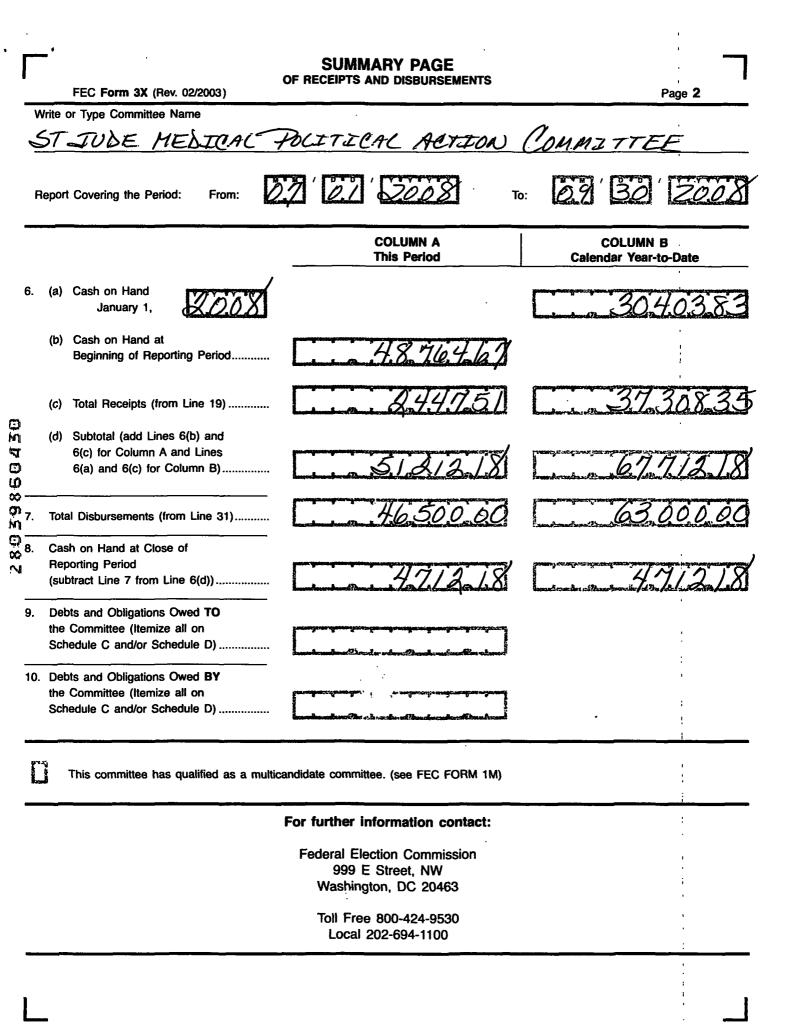
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1.	NAME OF COMMITTEE (in f		R PRINT V	Example: If to over the line		12FE4M5	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
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2.	FEC IDENTIFICA	TION NUMBER		TY 🔺			ZIP COD	E 🔺
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28029862	(Choose One) (a) Quarterly Rep April 15 Quarterly July 15 Quarterly October Quarterly January 3 Year-End Juty 31 M Report (M Year Only	Report (Q1) (C) Report (Q2) (C) Report (Q3) . 31 Report (YE) . Mid-Year (d	eport La Ma ue On: Ma 12-Day PRE-Election Report for the: 30-Day POST-Election Report for the:	b 20 (M2)	on (12C)	Aug 20 Sep 20 Oct 20 General (12 Special (12 Runoff (30)	(M9) (1) (M9) (1) (M10) (1) (2G) (1) (2G) (1) (2S) in the State of	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) Special (30S)
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	FEC Form 3X (Rev. 06/2004)	ETAILED SUMMARY PAGE of Receipts	Page 3
W	rite or Type Committee Name	DAL	A martine
1	ST. JUDE MEDICAL	YOLFILCHL ACTION	U COMMITTEE
R	eport Covering the Period: From:	Zed 2008 TO	Stinderind Millithingord Witnestennelling
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
TSTD98670871 3. 16.	 Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	24.4.7.51	3551335
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶		

