07/13/2011 12:12

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FURINI 3X	For O	ther Than An A	uthorized Cor	mmittee		Office Use Only	
NAME OF COMMITTEE (in fu		EC MAILING LABE PE OR PRINT 🗑	Example:li over the lir	f typing, type nes			
St Jude Medical Po	litical Action Com	mittee					
				1 1 1 1 1	1 1 1 1		
ADDRESS (number and s	street) One	Lillehei Plaza					
Check if differe than previously reported. (ACC	' St P	'aul			MN	55117	-
2. FEC IDENTIFICAT	ION NUMBER	~	CITY 🛕		STATE	ZIPCO	DE 🛕
C00305029		3.	IS THIS REPORT	NEW (N) OR	An (A	MENDED)	
X July 15 Quarterly October 1 Quarterly January 3 Quarterly July 31 M	Report(Q1) Report(Q2) 5 Report(Q3) 1 Report(YE) id-Year on-election) (MY)	(c) 12-Day PRE-Election Report for the Ele (d) 30-Day Post -Election Report for the	ection on Gener	May 20 (M5 Jun 20 (M6) Jul 20 (M7) ary (12P) ention (12C) ral (30G)	Sep	in the	Special (30S)
5. Covering Period	0 4	01 2011	thr	rough 0 6	30	2011	
I certify that I have exami Type or Print Name of To		nd to the best of my bert G Frenz	knowledge and be	lief it is true, correc	t and complete.		
Signature of Treasurer	Electronically F	iled by Robert G	Frenz		Date 07	13	2011
NOTE : Submission of fa	alse, erroneous, o	r incomplete informa	ation may subject th	ne person signing t	his Report to the	penalties of 2 U.	S.C 437g.
Office Use						FEC FOR	

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name St Jude Medical Political Action Committee

FEC Form 3X (Rev. 02/2003)

D [®]D 0 4 0 1 2011 0.6 3 0 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011[°] 36148.04 January 1 (b) Cash on Hand at 70380.63 Begining of Reporting Period 22717.39 63959.50 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 93098.02 100107.54 6(a) and 6(c) for Column B) 21500.00 28509.52 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 71598.02 71598.02 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X 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: 0.4

D D 0

Y Y W Y 2011

Γο:

м м 0 6 D D D

Y Y Y Y 2 0 1 1

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	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
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	22717.39	63959.50
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
4. 5.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
В.	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
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	22717.39	63959.50
0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	22717.39	63959.50

FE6AN026

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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)) Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	21500.00	28509.52
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
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
O. Other Disbursements	0.00	0.00
D. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (form Cabadyla LIC)		
(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
. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	21500.00	28509.52
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	21500.00	28509.52

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 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
86.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7.	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

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6715 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) St Jude Medical Political Action Cor	mmittee		
Full Name (Last, First, Middle Initial) Art Castronovo			Date of Receipt
Mailing Address 3632 Southridge Ct			M M / D D / Y Y Y Y Y Y O 1 D 1 D 2 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D
City	State MN	Zip Code	Transaction ID: SA11AI.5490
St Cloud FEC ID number of contributing federal political committee.	C	56301	Amount of Each Receipt this Period 500.00
Name of Employer St Jude Medical - Cardiov- as.	Occupation Manager	n , Packaging Engineering	One time payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Kathleen M Chester			Date of Receipt
Mailing Address 15900 Valley View (CT.		0 4 1 5 2 0 1 1
City Sylmar	State CA	Zip Code 91390	Transaction ID: SA11AI.5386 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	01000	250.00
Name of Employer St Jude Medical	Occupation V P. Reg	n . Affairs - CRMD	One time payroll deduction
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Angela Craig			Date of Receipt
Mailing Address 1966 Princeton Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City St. Paul	State MN	Zip Code 55105	Transaction ID: SA11AI.5387
FEC ID number of contributing federal political committee.	C	33103	Amount of Each Receipt this Period 350.00
Name of Employer St Jude Meidical	Occupation VP, Corp	n porate Relations	\$50.00 Bi-weekly payroll
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		1100.00

