

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
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** 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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2011 through 06 30 2011

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 Electronically Filed by Robert G Frenz Date 07 13 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
St Jude Medical Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		36148.04
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	70380.63									
(c) Total Receipts (from Line 19) .....	22717.39	63959.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	93098.02	100107.54								
7. Total Disbursements (from Line 31) .....	21500.00	28509.52								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	71598.02	71598.02								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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**

Write or Type Committee Name  
St Jude Medical Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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) .....	16831.14	50629.51
(ii) Unitemized .....	5886.25	13329.99
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	22717.39	63959.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	22717.39	63959.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	22717.39	63959.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	22717.39	63959.50

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21500.00	28509.52
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	21500.00	28509.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21500.00	28509.52

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	22717.39	63959.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22717.39	63959.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 6 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Art Castronovo		Date of Receipt MM / DD / YYYY 04 / 01 / 2011
	Mailing Address 3632 Southridge Ct		Transaction ID: SA11AI.5490
	City St Cloud	State MN	Zip Code 56301
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer St Jude Medical - Cardiovascular	Occupation Manager, Packaging Engineering	One time payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kathleen M Chester		Date of Receipt MM / DD / YYYY 04 / 15 / 2011
	Mailing Address 15900 Valley View CT.		Transaction ID: SA11AI.5386
	City Sylmar	State CA	Zip Code 91390
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer St Jude Medical	Occupation V.P. Reg. Affairs - CRMD	One time payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Angela Craig		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 1966 Princeton Ave.		Transaction ID: SA11AI.5387
	City St. Paul	State MN	Zip Code 55105
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer St Jude Medical	Occupation VP, Corporate Relations	\$50.00 Bi-weekly payroll
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> 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 7 / 15  
(check only one)

<input checked="" 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)  
Ashli J Douglas

Mailing Address 615 25th Street S

City State Zip Code  
Arlington VA 22202

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

Name of Employer St Jude Medical Occupation Sr. Dir., Gov. Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 924.98

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2011

**Transaction ID:** SA11AI.5395

Amount of Each Receipt this Period  
875.00

\$125.00 Bi-weekly payroll

**B.**

Full Name (Last, First, Middle Initial)  
Kimberley A Elting

Mailing Address 4611 Cherokee Trail

City State Zip Code  
Dallas TX 75209

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

Name of Employer St Jude Medical Occupation V.P. & General Counsel - ANS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2011

**Transaction ID:** SA11AI.5360

Amount of Each Receipt this Period  
750.00

**C.**

Full Name (Last, First, Middle Initial)  
Stuart M Essig

Mailing Address 26 Coniston Court

City State Zip Code  
Princeton NJ 08540

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

Name of Employer Intera Life Sciences Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2011

**Transaction ID:** SA11AI.5361

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6625.00**

**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 8 / 15  
(check only one)

<input checked="" 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)  
Edward Ferrier

Mailing Address 24521 Peachland Ave.

City State Zip Code  
Newhall CA 91321-3458

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

Name of Employer St Jude Medical Occupation VP, Finance CRMD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2011

Transaction ID: SA11AI.5365

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ann Graves

Mailing Address 1455 Clippership Ct.

City State Zip Code  
Woodbury MN 55125

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

Name of Employer St Jude Medical - Cardiovascular Occupation Director, Sr. Regulatory

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2011

Transaction ID: SA11AI.5403

Amount of Each Receipt this Period  
420.00

\$60.00 Bi-weekly payroll

**C.**

Full Name (Last, First, Middle Initial)  
John Knighten

Mailing Address 214 Knox

City State Zip Code  
Houston TX 77007

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

Name of Employer St Jude Medical - USD Occupation VP, Corporate Accounts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2011

Transaction ID: SA11AI.5463

Amount of Each Receipt this Period  
350.00

\$50 bi-weekly payroll

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1270.00**

**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 9 / 15  
(check only one)

<input checked="" 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)  
Pamela S Krop

Mailing Address 3357 Calhoun Parkway

City State Zip Code  
Minneapolis MN 55408

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

Name of Employer St Jude Medical Occupation VP & General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

**Transaction ID:** SA11AI.5410

Amount of Each Receipt this Period  
350.00

\$50.00 Bi-weekly payroll

**B.**

Full Name (Last, First, Middle Initial)  
Christopher Lucero

Mailing Address 21947 Wakefield Ct

City State Zip Code  
Santa Clarita CA 91350

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

Name of Employer St Jude Medical CRM Occupation Engineer, Sr Design Assur

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 530.80

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

**Transaction ID:** SA11AI.5447

Amount of Each Receipt this Period  
464.45

66.35 bi-weekly payroll

**C.**

Full Name (Last, First, Middle Initial)  
Tom Northenscold

Mailing Address 1215 Oakview Lane N

City State Zip Code  
Plymouth MN 55441

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

Name of Employer St Jude Medical Occupation VP., IT & CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 768.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

**Transaction ID:** SA11AI.5450

Amount of Each Receipt this Period  
672.00

96 bi-weekly payroll

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1486.45**

**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 10 / 15  
(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)  
Bradley Roberts

Mailing Address 1553 Sherman Lake Ct.

