

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 07 01 2010 through 09 30 2010

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 10 13 2010

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

Table with 7 columns and 1 row. Column 1: Office Use Only. Column 7: 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	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		9575.01
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	37375.45									
(c) Total Receipts (from Line 19)	4181.58	49482.02								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	41557.03	59057.03								
7. Total Disbursements (from Line 31)	8500.00	26000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33057.03	33057.03								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
St Jude Medical Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	3562.58	43875.92
(ii) Unitemized	619.00	5606.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4181.58	49482.02
(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)	4181.58	49482.02
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))	4181.58	49482.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4181.58	49482.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	8500.00	26000.00
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))..	8500.00	26000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8500.00	26000.00

DETAILED SUMMARY PAGE
of Disbursements

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)	4181.58	49482.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4181.58	49482.02
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: PAGE 6 / 14
(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)
Scott Brown

Mailing Address 2031 E Coconino Ct.

City State Zip Code
Gilbert AZ 85297

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

Name of Employer St Jude Medical Occupation Sales - Cardiovascular

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.4898
Amount of Each Receipt this Period 99.00
Payroll \$16.50 Bi-weekly

B. Full Name (Last, First, Middle Initial)
Thaddeus Cochran

Mailing Address 605 Johnstone Drive

City State Zip Code
Madison MS 39110

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

Name of Employer St Jude Medical Occupation VP, Area Sales

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1170.00

Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.4900
Amount of Each Receipt this Period 540.00
Payroll \$90.00 Bi-weekly

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

Mailing Address 1966 Princeton Ave.

City State Zip Code
St. Paul MN 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 ▼ 700.00

Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.4901
Amount of Each Receipt this Period 300.00
Payroll \$50.00 Bi-weekly

SUBTOTAL of Receipts This Page (optional) ► 939.00

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 7 / 14
	<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) Lynne Eilerman	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 2136 Datura Street	Transaction ID: SA11AI.4906
	City State Zip Code Sarasota FL 34239	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Payroll \$25.00 Bi-weekly
	Name of Employer St Jude Medical Occupation Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) Marc Gauthier	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 414 Stonebridge Crichel	Transaction ID: SA11AI.4907
	City State Zip Code Allen TX 75013	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	Payroll \$20.00 Bi-weekly
	Name of Employer St Jude Medical Occupation NMD Dir. Software Engineering Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	

C.	Full Name (Last, First, Middle Initial) Matt Hardie	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 235 St Andrews	Transaction ID: SA11AI.4909
	City State Zip Code Calhoun LA 71225	Amount of Each Receipt this Period 285.72
	FEC ID number of contributing federal political committee. C	Payroll \$47.62 Bi-weekly
	Name of Employer St Jude Medical Occupation Director Regional Sales - CRM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.68	

SUBTOTAL of Receipts This Page (optional)	555.72
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 / 14
(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)
William Hautt

Mailing Address 5569 Nakoma

City State Zip Code
Dallas TX 75209

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

Name of Employer Occupation
St Jude Medical NMD Regional Sales Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.4910

Amount of Each Receipt this Period
150.00

Payroll \$25.00 Bi-weekly

B.

Full Name (Last, First, Middle Initial)
David Hendrick

Mailing Address 2204 Demona Drive

City State Zip Code
Austin TX 78733

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

Name of Employer Occupation
St Jude Medical VP., Corporate Accounts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.4911

Amount of Each Receipt this Period
300.00

Payroll \$50.00 Bi-weekly

C.

Full Name (Last, First, Middle Initial)
Scott Holstine

Mailing Address 6200 Suter Parkway

City State Zip Code
Austin TX 78735

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

Name of Employer Occupation
St Jude Medical USD AVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.4912

Amount of Each Receipt this Period
150.00

Payroll \$25.00 Bi-weekly

SUBTOTAL of Receipts This Page (optional) ▶ **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: PAGE 9 / 14
(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

<p>A. Full Name (Last, First, Middle Initial) Raymond Leonard</p> <p>Mailing Address 11830 RiverOaks Drive</p> <p>City Loveland State OH Zip Code 45140</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer St Jude Medical USD Occupation Sales Representative</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 325.00</p>	<p>Date of Receipt 09 / 17 / 2010</p> <p>Transaction ID: SA11AI.4913</p> <p>Amount of Each Receipt this Period 150.00</p> <p>Payroll \$25.00 Bi-weekly</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Gordon Lieb</p> <p>Mailing Address 3317 Karros Court</p> <p>City Edwardsville State IL Zip Code 62025</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer St Jude Medical USD Occupation Sales Representative</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 08 / 06 / 2010</p> <p>Transaction ID: SA11AI.4914</p> <p>Amount of Each Receipt this Period 75.00</p> <p>Payroll \$25.00 Bi-weekly</p>
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<p>C. Full Name (Last, First, Middle Initial) Tom Northenscold</p> <p>Mailing Address 1215 Oakview Lane N</p> <p>City Plymouth State MN Zip Code 55441</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer St Jude Medical Occupation VP., IT & CIO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 700.00</p>	<p>Date of Receipt 09 / 17 / 2010</p> <p>Transaction ID: SA11AI.4916</p> <p>Amount of Each Receipt this Period 300.00</p> <p>Payroll \$50.00 Bi-weekly</p>
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SUBTOTAL of Receipts This Page (optional)	525.00
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 10 / 14
	<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) Armotta Porter		Date of Receipt
	Mailing Address 10165 31st Court NE		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	St Michael	MN	55376
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4917
Name of Employer St Jude Medical		Occupation Dir. Academic Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="333.34"/>	<input type="text" value="142.86"/>
			Payroll \$23.81 Bi-weekly

