Receipt** For: Aggregate Year-to-Date V Primary General 0.0.0.0 Other (specify) Full Name (Last, First, Middle Initial) STUART C. **Date of Receipt** Mailing Address STON OVR T City State Zip Code DS:54N Amount of Each Receipt this Period FEC ID number of contributing IC 000 federal political committee. Name of Employer Occupation PRESID FNT & CEO NTRRA LIFE TENCES **Receipt** For: Aggregate Year-to-Date Primary General Other (specify) 0.0.0 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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		Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
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	NAME OF COMMITTEE (In Full)		A
Z	ST. JUDE MEDICAL F	RITTICAL ACT	ION COMMITTEE
A	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address 5006 29 th AVE.	5	0.3 25 200.8
	City A State	MN Zip Code 55417	Amount of Each Receipt this Period
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	Bassist Fee	ate Year-to-Date ▼	
0	Other (specify) ▼	250-0.0	
ব ব B	Full Name (Last, First, Middle Initial)	HAFL A.	Date of Receipt
8 9	Mailing Address 289.30 SOMERS	SR.	D.3 ' 23 ' 2008
O) M	City NAPLES State	FL Zip Code 34/19	Amount of Each Receipt this Period
280	FEC ID number of contributing federal political committee.	······································	2,000.00
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C.		DY L.	Date of Receipt
	Mailing Address HAY BARRICK		631372008
		NI 08889	Amount of Each Receipt this Period
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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE & OF & (check only one)		
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	ny information copied from such Reports and S	rson for the purpose of soliciting contributions				
Ŕ	NAME OF COMMITTEE (in Full)					
Z	ST JUBE MEDICAL	POLET	FCAL ACTION	COMMITTEE		
A.	Full Name (Last, First, Middle Initial)	, WA	LTER J.	Date of Receipt		
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	BELL CANTON	State C.	A Zip Code 9/307	Amount of Each Receipt this Period		
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	Name of Employer ST. JUSE MESICAL		P., FINANCE - US	<u></u>		
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ต พ	City	State	Zip Code	Amount of Each Receipt this Period		
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	Name of Employer	Occupation	· · · · · · · · · · · · · · · · · · ·	-		
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	Full Name (Last, First, Middle Initial)			· · · · · · · · · · · · · · · · · · ·		
C.	Mailing Address	<u></u>		Date of Receipt		
	City	State	Zip Code			
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Ś	CHEDULE B (FEC Form 3X)	ſ <u></u>	FOR LINE I			PAGE /	OF 2		
	EMIZED DISBURSEMENTS	Use separate schedule(s)	(check only		_		0 9		
		for each category of the Detailed Summary Page	21b		23 286	24 25 28c 29			
	ny information copied from such Reports and Staten r for commercial purposes, other than using the name	d by any perso	n for the pur	pose of so	liciting contrib	utions			
Γ	NAME OF COMMITTEE (In Full)			<u> </u>	<u>_</u>	- 			
Z	ST JUDE MEDICAL	ST JUDE MEDICAL POLITICAL ACTIO Full Name (Last, First, Middle Initial)							
A.	MCCOLLUM FOR			Date of Di	sbursemen	t			
	Mailing Address P.O. BOX 141			02	68	200	2		
	ST. PAUL		5114						
	FUNDRAL Candidate Name		O././ Category/	Amount of	Each Disb	ursement this			
	CONGRESSWOMAN BETT Office Sought: X House Disbursen		Туре		<i></i>	_0.0.0	0.0		
	President	Primary General Other (specify)							
2-	State: MN District: 4 1/2			- <u>-</u>					
থ B. প		ENATE		Date of Di			TT		
8 9 8	Mailing Address	ER ROAD	03 66 2008			2.81			
M ©	City ST. PAUL Purpose of Disbursement	State Zip Code 55	5/14						
2	FUNDRATS	SER	Amount of Each Disburs	ursement this	Period				
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C.	Full Name (Last, First, Middle Initial)	SENATE		Date of Di	sbursemen	t			
	Mailing Address P.O. BOX 43			0.3	06	200	28		
	City GREAT BENS	530				<u>_</u>			
	Purpose of Disbursement	ρ <i>i</i> /	Amount of	Each Disb	ursement this	Period			
	Candidate Name SENATOR PAT ROB	Category/ Type			1.0.00	od			
	Office Sought: House Disbursen	nent For: Primary General			all Som Buy and	terfi Alia di cimilian			
_	State: KS District:	Other (specify) v							
	SUBTOTAL of Disbursements This Page (optional)		······ •			6000	0.0		
5	TOTAL This Period (last page this line number only)		····· •						

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	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27			
Ar	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may not be sold or use me and address of any politic	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (IN FULL) ST. JUDE MEDICAL	POLITICAL	ACTIL	ACTION COMMETTEE		
A .	Full Name (Last, First, Middle Initial) <u>ADVAMED</u> PA Mailing Address 701 PEALAISULIADTA	ite 800	Date of Disbursement			
	Mailing Address <u>TOI PENNSYLVANIA</u> City WASHINGTON Purpose of Disbursement PAC SUPPOR		04	Amount of Each Disbursement this Period		
	Candidate Name		Category/ Type	20.00-00		
MI	Office Sought: House Disburse Senate President State: District:	.,,,-	<u>,</u>			
Т ^т т в.	Full Name (Last, First, Middle Initial)		Date of Disbursement			
° G G	Mailing Address					
м ©	City					
2 8	Purpose of Disbursement Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
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Ē	SUBTOTAL of Disbursements This Page (optional).			<u> </u>		

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Federal Election Commission
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