

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED
FEDERAL ELECTION COMMISSION
RECORDS CENTER
JAN 29 P 1:00
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FB4N5

ST. JOSE MEDICAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ONE LILLERET PLAZA

Check if different than previously reported. (ACC)

ST. PAUL MINN 55119

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

00030529

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

4. TYPE OF REPORT (Choose One)

Table with columns for report type (Monthly, Quarterly, 30-Day), date, and election type (Primary, General, Runoff, Special).

5. Covering Period 07 01 2003 through 12 31 2003

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 Peter L. Bone

Signature of Treasurer [Signature] Date 01 28 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing the Report to the penalties of 2 U.S.C. 5437a.

Office Use Only

FEC FORM 3X (Rev. 02/2002)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ST. JOE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 01 01 2003 To: 12 31 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. (a) Cash on Hand January 1, <u>2003</u>		8,441.85
(b) Cash on Hand at Beginning of Reporting Period	441.85	
(c) Total Receipts (from Line 19)	34,300.00	36,300.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	34,741.85	44,741.85
7 Total Disbursements (from Line 21)	7,500.00	19,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27,241.85	27,241.85
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)	,	,

This committee has qualified as a public/candidate 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. 02/2003)

Page 3

Write or Type Committee Name

ST JOBE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

07 01 2003

To:

12 31 2003

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)	34,300.00	
(ii) Unitemized		
(ii) TOTAL (add Lines 11(a)(i) and (ii))	34,300.00	34,300.00
(c) Political Party Committees		
(d) Other Political Committees (such as PACs)		
(e) Total Contributions (add Lines 11(a)(ii), 1b), and (c)) (Carry Totals to Line 33, page 5)	34,300.00	34,300.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, interest, etc.)		
18. Transfers from Non-Federal and Levin Funds:		
(a) Non-Federal Account (Item 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))	34,300.00	34,300.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)		

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	7,500.00	17,500.00
24. Independent Expenditures (see Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (see 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 PADS)		
(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) "Lozin" 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))	7,500.00	17,500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 1(d), page 3)	34,300.00	34,300.00
34. Total Contributions Refunds (from Line 23(5))
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34,300.00	34,300.00
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)

**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	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 12	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<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 contributors.

NAME OF COMMITTEE (in full)
ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. BOVE, PETER		Date of Receipt 07 10 2003
Mailing Address 10410 Columbus Road		Amount of Each Receipt this Period 100.00
City Bloomington	State Zip Code MN 55420	
FEC ID number of contributing federal political committee C		
Name of Employer ST. JUDE MEDICAL	Occupation V.P. Corporate Relations	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) B. STARKS, DANIEL J.		Date of Receipt 10 27 2003
Mailing Address 3301 Tanadocna Dr.		Amount of Each Receipt this Period 2000.00
City Chanhassen	State Zip Code MN 55331	
FEC ID number of contributing federal political committee C		
Name of Employer ST. JUDE MEDICAL	Occupation President & CEO	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. O'MALLEY, KEVIN T.		Date of Receipt 09 30 2003
Mailing Address 3037 EDGEWATER Place		Amount of Each Receipt this Period 2,500.00
City Woodbury	State Zip Code MN 55125	
FEC ID number of contributing federal political committee C		
Name of Employer ST. JUDE MEDICAL	Occupation V.P. & General Counsel	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2,500.00	

SUBTOTAL of Receipts This Page (optional)	4,600.00
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 4 OF 7

<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. JOSE MEDICAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) SHEPHERD, TERRY L. Date of Receipt 10/16/2003

Mailing Address 1970 Meadow AVE.

City Shoreview State MN Zip Code 55126 Amount of Each Receipt this Period 2,000.00

FEC ID number of contributing federal political committee: C

Name of Employer ST. JOSE MEDICAL Occupation Resident & CEO

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2,000.00

B. Full Name (Last, First, Middle Initial) ANTONELLI, David W. Date of Receipt 10/16/2003

Mailing Address 18779 BearPath Trail

City Eden Prairie State MN Zip Code 55347 Amount of Each Receipt this Period 2,000.00

FEC ID number of contributing federal political committee: C

Name of Employer ST. JOSE MEDICAL Occupation President

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2,000.00

C. Full Name (Last, First, Middle Initial) LOSE, Jeri L. Date of Receipt 10/16/2003

Mailing Address 2432 Lake Lucy Road

City Udenhausen State MN Zip Code 55317 Amount of Each Receipt this Period 1,500.00

FEC ID number of contributing federal political committee: C

Name of Employer ST. JOSE MEDICAL Occupation VP COO Int Technology

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1,500.00

SUBTOTAL of Receipts This Page (optional) 5,500.00

TOTAL This Period (see page 1 for 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 3 OF 7
(check only one)