	JLE A (FEC Form 3X D RECEIPTS	(,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/15 (check only one)
Any informati or for comme	on copied from such Reports an ercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF	F COMMITTEE (In Full) Medical Political Action Col		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name Ashli J Do	e (Last, First, Middle Initial)			Date of Receipt
	ddress 615 25th Street S			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.5395
	n umber of contributing litical committee.	C	22202	Amount of Each Receipt this Period 875.00
Name of E St Jude M	Employer Medical	Occupatio Sr. Dir.	n Gov. Affairs	\$125.00 Bi-weekly payroll
Receipt Form Prim			e Year-to-Date ▼ 924.98	
Full Name Kimberley	e (Last, First, Middle Initial) A Elting			Date of Receipt
Mailing Ad	ddress 4611 Cherokee Trai	il		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Dallas		State TX	Zip Code 75209	Transaction ID: SA11AI.5360 Amount of Each Receipt this Period
FEC ID no	umber of contributing	C	10200	750.00
Name of E St Jude M	Employer Vedical	Occupatio V.P. & G	n eneral Counsel - ANS	
Receipt For			e Year-to-Date ▼ 750.00	
Full Name Stuart M E	e (Last, First, Middle Initial)			Date of Receipt
	ddress 26 Coniston Court			05 26 Y Y Y Y Y Y
City	_	State	Zip Code	Transaction ID: SA11AI.5361
	umber of contributing litical committee.	NJ C	08540	Amount of Each Receipt this Period 5000.00
Name of E Intera Life	Employer e Sciences	Occupatio Presiden		
Receipt For			e Year-to-Date ▼ 5000.00	
SUBTOTAL	of Receipts This Page (optional	<u> </u>		6625.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separat for each cate Detailed Sur		FOR LINE NUMBER: PAGE 8 / 15 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	Statements may not be sold or	used by any person	13 14 15 16 n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) St Jude Medical Political Action Cor			
Full Name (Last, First, Middle Initial) Edward Ferrier			Date of Receipt
Mailing Address 24521 Peachland Av	/e.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Transaction ID: SA11AI.5365
Newhall	CA 91321-345	58	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer St Jude Medical	Occupation VP, Finance CRMD		
Receipt For:	Aggregate Year-to-Date	▼	-
Primary General	Aggregate real to Date		
Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Ann Graves			Date of Receipt
Mailing Address 1455 Clippership Ct			0 6 2 4 Y Y Y Y Y
City	State Zip Code		Transaction ID: SA11AI.5403
Woodbury	MN 55125		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		420.00
Name of Employer St Jude Medical - Cardiov- ascul	Occupation Director, Sr. Regulator	ry	+ \$60.00 Bi-weekly payroll
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	420.00	
Full Name (Last, First, Middle Initial) John Knighten			Date of Receipt
Mailing Address 214 Knox			06 24 2011
City	State Zip Code		Transaction ID: SA11AI.5463
Houston	TX 77007		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer St Jude Medical - USD	Occupation VP, Corporate Accour	nts	\$50 bi-weekly payroll
Receipt For:	Aggregate Year-to-Date	▼	7
Primary General Other (specify) ▼		350.00	
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) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) St Jude Medical Political Action Cor	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Pamela S Krop Mailing Address 3357 Calhoun Parkv City Minneapolis FEC ID number of contributing federal political committee. Name of Employer St Jude Medical Receipt For: Primary General Other (specify)	State Zip Code MN 55408 C Occupation VP & General Counsel Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D D / Y Y Y Y Y 2 0 1 1 Transaction ID: SA11Al.5410 Amount of Each Receipt this Period 350.00 \$50.00 Bi-weekly payroll
Full Name (Last, First, Middle Initial) Christopher Lucero Mailing Address 21947 Wakefield Ct City Santa Clarita FEC ID number of contributing federal political committee. Name of Employer St Jude Medical CRM Receipt For: Primary General Other (specify)	State Zip Code CA 91350 C Occupation Engineer, Sr Design Assur Aggregate Year-to-Date ▼ 530.80	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Tom Northenscold Mailing Address 1215 Oakview Lane City Plymouth FEC ID number of contributing federal political committee. Name of Employer St Jude Medical Receipt For: Primary General Other (specify)	N State Zip Code MN 55441 C Occupation VP., IT & CIO Aggregate Year-to-Date ▼ 768.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	1486.45