1

FE6AN026

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

Paģe 4

II. Disbursements

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date

21.	Operating Expenditures:		1
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	hand and and and and and and and and and	mature marken Burken Burken Burken
	(ii) Non Enderel Share		i i i i i i i i i i i i i i i i i i i
	(ii) Non-Federal Share	hundrenden (Bendenden (Benden bergebenden)	- hand and a share the stand and a share the stand and a share the stand and the stand
	(b) Other Federal Operating		I make a survey of the second state of the second se
	Expenditures	and the standard and th	
	(c) Total Operating Expenditures	<u> </u>	hundrand h
	(add 21(a)(i), (a)(ii), and (b)) <		
22.	Transfers to Affiliated/Other Party		
	Committees		
23.	Contributions to		handrandernet?hendiannihand?hendurindrand?hendiannihand?hendiannih
	Federal Candidates/Committees and Other Political Committees	41,50000	6300000
24	Independent Expenditures		
24.	• •		· · · · · · · · · · · · · · · · · · ·
25.	(use Schedule E) Coordinated Party Expenditures	hand and beer the state of the	under al and Burden day Burden burden
	(2 U.S.C. §441a(d)) (use Schedule F)		
	(use Schedule F)	and and makes the Chard and the Chard	han the for the share the standard in the
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	Loan Repayments Made	A destand and the second se	And the stand of the
4		here the second s	and the second
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inder .	Refunds of Contributions To: (a) Individuals/Persons Other	Learning and a subscription of the subscriptio	less auf de services autoritées de services de services de services de services de services de services de serv Contraction de services de s
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o n		hand and a set of the	Court and and Court and and and and and and and and a second and a se
N)	(b) Political Party Committees		
Ð	(c) Other Political Committees	and make the for the for the form	hand a share the stand we have
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2	(such as PACs)	and and the stand th	Sundawal marker of Decelored Conduct Street Street Street
	(d) Total Contribution Defends		
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c)) ►	Land and Burken to the stand and the stand	- Land and and and and and and and and and
			headstatestandanations and an and an a second
29.	Other Disbursements		
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		·
	(from Schedule H6)		
	(i) Federal Share		
		here the second s	Constanting and Constitution and Constitution and the second se Second second
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely	hundred and maker and and and and and and	hand a start the start of the s
	With Federal Funds		
		hand and the stand and the sta	Land and Barrel Barrel Barrel and Barrel and Barrel and
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b)) ►	Landson to a thread thread and the second second	hand and make and make and and and and and and
31.	Total Disbursements (add Lines 21(c), 22,	here the second s	มีของเป็นหมายน และเป็นหมายในหมายในเหตุเหตุเหตุเหตุเหตุเหตุเหตุเหตุเหตุเหตุ
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	46 500 00	630.00.00
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32.	Total Federal Disbursements		ļ
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	Beneral Service Strategy Services and Service Strategy Services (2, 992) (1, 912)	Bana dia mandro and ana dia mandro ana dia mandro ang
	from Line 31)		
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FEC Form	3X (Rev. 02/2003)	DETAILED SUMMARY PAGE of Disbursements	Page 5
	utions/Operating Ex- inditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ons (other than loans) I), page 3)	244751	3551335
34. Total Contributi (from Line 28(c	on Refunds \$))		
35. Net Contributio	ns (other than loans) 34 from Line 33)	244751	3551335
	Operating Expenditures)(i) and Line 21(b))►		
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38. Net Operating			landerse and the second s
(subtract Line :	37 from Line 36)		

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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 11c 12 **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) MEDICAL POLITICAL ACTION COMMITTEE ÜΔF Full Name (Last, First, Middle Initial) WILLIAM Date of Receipt ハナナ Mailing Address GSINON ERR City State Zip Code MN MITNN 55345 Amount of Each Receipt this Period FEC ID number of contributing С 0 federal political committee. Name of Employer Occupation T JUDE MEDICAL NCH Q Dev. **Receipt For:** Aggregate Year-to-Date V Primary General Other (specify) 0.0.00 勺 M 57 Full Name (Last, First, Middle Initial) MARK C)B. 4RL **Date of Receipt** G Mailing Address LLAWOON CIRCLE 00 cn City State Zip Code M 30A Amount of Each Receipt this Period ø FEC ID number of contributing 00 C federal political committee. N Name of Employer Occupation MESICAL FFQ SK VR Clinica/ JUDE HT.FE MEN **Receipt For:** Aggregate Year-to-Date Primary General Other (specify) 200 PAYROL DEDUCTION Full Name (Last, First, Middle Initial) ANGELA C. Date of Receipt Mailing Address TON City Zip Code State 55105 MNAmount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer \$ 52.64 Occupation BT-WEEKLY ATE RELATIONS EDINA/ **Receipt For:** Aggregate Year-to-Date ▼ Primary General 63168 Other (specify) SUBTOTAL of Receipts This Page (optional)..... 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 OF (check only one) 11a 11b 11c 12 13 14 15 16 17	
	ny information copied from such Reports and State r for commercial purposes, other than using the na			rson for the purpose of soliciting contributions
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	Mailing Address	Y DA	R NE	
	City BLAINE	State M	N Zip Code 55449	Amount of Each Receipt this Period
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LA LA	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 	
™ ♡B.	Full Name (Last, First, Middle Initial)			Date of Receipt
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ы Ю	City	State	Zip Code	Amount of Each Receipt this Period
2 8 (FEC ID number of contributing federal political committee.	C (-A	
	Name of Employer	Occupation		
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SCHEDULE B (FEC Form 3X)	<u> </u>					
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NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		
> ST JODE MEDICAL	POLITICAL A	PCTION	COMMITT	EE		
Full Name (Last, First, Middle Initial) A.	<u> </u>		Date of Disburseme	nt		
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Mailing Address P.O. Box 636			0.7 0.7	2008		
city Annandale	State Zip Code 230	203		!		
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Senate President	Primary General Other (specify)					
DState: CA District: 14				i		
THE MEKE R FU	`		Date of Disburseme	nt ·		
	ND		09115	12008		
Mailing Address P.O. Box 248				20.00		
STRINGFIELD	State VA Zip Code 28	2152		:		
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WASHINGTON	State DC Zip Code 200	205				
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	State Zip Code 200	017		
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m <u>P.O. 150X 3191</u>	Nete Zie Oode			
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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) 21b 22 23 27 28a 28	
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NAME OF COMMITTEE (IN Full) ST. JUDE MEDICAL			
Full Name (Last, First, Middle Initial) A. FRIENDS OF JOHN Mailing Address 406 VIRGINI		Date of Disbu	rsement
City ALEXANDRIA Purpose of Disbursement FUNDRAIS Candidate Name SENATOR JOHN Office Sought: House President Disburser President	SER [BARRASSO]	302 <u>Amount of Ea</u> Category/ Type	ch Disbursement this Period
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Full Name (Last, First, Middle Initial) C. <u>PETERSON</u> FOR Mailing Address <u>J.36</u> <u>MASSACHUSE</u>		Date of Disbu	rsement
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Full Name (Last, First, Middle Initial)				
A. LINDSEY GRAHAM FOR Mailing Address		TTTEE	Date of Disburseme	1' 77778
Maining Address P. O. BOX 20	7576			
City WASHINGTON	State & C Zip Code 20	0017		
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Office Sought: House Disburser		Category/ Type		100000
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Full Name (Last, First, Middle Initial)				······
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City WASHINGTON Purpose of Disbursement	State Zip Code 20	2002		
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	State IN ^{Zip Code} 47	274		
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Mailing Address P.O. BOX 816	6			2008
City SAVANNAH Purpose of Disbursement	Stata Zin Codo	412		
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Full Name (Last, First, Middle Initial) A. <u>CITIZENS FOR</u> (Mailing Address			Date of Disbursement	008			
City TUPELO	State Zin Code	8802					
Office Sought: House Disbursen	LOCHRAN	Category/ Type	Amount of Each Disburseme	ent this Period			
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© FRIENDS OF JOHN Mailing Address © 23/2 MOLE OR HUGE ET	TTS AVE, NE	SUITE 508		008			
M WASHINGTON Purpose of Disbursement Candidate Name CONGRESSMAN JOHN Office Sought: Senate President State: TN District: 84	er Tanner	DOO2 Category/ Type	Amount of Each Disburseme	ent this Period			
Full Name (Last, First, Middle Initial) C. FRIENDS OF JAY Ro Mailing Address P. O. BOX 1909	<u>ickefeller</u>	-	Date of Disbursement	008			
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FEC Schedule B (Form 3X) Rev. 02/2003