11a	11b	11c	11d	11e
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) McMuller, John
 Mailing Address 10796 Purden Road
 City Eden Prairie State MN Zip Code 55347-5234
 Date of Receipt 10 31 2003
 Amount of Each Receipt this Period 2,000.00
 FEC ID number of contributing federal political committee C
 Name of Employer ST. JUDE MEDICAL Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 2,000.00

B. Full Name (Last, First, Middle Initial) SONG, JANE
 Mailing Address 6312 Marina Terrace, No. 1
 City Long Beach State CA Zip Code 90803
 Date of Receipt 10 31 2003
 Amount of Each Receipt this Period 2,000.00
 FEC ID number of contributing federal political committee C
 Name of Employer ST. JUDE MEDICAL Occupation EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 2,000.00

C. Full Name (Last, First, Middle Initial) GARRETT, Thomas H
 Mailing Address 510 Westworth Ave. W
 City Mendota Heights State MIN Zip Code 55118
 Date of Receipt 11 07 2003
 Amount of Each Receipt this Period 2,000.00
 FEC ID number of contributing federal political committee C
 Name of Employer Self-employed Occupation Business Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 2,000.00

SUBTOTAL of Receipts This Page (optional) 6,000.00
 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: PAGE 4 OF 7
(check only one)
 11
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 16
 17

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NAME OF COMMITTEE (in full)
ST JUDE MEDICAL POLITICAL ACTION COMM. INC.

A. Full Name (Last, First, Middle Initial)
DeVito, Richard R

Mailing Address
100 Cascade Key

City Bellevue State WA Zip Code 98006

FEC ID number of contributing federal political committee. C

Name of Employer
Microsoft Corporation Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 2000.00

Date of Receipt
11 07 2003

Amount of Each Receipt this Period
2,000.00

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

Mailing Address
11 Marlboro Lane

City Bell Canyon State CA Zip Code 91307

FEC ID number of contributing federal political committee. C

Name of Employer
ST JUDE MEDICAL Occupation President - US Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 2,000.00

Date of Receipt
11 14 2003

Amount of Each Receipt this Period
2,000.00

C. Full Name (Last, First, Middle Initial)
Coyle, Michael J.

Mailing Address
100 Stagecoach Road

City Bell Canyon State CA Zip Code 91307-1047

FEC ID number of contributing federal political committee. C

Name of Employer
ST JUDE MEDICAL Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 2,000.00

Date of Receipt
11 14 2003

Amount of Each Receipt this Period
2,000.00

SUBTOTAL of Receipts This Page (optional) 6,000.00

TOTAL This Period (see page this line number only)

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

Use separate schedules for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
 11 12 13 14 15 16 17 18

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NAME OF COMMITTEE (in full)
ST JOSE MEDICAL PRACTICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) **ESSIG, STUART M**
 Mailing Address **26 Conston Court**
 City **Princeton** State **NY** Zip Code **08540-2201**
 Date of Receipt **11 22 2003**
 Amount of Each Receipt this Period **2,000.00**
 FEC ID number of contributing federal political committee **C**
 Name of Employer **Integra Life Sciences** Occupation **President - CEO**
 Receipt For: Primary General Other (specify) **Aggregate Year-to-Date 2,000.00**

B. Full Name (Last, First, Middle Initial) **Northenschild, Tom**
 Mailing Address **1815 Oakview Rd. N.**
 City **Plymouth** State **MA** Zip Code **05441**
 Date of Receipt **11 22 2003**
 Amount of Each Receipt this Period **2,000.00**
 FEC ID number of contributing federal political committee **C**
 Name of Employer **St. Jude Medical** Occupation **VP Corporate Admin.**
 Receipt For: Primary General Other (specify) **Aggregate Year-to-Date 2,000.00**

C. Full Name (Last, First, Middle Initial) **McCullough, Joseph N.**
 Mailing Address **1792 Hartford Avenue**
 City **St. Paul** State **MA** Zip Code **05116**
 Date of Receipt **11 26 2003**
 Amount of Each Receipt this Period **2,000.00**
 FEC ID number of contributing federal political committee **C**
 Name of Employer **St. Jude Medical** Occupation **President - International**
 Receipt For: Primary General Other (specify) **Aggregate Year-to-Date 2,000.00**

SUBTOTAL of Receipts This Page (optional) **6,000.00**
TOTAL This Period (see 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) Maestriere, Ralph D.
 Mailing Address 14901 DEVEDO PLACE
 City Minnetonka State MINN Zip Code 55345-2124
 Date of Receipt 11 28 2003
 Amount of Each Receipt This Period 500.00
 FEC ID number of contributing federal political committee: C
 Name of Employer St. Jude Medical Occupation VP Finance Dir
 Receipt For: Primary General Other (specify) 500.00

B. Full Name (Last, First, Middle Initial) YIN, Frank
 Mailing Address 1355 KATSURA CT
 City Chesterfield State MO Zip Code 63005-4211
 Date of Receipt 12 12 2003
 Amount of Each Receipt This Period 2000.00
 FEC ID number of contributing federal political committee: C
 Name of Employer Wachovia Bank Occupation Professor of Business Engineering
 Receipt For: Primary General Other (specify) 2000.00