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	ry of the
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) St Jude Medical Political Action Comm	name and address of any politica	d by any person for the purpose of soliciting contributions I committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bradley Roberts Mailing Address 1553 Sherman Lake C City Lino Lakes FEC ID number of contributing federal political committee. Name of Employer St Jude Medical - Cardiovas. Receipt For: Primary General Other (specify)	State Zip Code MN 55038 C Occupation Director Sr., Operations Aggregate Year-to-Date	Date of Receipt M M M D D D Y Y Y Y Y Y O 1 2 0 1 1 Transaction ID: SA11AI.5488 Amount of Each Receipt this Period 500.00 One time payroll deduction
Full Name (Last, First, Middle Initial) Al Schwartz Mailing Address 870 Calle Compo City Thousand Oaks FEC ID number of contributing federal political committee. Name of Employer St Jude Medical - CRMD Receipt For: Primary General Other (specify)	State Zip Code CA 91360 C Occupation Engineer, Sr Principal Aggregate Year-to-Date	Date of Receipt M M M D D D Y Y Y Y Y Y O 4
Full Name (Last, First, Middle Initial) Jay Snell Mailing Address 10681 Valleyheart Driv City Studio City FEC ID number of contributing federal political committee. Name of Employer St Jude Medical - CRMD Receipt For: Primary General Other (specify)	State Zip Code CA 91604 C Occupation Engineer, Sr. Principal Aggregate Year-to-Date	Date of Receipt M M / D D D / Y Y Y Y Y O 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

A.

В.

Receipt For:

Primary

Other (specify)

General

SCHEDULE A (FEC Form 3X)

PAGE 11/15 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 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) Date of Receipt Daniel J Starks Mailing Address One Lillehei Plaza 06 14 2011 City State Zip Code Transaction ID: SA11AI.5359 St Paul MN 55117 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C federal political committee. Name of Employer St Jude Medical Occupation CEO/President Receipt For: Aggregate Year-to-Date General Primary 5000.00 Other (specify) Full Name (Last, First, Middle Initial) Donald Zurbay Date of Receipt Mailing Address 10457 Scott Ave. N 0 6 24 2011 City State Zip Code Transaction ID: SA11AI.5430 **Brooklyn Park** MN 55443 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. \$50 Bi-weekly payroll Name of Employer St Jude Medical Occupation VP & Corporate Controller

Aggregate Year-to-Date ▼

350.00

SUBTOTAL of Receipts This Page (optional)	•	5350.00
TOTAL This Period (last page this line number only)	•	16831.14

SCHEDULE B (FEC FOIIII 3X)	Use separate so				l LINE ck only		:H:			PA	GE	12 / 1	5
TEMIZED DISBURSEMENTS	for each categor Detailed Summa			<u>.</u> 2	21b	22 28a	X	23 28b		24 28c	_	25 29	
Any Information copied from such Reports and State				ту ре	erson fo	or the pu		se of s	oliciti	ng co	ntribu	utions	<u>`</u>
or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)	me and address of ar	ny political co	omn	nitte	e to sol	cit cont	ribut	ions fr	om su	ıch c	ommi	ittee	
St Jude Medical Political Action Committ	ee												
Full Name (Last, First, Middle Initial)								ion ID			5520		
Al Franken for Senate 2014						Date 0 5		isburs	emen 2 6	t / Y	Y) 1 1	Υ
Mailing Address 420 C Street						0.5			26	L	2 () 1 1	
City Washington	State Zip C DC 2000					Amo	unt o	f Each	n Disb	urser	nent	this P	eriod
Purpose of Disbursement Fundraiser					\neg			_			200	0.00	
Candidate Name Al Franken			Cat)11 egor ype	ry/								
Office Sought: House Disbur	sement For:	General		ypc									
President	Other (specify)												
State: MN District: Full Name (Last, First, Middle Initial)						T.,		ID		200.5			
Becerra for Congress						Date	of D	ion ID isburs	emen		5512		V
Mailing Address P.O. Box 116						o ^M 5	М	/ D	2 6	L	ž () 1 1	Y
City Hyattsville	State Zip C MD 2078					Amou	ınt o	f Each	n Disb	urser	nent	this P	erioc
Purpose of Disbursement Fundraiser			()11							100	0.00	
Candidate Name Xavier Becerra				egor	ry/								
Office Sought: X House Disbur Senate President State: CA District: 31	sement For: Primary Other (specify)	General											
Full Name (Last, First, Middle Initial)						Tron	no oti	ion ID	. 00	222 5	5520		
Blue Dog Political Action Committee								isburs	emen				V
Mailing Address 6849 Old Dominion Dri	ve, Suite 222					0 6		2	22	Ĺ	2 () 1 1	
City McLean	State Zip C VA 2210					Amou	unt o	f Each	n Disb	urser	-		eriod
Purpose of Disbursement Fundraiser)11		L.	_	_		_	250	0.00	_
Candidate Name			Cat	egor	ry/								
Senate President	sement For: Primary Other (specify)	General											
State: District:													
SUBTOTAL of Disbursements This Page (optional)					Ļ.	_	-			550	0.00	
	y)												