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ST. JUDE MEDICAL PO	LITICAL ACT.	ton li	OMMITTEE	
Full Name (Last, First, Middle Initial) A. MIKE THOMPSON FI	DR CONTAREC	5	Date of Disbursemen	nt .
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	Other (specify) ▼			1
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C. MCCONNELL SENATE	COMMETTEF	08	Date of Disbursemen	nt
Mailing Address 400 NURTH CAPITOL	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	TE 585	0.9 26	ROOX
	State Zip Code 20	2001		
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FEC Schedule B (Form 3X) Rev. 02/2003

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Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			A STATES
ST. JUDE MEDICAL	POLITICAL A	etion	COMPTITEE
Full Name (Last, First, Middle Initial)	CALATE		Date of Disbursement
Mailing Address Do Do Do Do			09 26 2008
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CODY	WY ZIP COUR 8	2414	
Purpose of Disbursement	ISER	$\dot{\alpha}$	Amount of Each Disbursement this Period
Candidate Name SENATOR MIKE ENZI Category/ Type			100000
Office Sought: House Disbursen	1		
President	Other (specify) V		
M State: District: Image: State: Image: State: St			·····
SHERMAN FOR CONGRESS			Date of Disbursement
Mailing Address #570 VAN) NUYS BLUS., #270			09 26 2008
Nn City	State Zip Code	1100	
Purpose of Disbursement N FUNDRAISER 0.1.1			Amount of Each Disbursement this Period
	nent For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)	1		I
C. CAMPBELL FOR CONGRESS			
Mailing Address P.O. BOX 1605			0.9 86 20.08
CITYALEXANDRIA	State VA Zip Code 3	313	
Purpose of Disbursement	SER	0.1.1	Amount of Each Disbursement this Period
Candidate Name JOHN CAMPBELL Category/ Type			100000
Office Sought: CHouse Disburser Senate President	nent For: Primary General Other (specify) v		<u>hand and and David and And Kalikin in a Birk Aks</u> ul
State: CA District: 48	····		
SUBTOTAL of Disbursements This Page (optional)		····· ►	4.000.00
TOTAL This Period (last page this line number only))		46,500,00

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate he			
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USPS First Class Mail	Postmarked		
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USPS Priority Mail	Postmarked		
Delivery Confirmation [™] or Signature Confirmation [™] Label			
USPS Express Mail	Postmarked		
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Overnight Delivery Service (Specify): FEDEX	Shipping Date /0/ /0/08		
Next Business	Day Delivery		
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Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Date of Red	ceipt or Postmarked		
PRÉPARER	/6/ 14/88 DATE PREPARED		
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