C. Full Name (Last, First, Middle Initial) THOMPSON, David A
 Mailing Address 3473 Bay Colony Drive
 City Norpi State FL Zip Code 34107
 Date of Receipt 12 12 2003
 Amount of Each Receipt This Period 2000.00
 FEC ID number of contributing federal political committee: C
 Name of Employer Retired Occupation Retired
 Receipt For: Primary General Other (specify) 2000.00

SUBTOTAL of Receipts This Page (optional) 4500.00
 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

FEC LINE NUMBER: PAGE 7 OF 7
(check only one)
11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (in Full)

ST. JOSE MEDICAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) JARNO, Wendy A. Date of Receipt 12 12 2003

Mailing Address 150 Cooperthwaite Road.

City Bedminster State NJ Zip Code 07921

FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period 1,000.00

Name of Employer Therex Company Occupation SVP, Human Resources

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1,000.00

B. Full Name (Last, First Middle Initial) NEFFALL, James B. Date of Receipt 12 31 2003

Mailing Address 21789 Vernon Ridge Dr.

City Durham State IL Zip Code 60066

FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period 200.00

Name of Employer St. Jose Medical Occupation Vice President

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 200.00

C. Full Name (Last, First, Middle Initial) REYNOLDS, James W. Date of Receipt 12 31 2003

Mailing Address 16301 Suddover Lane.

City Huntington Beach State CA Zip Code 92649

FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period 500.00

Name of Employer St. Jose Medical Occupation Vice President

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

SUBTOTAL of Receipts This Page (optional) 1,700.00

TOTAL This Period (last page this line number only) 34,300.00

**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"/> 21a	<input checked="" 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"/> 29c	<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 Chris Dodd 2007

Date of Disbursement

07 15 2003

Mailing Address

336 Massachusetts Ave, Suite 207

City Washington

State DC Zip Code 20002

Purpose of Disbursement

Fundraiser

Candidate Name

Christopher J. Dodd

011
Category Type

Amount of Each Disbursement this Period

500.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: CT District: _____

Full Name (Last, First, Middle Initial)

B. Volpac for Senate

Date of Disbursement

10 07 2003

Mailing Address

526 Superior Ave. E, Suite 1

City Cleveland

State OH Zip Code 44114

Purpose of Disbursement

Fundraiser

Candidate Name

George V. Voinovich

011
Category Type

Amount of Each Disbursement this Period

1,000.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: OH District: _____

Full Name (Last, First, Middle Initial)

C. VolPAC

Date of Disbursement

10 03 2003

Mailing Address

P.O. Box 156552

City Nashville

State TN Zip Code 37215

Purpose of Disbursement

Fundraiser

Candidate Name

Senator Bill Frist

011
Category Type

Amount of Each Disbursement this Period

1,000.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: TN District: _____

SUBTOTAL of Disbursements This Page (optional)

2,500.00

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 3

<input type="checkbox"/> 21a	<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (in Full)

ST. JOSE MEDICAL Political Action Committee

Full Name (Last, First, Middle Initial)

A. The Grassley Committee

Date of Disbursement

12/08/2003

Mailing Address

5329 Helms Run Pkwy

City Alexandria

State VA

Zip Code 22304

Purpose of Disbursement

Fundraiser

011

Amount of Each Disbursement this Period

1,000.00

Candidate Name

Charles Grassley

Category Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: VA

District: *****

Full Name (Last, First, Middle Initial)

B. The Richard Burr Committee

Date of Disbursement

12/08/2003

Mailing Address

P.O. Box 5921

City Winston-Salem

State NC

Zip Code 27113 5901

Purpose of Disbursement

Fundraiser

011

Amount of Each Disbursement this Period

1,000.00

Candidate Name

Richard Burr

Category Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: NC

District:

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Date of Disbursement

12/08/2003

Mailing Address

499 South Capitol Street, Suite 100

City Washington

State DC

Zip Code 20003

Purpose of Disbursement

Fundraiser

011

Amount of Each Disbursement this Period

1,000.00

Candidate Name

Congressman Robert Matsui, Oregon

Category Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: CA

District: 5th

SUBTOTAL of Disbursements This Page (optional)

3,000.00

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)

<input type="checkbox"/> 21a	<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"/> 29a	<input type="checkbox"/> 29c	<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. Keep Our Majority PAC (KOMPAAC)

Date of Disbursement

7/2/03

Mailing Address

P.O. Box 20209

City Alexandria

State VA

Zip Code

22304

Purpose of Disbursement

fundraiser

C11

Amount of Each Disbursement This Period

5000.00

Candidate Name

Congressman Dennis Hastert

Category Type

Office Sought

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: IL

District: 14th

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

.....

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category Type

Amount of Each Disbursement This Period

.....

Office Sought

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

.....

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category Type

Amount of Each Disbursement This Period

.....

Office Sought

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

7500.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Legible	
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