

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2008 JUL 15 AM 10:12  
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 MA 55117

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00305029

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 MAY / 06 / 2008 in the State of MA

- (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 MAY / 06 / 2008 in the State of MA

5. Covering Period 04 / 01 / 2008 through 06 / 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 07 / 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.

28039774485

**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: **04 ' 01 ' 2008** To: **06 ' 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>39,353.83</b>	
(c) Total Receipts (from Line 19).....	<b>17,910.84</b>	<b>34,860.84</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<b>57,264.67</b>	<b>65,264.67</b>
7. Total Disbursements (from Line 31).....	<b>8,500.00</b>	<b>16,500.00</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<b>48,764.67</b>	<b>48,764.67</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).....		

28039774486

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:

MM ' DD ' YYYY  
04 ' 01 ' 2008

To:

MM ' DD ' YYYY  
06 ' 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).....

16,665.84

33,065.84

(ii) Unitemized.....

1,245.00

1,795.00

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

17,910.84

34,860.84

(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).....▶

17,910.84

34,860.84

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)).....▶

17,910.84

34,860.84

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

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**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.....	8,500.00	16,500.00
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))..	8,500.00	16,500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		

28039774488

**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) .....	17,910.84	34,860.84
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17,910.84	34,860.84
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) .....		

28039774489

**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 7  
(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
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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.** Full Name (Last, First, Middle Initial)  
**BOETTCHER, JOHN F.**

Mailing Address  
**10194 KLEINBROOK WAY**

City **HIGHLANDS RANCH** State **CO** Zip Code **80126**

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

Name of Employer **ST. JUDE MEDICAL - CRM** Occupation **REGIONAL SALES DIR.**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **04 / 08 / 2008**

Amount of Each Receipt this Period **1000.00**

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

Mailing Address  
**ONE LILLEHEI PLAZA**

City **ST. PAUL** State **MN** Zip Code **55117**

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

Name of Employer **ST. JUDE MEDICAL** Occupation **CEO/PRESIDENT**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **04 / 08 / 2008**

Amount of Each Receipt this Period **5000.00**

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

Mailing Address  
**24376 MIRA VISTA ST**

City **VALENCIA** State **CA** Zip Code **91355**

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

Name of Employer **ST. JUDE MEDICAL - CRM** Occupation **V.P. SUPPLY LINE**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 08 / 2008**

Amount of Each Receipt this Period **500.00**

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

**5600.00**

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

2803977490

**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)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

PAGE 2 OF 7

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

A. Full Name (Last, First, Middle Initial)  
**SPEELHOFFER, JAY M**

Mailing Address  
**909 TIMBER LAKE DRIVE**

City  
**SOUTH LAKE** State  
**TX** Zip Code  
**76092**

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

Name of Employer  
**ST. JUDE MEDICAL** Occupation  
**SALES OPERATIONS - ANS**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**04 ' 08 ' 2008**

Amount of Each Receipt this Period  
**250.00**

28039774001 Full Name (Last, First, Middle Initial)  
**ELTING, KIMBERLEY A.**

Mailing Address  
**4611 CHEROKEE TRAIL**

City  
**DALLAS** State  
**TX** Zip Code  
**75209**

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

Name of Employer  
**ST. JUDE MEDICAL** Occupation  
**VP & GENERAL COUNSEL - ANS**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**04 ' 08 ' 2008**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address  
**700 S 2nd STREET #22**

City  
**MINNEAPOLIS** State  
**MN** Zip Code  
**55401**

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

Name of Employer  
**ST. JUDE MEDICAL** Occupation  
**PRESIDENT - AFD**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1,000.00**

Date of Receipt  
**04 ' 08 ' 2008**

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

SUBTOTAL of Receipts This Page (optional).....▶ **1,750.00**

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)

<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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PAGE 3 OF 7