City State Zip Code  
Lino Lakes MN 55038

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
St Jude Medical - Cardio- Director Sr., Operations  
as.

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

**Transaction ID:** SA11AI.5488

Amount of Each Receipt this Period  
500.00

One time payroll deduction

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

Mailing Address 870 Calle Compo

City State Zip Code  
Thousand Oaks CA 91360

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
St Jude Medical - CRMD Engineer, Sr Principal

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

**Transaction ID:** SA11AI.5486

Amount of Each Receipt this Period  
250.00

One time payroll deduction

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

Mailing Address 10681 Valleyheart Drive

City State Zip Code  
Studio City CA 91604

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
St Jude Medical - CRMD Engineer, Sr. Principal

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 249.69

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

**Transaction ID:** SA11AI.5504

Amount of Each Receipt this Period  
249.69

PayPal payment

**SUBTOTAL** of Receipts This Page (optional) ..... 999.69

**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 11 / 15
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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)  
Daniel J Starks

Mailing Address One Lillehei Plaza

City State Zip Code  
St Paul MN 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  
MM / DD / YYYY  
06 / 14 / 2011

Transaction ID: SA11AI.5359

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Donald Zurbay

Mailing Address 10457 Scott Ave. N

City State Zip Code  
Brooklyn Park MN 55443

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

Name of Employer St Jude Medical Occupation VP & Corporate Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2011

Transaction ID: SA11AI.5430

Amount of Each Receipt this Period  
350.00

\$50 Bi-weekly payroll

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	16831.14

**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 12 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Al Franken for Senate 2014</p> <p>Mailing Address 420 C Street</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Fundraiser</p> <p>Candidate Name Al Franken</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5520</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>011 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Becerra for Congress</p> <p>Mailing Address P.O. Box 116</p> <p>City Hyattsville State MD Zip Code 20781</p> <p>Purpose of Disbursement Fundraiser</p> <p>Candidate Name Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 31</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5512</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>011 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee</p> <p>Mailing Address 6849 Old Dominion Drive, Suite 222</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement Fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5530</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>011 Category/ Type</p>

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

**5500.00**

**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"/> 21b	<input type="checkbox"/> 22	<input checked="" 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) Campbell for Congress	Transaction ID: SB23.5547 Date of Disbursement
	Mailing Address 700 12th Street NW Suite 700	<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraiser	<input type="text" value="2500.00"/>
	Candidate Name John Campbell	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Devin Nunes Campaign Committee	Transaction ID: SB23.5537 Date of Disbursement
	Mailing Address P.O. Box 6545	<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
	City Visalia State CA Zip Code 93290	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraiser	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Enzi for US Senate	Transaction ID: SB23.5506 Date of Disbursement
	Mailing Address P.O. Box 2775	<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City Cody State WY Zip Code 82414	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraiser	<input type="text" value="2000.00"/>
	Candidate Name Michael Enzi	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

<b>A.</b> Full Name (Last, First, Middle Initial) Kind for Congress <hr/> Mailing Address 1250 I Street, NW Suite 200 <hr/> City Washington State DC Zip Code 20005 Purpose of Disbursement Fundraiser Candidate Name Ron Kind Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5542 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) MCCOLLUM FOR CONGRESS <hr/> Mailing Address P.O. Box 14131 <hr/> City St. Paul State MN Zip Code 55114 Purpose of Disbursement Fundraiser Candidate Name Betty McCollum Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5549 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) McConnell Senate Committe 2014 <hr/> Mailing Address 425 2nd Street, NE <hr/> City Washington State DC Zip Code 20001 Purpose of Disbursement Fundraiser Candidate Name Mitch McConnell Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5534 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 15 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

<b>A.</b> Full Name (Last, First, Middle Initial) NewDem PAC Mailing Address 700 13th Street, NW Suite 600 City Washington State DC Zip Code 20005 Purpose of Disbursement Fundraiser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5527 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00 Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS Mailing Address P.O. BOX 661 PO BOX 5458 City COLLINSVILLE State IL Zip Code 62234 Purpose of Disbursement Fundraiser Candidate Name John Shimkus Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 19 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5533 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

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

3500.00

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

21500.00