TEMIZED DISBURSEMENTS	SCHEDULE B (F		' USE	e separate schedule(s	5)			NUMB	ER:			PAGE	13 /	15
NAME OF COMMITTEE (In Full) St Jude Medical Political Action Committee Full Name (Last, First, Middle Initial) Campbell for Congress Mailing Address 700 12th Street NW Suite 700 City State Zip Code Durose of Disbursement Fundralser Candidate Name John Campbell Office Sought: X House Senate President Fundralser Candidate Name Office Sought: X House Senate President State: CA District: 48 Full Name (Last, First, Middle Initial) Devin Nunes Campaign Committee Disbursement For: Candidate Name Office Sought: X House Senate President State: CA District: 48 Full Name (Last, First, Middle Initial) Devin Nunes Campaign Committee Mailing Address P.O. Box 6545 City Office Sought: X House Senate President State: CA District: 21 Full Name (Last, First, Middle Initial) Devin Nunes Campaign Committee Mailing Address P.O. Box 2775 City Condidate Name Office Sought: X House Senate President State: CA District: 21 Full Name (Last, First, Middle Initial) Devin Nunes Campaign Committee Disbursement For: Candidate Name Office Sought: X House Senate President Disbursement For: Senate President Other (specify) ▼ Transaction ID: SB23,5537 Date of Disbursement First Disbursement For: Candidate Name Mailing Address P.O. Box 2775 City Cody WY 82414 Purpose of Disbursement Other (specify) ▼ Transaction ID: SB23,5506 Date of Disbursement Date of Disb	TEMIZED DISBU	JRSEMENTS	for Det				21b	22	Х	1			1	
NAME OF COMMITTEE (In Full) St Jude Medical Political Action Committee Full Name (Last, First, Middle Initial) Campbell for Congress Mailing Address 700 12th Street NW Suite 700 City														3
St Jude Medical Political Action Committee Full Name (Last, First, Middle Initial) Campbell for Congress Mailing Address 700 12th Street NW Suite 700 City State Zip Code Washington DC 20005 Purpose of Disbursement Fundraiser Candidate Name John Campbell Office Sought: X House President State: CA District: 48 Full Name (Last, First, Middle Initial) Devin Nunes Campaign Committee Mailing Address P.O. Box 6545 City State Zip Code CA 93290 Purpose of Disbursement Fundraiser Candidate Name Office Sought: X House Senate President State: CA District: 48 Full Name (Last, First, Middle Initial) Devin Nunes Campaign Committee Mailing Address P.O. Box 6545 City State Zip Code CA 93290 Purpose of Disbursement For: Senate President Other (specify) ▼ Transaction ID: SB23.5537 Date of Disbursement Tindraiser Candidate Name Office Sought: X House Senate President Other (specify) ▼ Transaction ID: SB23.5537 Date of Disbursement this P Transaction ID: SB23.5506 Date of Disbursement Tindraiser Candidate Name Other (specify) ▼ Transaction ID: SB23.5506 Date of Disbursement Tindraiser Candidate Name Candidate Name Other (specify) ▼ Transaction ID: SB23.5506 Date of Disbursement Tindraiser Candidate Name Candidate Name Candidate Name Other (specify) ▼ Transaction ID: Amount of Each Disbursement This P Transaction ID: SB23.5506 Date of Disbursement Tindraiser Candidate Name Candidate Name Other (specify) ▼ Transaction ID: Amount of Each Disbursement This P Transaction ID: SB23.5506 Date of Disbursement Tindraiser Candidate Name Other (specify) ▼ Transaction ID: SB23.5506 Date of Disbursement Tindraiser Candidate Name Other (specify) ▼ Transaction ID: SB23.5506 Date of Disbursement Tindraiser Candidate Name Other (specify) ▼ Transaction ID: SB23.5506 Date of Disbursement Tindraiser Candidate Name Other (specify) ▼ Transaction				address of any politice	21 001		00 10 0	011011 0011	inbui	10110 11	0111 500	71 001111		
Campbell for Congress Mailing Address 700 12th Street NW Suite 700 City Washington DC 20005 Purpose of Disbursement Fundraiser Candidate Name John Campbell Office Sought: X House Senate President State: CA District: 48 Full Name (Last, First, Middle Initial) Devin Nunes Campaign Committee Mailing Address P.O. Box 6545 City State CA District: 48 Full Name (Last, First, Middle Initial) Candidate Name Disbursement For: Senate Primary General Other (specify) ▼ Furpose of Disbursement For: Senate Primary General Other (specify) ▼ Candidate Name Disbursement For: Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) State: CA District: 21 Full Name (Last, First, Middle Initial) Senate President State: Candidate Name Disbursement For: Senate Primary General Other (specify) ▼ City Senate Disbursement Primary General Other (specify) ▼ City State Zip Code WY 82414 Purpose of Disbursement For: Senate Primary General Other (specify) ▼ City State Zip Code WY 82414 Purpose of Disbursement For: Senate Primary General Other (specify) ▼ City State Zip Code WY 82414 Purpose of Disbursement For: Senate Primary General Other (specify) ▼ City State Zip Code WY 82414 Purpose of Disbursement For: Senate Primary General Other (specify) ▼ City Category' Type City Senate Primary General Other (specify) ▼ City General Other (specify) ▼	\	` '	mmittee											
Mailing Address 700 12th Street NW Suite 700 City Washington DC 20005 Purpose of Disbursement For: Candidate Name John Nunes Campaign Committee Mailing Address P.O. Box 6545 City Visalia State Zip Code CA 93290 Purpose of Disbursement For: Candidate Name John Nunes Campaign Committee Office Sought: X House Senate Primary General Office Sought: X Senate Prim	•							1			_	23.554	17	
City Washington												Y	(Υ
Washington DC 20005 Purpose of Disbursement Fundraiser Candidate Name John Campbell Office Sought:	_		W					0 6		2	2 2	2	2011	
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Office Sought: House Disbursement For:	Candidate Name					ateg	ory/							
	X	Senate	Prima	ary General	1	71								
			Othe	r (specify)										
SUBTOTAL of Disbursements This Page (ontional)								<u> </u>		-			00.00	=

