

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

OCT 14 2008

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 ▲

000305029

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- 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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period 07 / 01 / 2008 through 09 / 30 / 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 *Robert G Frenz* Date 10 / 09 / 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 JUDE MEDICAL POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

**07 01 2008**

To:

**09 30 2008**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2008</b>		<b>30,403.83</b>
(b) Cash on Hand at Beginning of Reporting Period.....	<b>48,764.67</b>	
(c) Total Receipts (from Line 19).....	<b>2,447.51</b>	<b>37,308.35</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<b>51,212.18</b>	<b>67,712.18</b>
7. Total Disbursements (from Line 31).....	<b>46,500.00</b>	<b>63,000.00</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<b>4,712.18</b>	<b>4,712.18</b>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		

28039860430

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: **09' 30' 2008**

**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).....

2447.51

35513.39

(ii) Unitemized.....

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

2447.51

35513.39

(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).....▶

2447.51

35513.39

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)).....▶

2447.51

35513.39

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

18039860431

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46,500.00	63,000.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	46,500.00	63,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		

28039860432

**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) .....	2,447.51	35,513.35
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2,447.51	35,513.35
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) .....		

28039860433

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 1 OF 2

(check only one)

<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. SUTTON, WILLIAM M.

Mailing Address

18819 KINGSWOOD TERR.

City MINNETONKA State MN Zip Code 55345

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

VP, RESEARCH & Dev.

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 ' 22 ' 2008

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. CARLSON, MARK S.

Mailing Address

5411 VILLAWOOD CIRCLE

City CALABASAS State CA Zip Code 91302

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

CHIEF MED OFF & SR VP Clinical

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

09 ' 15 ' 2008

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. CRAIG, ANGELA

Mailing Address

1966 PRINCETON AVE

City ST. PAUL State MN Zip Code 55105

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

VP, CORPORATE RELATIONS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

631.68

Date of Receipt

PAYROLL DEDUCTION

Amount of Each Receipt this Period

315.84

\$52.64 BI-WEEKLY

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

1,815.84

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

28039860434

**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 <u>2</u> OF <u>2</u>	
	<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	

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NAME OF COMMITTEE (In Full)  
**ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**CALLAGHAN, FRANK**

Mailing Address  
**10712 SANCTUARY DR NE**

City **BLAINE** State **MN** Zip Code **55449**

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

Name of Employer **ST. JUDE MEDICAL** Occupation **PRES., GRA ADMIN.**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**63167**

Date of Receipt **PAYROLL DEDUCTION**

Amount of Each Receipt this Period  
**631.67**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... **631.67**

**TOTAL** This Period (last page this line number only)..... **2447.51**

28039860435

**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 8
	<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	

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NAME OF COMMITTEE (In Full)  
**ST JOE MEDICAL POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**ANNA ESHOO FOR CONGRESS**

Mailing Address  
**P.O. Box 636**

City **Annandale** State **VA** Zip Code **22003**

Purpose of Disbursement  
**Fundraiser**

Candidate Name  
**ANNA ESHOO**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **CA** District: **14**

Date of Disbursement  
**07** / **07** / **2008**

Amount of Each Disbursement this Period  
**2,000.00**

Category/Type  
**011**

**B.** Full Name (Last, First, Middle Initial)  
**THE MIKE R FUND**

Mailing Address  
**P.O. Box 2485**

City **SPRINGFIELD** State **VA** Zip Code **22152**

Purpose of Disbursement  
**FUNDRAISER**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
**09** / **15** / **2008**

Amount of Each Disbursement this Period  
**1,000.00**

Category/Type  
**011**

**C.** Full Name (Last, First, Middle Initial)  
**DEMINT FOR SENATE**

Mailing Address  
**700 12th ST. NW, SUITE 700**

City **WASHINGTON** State **DC** Zip Code **20005**

Purpose of Disbursement

Candidate Name  
**SENATOR JIM DEMINT**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **SC** District:

Date of Disbursement  
**09** / **15** / **2008**

Amount of Each Disbursement this Period  
**1,500.00**

Category/Type  
**011**

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **4,500.00**

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 8

<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

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NAME OF COMMITTEE (In Full)

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SESSIONS SENATE COMMITTEE

Mailing Address

P.O. BOX 29576

City

WASHINGTON

State

DC

Zip Code

20017

Purpose of Disbursement

FUNDRAISER

Candidate Name

SENATOR JEFF SESSIONS

011

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: AL

District:

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

FRIENDS OF BLANCHE LINCOLN

Mailing Address

P.O. BOX 3197

City

LITTLE ROCK

State

AR

Zip Code

72203

Purpose of Disbursement

FUNDRAISER

Candidate Name

SENATOR BLANCHE LINCOLN

011

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: AR

District:

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. HAWKEYE PAC

Mailing Address

621 E 9th STREET

City

DES MOINES

State

IA

Zip Code

50309

Purpose of Disbursement

FUNDRAISER

Candidate Name

011

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

2500.00

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

7000.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 3 OF 8

<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

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NAME OF COMMITTEE (In Full)

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN BARRASSO COMMITTEE

Date of Disbursement

09 / 15 / 2008

Mailing Address

406 VIRGINIA AVE.

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement

FUNDRAISER

0.1.1

Amount of Each Disbursement this Period

2,500.00

Candidate Name

SENATOR JOHN BARRASSO

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: WY

District:

B. BOUSTANY FOR CONGRESS

Date of Disbursement

09 / 15 / 2008

Mailing Address

2501 WISCONSIN AVE., NO. 304

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement

Fundraiser

0.1.1

Amount of Each Disbursement this Period

2,000.00

Candidate Name

CONGRESSMAN CHARLES BOUSTANY

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: LA

District: 7th

C. PETERSON FOR CONGRESS

Date of Disbursement

09 / 15 / 2008

Mailing Address

236 MASSACHUSETTS AVE., NE, Suite 508

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

FUNDRAISER

0.1.1

Amount of Each Disbursement this Period

1,000.00

Candidate Name

CONGRESSMAN COLIN PETERSON

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: MN

District: 7th

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

5,500.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 4 OF 8

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

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NAME OF COMMITTEE (In Full)

**ST JUDE MEDICAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. **LINDSEY GRAHAM FOR SENATE COMMITTEE**

Mailing Address

**P.O. BOX 29576**

City **WASHINGTON** State **DC** Zip Code **20017**

Purpose of Disbursement

**FUNDRAISER**

Candidate Name

**SENATOR LINDSEY GRAHAM**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: **SC**

District:

Date of Disbursement

**09** / **15** / **2008**

Amount of Each Disbursement this Period

**1,000.00**

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

B. **BARRETT FOR CONGRESS**

Mailing Address

**700 12<sup>th</sup> ST. NW, STE 700**

City **WASHINGTON** State **DC** Zip Code **20005**

Purpose of Disbursement

**FUNDRAISER**

Candidate Name

**CONGRESSMAN GRESHAM BARRETT**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: **SC**

District: **3rd**

Date of Disbursement

**09** / **15** / **2008**

Amount of Each Disbursement this Period

**1,000.00**

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

**ANNA ESHOO FOR CONGRESS**

Mailing Address

**P.O. BOX 636**

City **ANNANDALE** State **VA** Zip Code **22003**

Purpose of Disbursement

**FUNDRAISER**

Candidate Name

**CONGRESSWOMAN ANNA ESHOO**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: **CA**

District: **14<sup>th</sup>**

Date of Disbursement

**09** / **15** / **2008**

Amount of Each Disbursement this Period

**2,500.00**

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

**4,500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 5 OF 8
	<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	

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NAME OF COMMITTEE (In Full)  
**ST JUDE MEDICAL POLITICAL ACTION COMMITTEE**

A. **FRIENDS OF MAX BAUCUS**

Mailing Address: **236 MASSACHUSETTS AVE. NE SUITE 603**

City: **WASHINGTON** State: **DC** Zip Code: **20002**

Purpose of Disbursement: **FUNDRAISER**

Candidate Name: **SENATOR MAX BAUCUS** Category/Type: **0.1.1**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **MT** District: \_\_\_\_\_

Date of Disbursement: **09 / 15 / 2008**

Amount of Each Disbursement this Period: **5,000.00**

B. **HOOSIERS FOR HILL**

Mailing Address: **P.O. BOX 1071**

City: **SEYMOUR** State: **IN** Zip Code: **47274**

Purpose of Disbursement: **FUNDRAISER**

Candidate Name: **CONGRESSMAN BARON HILL** Category/Type: **0.1.1**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **IN** District: **9th**

Date of Disbursement: **09 / 15 / 2008**

Amount of Each Disbursement this Period: **1,000.00**

C. **FRIENDS OF JOHN BARROW**

Mailing Address: **P.O. BOX 8166**

City: **SAVANNAH** State: **GA** Zip Code: **31412**

Purpose of Disbursement: **FUNDRAISER**

Candidate Name: **CONGRESSMAN JOHN BARROW** Category/Type: **0.1.1**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **GA** District: **12th**

Date of Disbursement: **09 / 15 / 2008**

Amount of Each Disbursement this Period: **2,000.00**

**SUBTOTAL** of Disbursements This Page (optional).....▶ **8,000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 8

<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

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NAME OF COMMITTEE (In Full)