B.	Full Name (Last, First, Middle Initial) James W Reynolds		Date of Receipt
	Mailing Address 16301 Sundancer Lane		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Huntington Beach	CA	92649
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4897
Name of Employer St Jude Medical		Occupation Manager - CRMD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	<input type="text" value="500.00"/>

C.	Full Name (Last, First, Middle Initial) Bernadette Sowder		Date of Receipt
	Mailing Address 11665 Log Jump Tr.		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Ellicott	MD	21042
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4921
Name of Employer St Jude Medical USD		Occupation Sales Representative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="150.00"/>
			Payroll \$25.00 Bi-weekly

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="792.86"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 14	
	(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"/> 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) Michael Tuckerman		Date of Receipt		
	Mailing Address 11602 Claymont Circle		M M / D D / Y Y Y Y 09 / 17 / 2010		
	City Windermere	State FL	Zip Code 34786	Transaction ID: SA11AI.4979	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00		
	Name of Employer St Jude Medical	Occupation Director Regional Sales - CRM		Payroll \$25.00 Bi-weekly	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	3562.58

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

<p>A. Full Name (Last, First, Middle Initial) Campbell for Congress</p> <p>Mailing Address 700 12th Street NW Suite 700</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Fundraiser</p> <p>Candidate Name John Campbell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 48</p>	<p>Transaction ID: SB23.4940</p> <p>Date of Disbursement 07 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B. Full Name (Last, First, Middle Initial) Eshoo for Congress</p> <p>Mailing Address P.O. Box 636</p> <p>City Annandale State VA Zip Code 22003</p> <p>Purpose of Disbursement Fundraiser</p> <p>Candidate Name Anna Eshoo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 14</p>	<p>Transaction ID: SB23.4951</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C. Full Name (Last, First, Middle Initial) Frank Pallone for Congress</p> <p>Mailing Address P.O Box 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Fundraiser</p> <p>Candidate Name Frank Pallone</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 06</p>	<p>Transaction ID: SB23.4943</p> <p>Date of Disbursement 09 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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)
MATHESON FOR CONGRESS

Transaction ID: SB23.4964
Date of Disbursement

Mailing Address P.O. BOX 521048

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	0

City State Zip Code
SALT LAKE CITY UT 84152

Amount of Each Disbursement this Period

Purpose of Disbursement
Fundraiser

011
Category/ Type

1000.00

Candidate Name
Jim Matheson

Office Sought: House
 Senate
 President
State: UT District: 02

Disbursement For:
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
People for Patty Murray

Transaction ID: SB23.4937
Date of Disbursement

Mailing Address 122 Maryland Avenue, NE

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	0

City State Zip Code
Washington DC 20002

Amount of Each Disbursement this Period

Purpose of Disbursement
Fundraiser

011
Category/ Type

1000.00

Candidate Name
Patty Murray

Office Sought: House
 Senate
 President
State: WA District:

Disbursement For:
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Upton for All of US

Transaction ID: SB23.4956
Date of Disbursement

Mailing Address 104 Hume Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	0

City State Zip Code
Alexandria VA 22301

Amount of Each Disbursement this Period

Purpose of Disbursement
Fundraiser

011
Category/ Type

1000.00

Candidate Name
Fred Upton

Office Sought: House
 Senate
 President
State: MI District: 06

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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**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 14 / 14

<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)
VOLUNTEERS FOR SHIMKUS

Transaction ID: SB23.4932

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	0

Mailing Address P.O. BOX 661
PO BOX 5458

Amount of Each Disbursement this Period

1000.00

City COLLINSVILLE State IL Zip Code 62234

Purpose of Disbursement
Fundraiser

011
Category/
Type

Candidate Name
John Shimkus

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: OH District: 19

B.

Full Name (Last, First, Middle Initial)
Wyden for Senate

Transaction ID: SB23.4927

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	0

Mailing Address 232 NE 9TH AVENUE

Amount of Each Disbursement this Period

1000.00

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
Fundraiser

011
Category/
Type

Candidate Name
Ron Wyden

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: OR District:

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

8500.00