SCHEDIII E B (FEC Form 3Y)

SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 1 (check only one)		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30l	
Any Information copied from such Reports and Stor for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) St Jude Medical Political Action Comm	iittee			
Full Name (Last, First, Middle Initial) Kind for Congress			Transaction ID: SB23.5542 Date of Disbursement M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1250 I Street, NW St	uite 200		06 22 2011	
City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period	
Purpose of Disbursement Fundraiser		011	1000.00	
Candidate Name Ron Kind		Category/ Type		
Senate President	oursement For: Primary General Other (specify)			
State: WI District: 03 Full Name (Last, First, Middle Initial) MCCOLLUM FOR CONGRESS			Transaction ID: SB23.5549 Date of Disbursement	
Mailing Address P.O. Box 14131			$\begin{bmatrix}\begin{smallmatrix}M\\0\end{smallmatrix}6^{M}\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}2^{D}\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0\end{smallmatrix}1 1^{Y}$	
City St. Paul	State Zip Code MN 55114		Amount of Each Disbursement this Period	
Purpose of Disbursement Fundraiser Candidate Name		011 Category/	1000.00	
Betty McCollum		Type		
Senate President	oursement For: Primary General Other (specify)			
State: MN District: 04 Full Name (Last, First, Middle Initial)			Transaction ID: SB23.5534	
McConnell Senate Committe 2014			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 425 2nd Street, NE			06 22 2011	
City Washington	State Zip Code DC 20001		Amount of Each Disbursement this Period	
Purpose of Disbursement Fundraiser		011	5000.00	
Candidate Name Mitch McConnell		Category/ Type		
X Senate President	oursement For: Primary General Other (specify)			
State: KY District:				
SUBTOTAL of Disbursements This Page (option	nal)	>	7000.00	
TOTAL This Period (last page this line number	only)			

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President

District: 19

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SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 15 (check only one)		
		21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full) St Jude Medical Political Action Committee	ee			
Full Name (Last, First, Middle Initial) NewDem PAC Mailing Address 700 13th Street, NW Su	it. 000		Transaction ID: S Date of Disburseme	
Mailing Address 700 13th Street, NW Su City Washington Purpose of Disbursement	State Zip Code DC 20005			bursement this Period
Fundraiser Candidate Name		011 Category/ Type		
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS			Transaction ID: S Date of Disburseme	
Mailing Address P.O. BOX 661 PO BOX 5458	7.0			
City COLLINSVILLE	State Zip Code IL 62234		Amount of Each Dis	bursement this Period
Purpose of Disbursement Fundraiser		011		1000.00
Candidate Name John Shimkus		Category/ Type		
Office Sought: X House Disburs Senate	ement For: Primary General			

SUBTOTAL of Disbursements This Page (optional)	•	3500.00
TOTAL This Period (last page this line number only)	•	21500.00

Other (specify)

State: OH