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

**A.** Full Name (Last, First, Middle Initial)  
**CHANCELLOR JOHN M.**

Mailing Address  
**263 TIDEWATER RD.**

City **HATTIESBURG** State **MS** Zip Code **39402**

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

Name of Employer **ST. JUDE MEDICAL** Occupation **SALES REP. - USD**

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 ' 10 ' 2008**

Amount of Each Receipt this Period **250.00**

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

Mailing Address  
**10796 PURDEY ROAD**

City **EDEN PRAIRE** State **MN** Zip Code **55347**

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

Name of Employer **ST. JUDE MEDICAL** Occupation **EXEC. VPR CFO**

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **3,000.00**

Date of Receipt **04 ' 10 ' 2008**

Amount of Each Receipt this Period **3,000.00**

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

Mailing Address  
**620 BRANDON WAY**

City **AUSTIN** State **TX** Zip Code **78733**

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

Name of Employer **ST. JUDE MEDICAL** Occupation **GROUP PRESIDENT - Corp.**

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2,000.00**

Date of Receipt **04 ' 10 ' 2008**

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

**SUBTOTAL** of Receipts This Page (optional).....▶ **5,250.00**

**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 <u>4</u> OF <u>7</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)  
**COCHRAN, CLAYTON**

Mailing Address  
**605 JOHNSTONE DRIVE**

City **MADISON** State **MS** Zip Code **39110**

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

Name of Employer **ST. JUDE MEDICAL** Occupation **REGIONAL SALES DIR. - USD**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **500.00**

Date of Receipt  
**04 / 16 / 2008**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address  
**16301 SUNDANCER LANE**

City **HUNTINGTON BEACH** State **CA** Zip Code **92649**

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

Name of Employer **ST. JUDE MEDICAL** Occupation **MANAGER - CRM**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **500.00**

Date of Receipt  
**04 / 16 / 2008**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address  
**28234 N INFINITY CIRCLE**

City **SANTA CLARITA** State **CA** Zip Code **91390**

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

Name of Employer **ST. JUDE MEDICAL** Occupation **SR. VP - HUMAN RESOURCES - CRM**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **500.00**

Date of Receipt  
**04 / 16 / 2008**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1500.00**

**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)  
 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. Full Name (Last, First, Middle Initial)  
**CHESTER, KATHLEEN M.**

Mailing Address  
**15900 VALLEY VIEW CT.**

City **SYLMAR** State **CA** Zip Code **91390**

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

Name of Employer  
**ST. JUDE MEDICAL**

Occupation  
**V.P. Reg. AFFAIRS - CRM**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**04 / 16 / 2008**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**MURRAY, VICTOR**

Mailing Address  
**1000 PLUM RIDGE ROAD**

City **LINCOLN** State **NE** Zip Code **68527**

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

Name of Employer  
**ST. JUDE MEDICAL**

Occupation  
**DIRECT SALES REP.**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**04 / 25 / 2008**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address  
**1061 WHITEGATE ROAD**

City **WAYNE** State **PA** Zip Code **19087**

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

Name of Employer  
**ST. JUDE MEDICAL**

Occupation  
**TERRITORY MANAGER - ANS**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**05 / 01 / 2008**

Amount of Each Receipt this Period  
**250.00**

SUBTOTAL of Receipts This Page (optional).....▶ **750.00**

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)

<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)  
**EWING, DAVID**

Mailing Address  
**10 MITCHELL SPRING CT.**  
City **SIMPSONVILLE** State **SC** Zip Code **29681**

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

Name of Employer  
**ST. JUDE MEDICAL**

Occupation  
**VP-COMPONENT MFG.-CRMD**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**750.00**

Date of Receipt  
**05 ' 21 ' 2008**

Amount of Each Receipt this Period  
**750.00**

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

Mailing Address  
**ONE LILLEHEI PLAZA**  
City **ST. PAUL** State **MN** Zip Code **55117**

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

Name of Employer  
**ST. JUDE MEDICAL**

Occupation  
**VP. - HUMAN RESOURCES**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**05 ' 21 ' 2008**