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CITIZENS FOR COCHRAN

Mailing Address P.O. BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement FUNDRAISER

Candidate Name SENATOR THAD COCHRAN

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: MS District:

Date of Disbursement

09 ' 15 ' 2008

Amount of Each Disbursement this Period

2,000.00

B. FRIENDS OF JOHN TANNER

Mailing Address 236 MASSACHUSETTS AVE, NE SUITE 508

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement FUNDRAISER

Candidate Name CONGRESSMAN JOHN TANNER

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: TN District: 8th

Date of Disbursement

09 ' 15 ' 2008

Amount of Each Disbursement this Period

2,500.00

C. FRIENDS OF JAY ROCKEFELLER

Mailing Address P.O. BOX 1909

City CHARLESTON, WV State WV Zip Code 25327

Purpose of Disbursement FUNDRAISER

Candidate Name SENATOR JAY ROCKEFELLER

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: WV District:

Date of Disbursement

09 ' 15 ' 2008

Amount of Each Disbursement this Period

2,000.00

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

6,500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 8
	<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	

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NAME OF COMMITTEE (In Full)  
**ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial)  
**MIKE THOMPSON FOR CONGRESS**

Date of Disbursement: **09 / 15 / 2008**

Mailing Address: **236 MASSACHUSETTS AVE, NE SUITE 508**

City: **WASHINGTON** State: **DC** Zip Code: **20002**

Purpose of Disbursement: **FUNDRAISER**

Candidate Name: **CONGRESSMAN MIKE THOMPSON** Category/Type: **011**

Office Sought:  House    Disbursement For:  Primary     General  
 Senate     Other (specify)  President

State: **CA** District: **1st**

Amount of Each Disbursement this Period: **2000.00**

B. Full Name (Last, First, Middle Initial)  
**MATHESON FOR CONGRESS**

Date of Disbursement: **09 / 26 / 2008**

Mailing Address: **P.O. BOX 636**

City: **ANNANDALE** State: **VA** Zip Code: **22003**

Purpose of Disbursement: **FUNDRAISER**

Candidate Name: **CONGRESSMAN JIM MATHESON** Category/Type: **011**

Office Sought:  House    Disbursement For:  Primary     General  
 Senate     Other (specify)  President

State: **UT** District: **2nd.**

Amount of Each Disbursement this Period: **2000.00**

C. Full Name (Last, First, Middle Initial)  
**MCCONNELL SENATE COMMITTEE 08**

Date of Disbursement: **09 / 26 / 2008**

Mailing Address: **400 NORTH CAPITOL ST., NW, SUITE 585**

City: **WASHINGTON** State: **DC** Zip Code: **20001**

Purpose of Disbursement: **FUNDRAISER**

Candidate Name: **SENATOR MITCH MCCONNELL** Category/Type: **011**

Office Sought:  House    Disbursement For:  Primary     General  
 Senate     Other (specify)  President

State: **KY** District:

Amount of Each Disbursement this Period: **2500.00**

**SUBTOTAL** of Disbursements This Page (optional)..... **6500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 8

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

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NAME OF COMMITTEE (In Full)

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ENZI FOR US SENATE

Date of Disbursement

09 ' 26 ' 2008

Mailing Address

P.O. Box 2775

City

CODY

State

WY

Zip Code

82414

Purpose of Disbursement

FUNDRAISER

011

Amount of Each Disbursement this Period

1,000.00

Candidate Name

SENATOR MIKE ENZI

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: WY

District:

Full Name (Last, First, Middle Initial)

SHERMAN FOR CONGRESS

Date of Disbursement

09 ' 26 ' 2008

Mailing Address

1570 VAN NUYS BLVD., #270

City

SHERMAN OAKS

State

CA

Zip Code

91403

Purpose of Disbursement

FUNDRAISER

011

Amount of Each Disbursement this Period

2,000.00

Candidate Name

BRAD SHERMAN

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: CA

District: 27

Full Name (Last, First, Middle Initial)

C. CAMPBELL FOR CONGRESS

Date of Disbursement

09 ' 26 ' 2008

Mailing Address

P.O. Box 1605

City

ALEXANDRIA

State

VA

Zip Code

22313

Purpose of Disbursement

FUNDRAISER

011

Amount of Each Disbursement this Period

1,000.00

Candidate Name

JOHN CAMPBELL

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

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

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.

28039860444

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<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FEDEX</i>	Shipping Date <i>10/10/08</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*QAD*  
 PREPARER  
 (3/2005)

*10/14/08*  
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