Amount of Each Receipt this Period  
**500.00**

C. Full Name (Last, First, Middle Initial)  
**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 ▼  
**3,158.4**

Date of Receipt  
**PAYROLL DEDUCTION**  
**05 ' 00 ' 0000**

Amount of Each Receipt this Period  
**3,158.4**

**\$52.64 BI-WEEKLY**

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

**1,565.84**

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

**1,565.84**

**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)  
 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.** Full Name (Last, First, Middle Initial)  
**DAWSON, PAUL**

Mailing Address  
**5179 CREEK CROSSING**

City **JACKSONVILLE** State **FL** Zip Code **32226**

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

Name of Employer **ST. JUDE MEDICAL** Occupation **SALES - ANS**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **250.00**

Date of Receipt **PAYROLL DEDUCTION**

Amount of Each Receipt this Period  
**250.00**

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)..... **250.00**

**TOTAL** This Period (last page this line number only)..... **16,665.84**

28039774096

**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 3
	<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**

A. **ALL AMERICA PAC**

Full Name (Last, First, Middle Initial)

Mailing Address: **1070 THOMAS JEFFERSON ST. Suite 202**

City: **Washington** State: **DC** Zip Code: **20007**

Purpose of Disbursement: **FUNDRAISER**

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **04' 08' 2008**

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

Category/Type: **011**

B. **FRIENDS OF SAM JOHNSON**

Full Name (Last, First, Middle Initial)

Mailing Address: **2501 WISCONSIN AVE., #304**

City: **WASHINGTON** State: **DC** Zip Code: **20007**

Purpose of Disbursement: **FUNDRAISER**

Candidate Name: **CONGRESSMAN SAM JOHNSON**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **TX** District: **3rd**

Date of Disbursement: **04' 08' 2008**

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

Category/Type: **011**

C. **TEAM SUNONU**

Full Name (Last, First, Middle Initial)

Mailing Address: **900 19th ST., NW, 8th Floor**

City: **WASHINGTON** State: **DC** Zip Code: **20006**

Purpose of Disbursement: **FUNDRAISER**

Candidate Name: **SENATOR JOHN SUNONU**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **NH** District: \_\_\_\_\_

Date of Disbursement: **04' 08' 2008**

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

Category/Type: **011**

**SUBTOTAL** of Disbursements This Page (optional).....▶ **3,000.00**

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

28039774497

**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 3

<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. JOHN KERRY FOR SENATE**

Mailing Address  
**106 STREET NE, SUITE 710**

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

Purpose of Disbursement  
**FUNDRAISER**

Candidate Name  
**SENATOR JOHN KERRY**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **MA** District:

Date of Disbursement

**05 / 13 / 2008**

Amount of Each Disbursement this Period

**1,000.00**

Full Name (Last, First, Middle Initial)

**B. DEMINT FOR SENATE**

Mailing Address  
**700 12<sup>th</sup> STREET NW STE. 700**

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

Purpose of Disbursement  
**FUNDRAISER**

Candidate Name  
**SENATOR JOHN De MINT**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **SC** District:

Date of Disbursement

**05 / 13 / 2008**

Amount of Each Disbursement this Period

**1,000.00**

Full Name (Last, First, Middle Initial)

**C. 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**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **MN** District:

Date of Disbursement

**06 / 23 / 2008**

Amount of Each Disbursement this Period

**1,000.00**

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

**3,000.00**

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

28039774498

**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 3

<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. McConnell SENATE COMMITTEE 08

Mailing Address

400 NORTH CAPITOL STREET, N.W., Suite 585

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement

FUNDRAISER

Candidate Name

SENATOR MITCH McCONNELL

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: KY District:

011

Category/  
Type

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

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

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

Amount of Each Disbursement this Period

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

2500.00

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

8500.00

28039774499

**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  
*7/14/08*  
 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

*ED* *7/15/08*  
 PREPARER DATE PREPARED

28039774500