

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL ROOM 2001 AUG -3 A 11:23

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FED MAILING LABEL OR TYPE OR PRINT

Example: if typing, type over the lines.

12FE4M5

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

ONE LILLEHEI PLAZA

Check if different than previously reported. (ACC)

ST PAUL

MINN

55117

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C0030529

3. IS THIS REPORT

NEW (N) [X]

OR

AMENDED (A) []

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1) []
July 15 Quarterly Report (Q2) []
October 15 Quarterly Report (Q3) []
January 31 Year-End Report (YE) []
July 31 Mid-Year Report (Non-election Year Only) (MY) [X]
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 (12S) []

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

07/01/2001 through 08/30/2001

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. Gove

Signature of Treasurer

[Handwritten Signature]

Date

07/27/2001

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

FEC FORM 3X (Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

St. Jude Medical Political Action Committee

Report Covering the Period:

From:

01 01 2001

To:

06 30 2001

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <i>2001</i>		<i>15,091.35</i>
(b) Cash on Hand at Beginning of Reporting Period	<i>15,091.35</i>	
(c) Total Receipts (from Line 19)	<i>60.00</i>	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<i>15,141.35</i>	<i>15,141.35</i>
7. Total Disbursements (from Line 30)	<i>8,000.00</i>	<i>8,000.00</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<i>7,141.35</i>	<i>7,141.35</i>
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 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 (Revised 1/01)

Page 3

Write or Type Committee Name

St. Jude Medical Political Action Committee

Report Covering the Period:

From:

01 01 2001

To:

06 30 2001

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)	<i>50.00</i>	
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	<i>50.00</i>	<i>50.00</i>
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	<i>50.00</i>	<i>50.00</i>
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 36, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	<i>50.00</i>	<i>50.00</i>
20. Total Federal Receipts (subtract Line 16 from Line 19)		

**DETAILED SUMMARY PAGE
of Disbursements**

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Page 4

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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	8,000.00	8,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	8,000.00	8,000.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)		

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from Line 11(d), page 3)	50.00	50.00
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	50.00	50.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35)		

**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 OF	
<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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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)
Kopeliotis, Ariel

Mailing Address
11052 Enfield Ave.

City *Granada Hills* State *CA* Zip Code *91344*

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

Name of Employer *St. Jude Medical* Occupation *Manager*

Receipt For:
 Primary General
 Other (specify) *▼*

Aggregate Year-to-Date *60.00*

Date of Receipt
01 08 2001

Amount of Each Receipt this Period
50.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) *▼*

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) *▼*

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) *▶*

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

60.00

60.00

**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 / OF 3

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

St. Jude Medical Political Action Committee

Full Name (Last, First, Middle Initial)

AdvMed PAC

Date of Disbursement

01 02 2001

Mailing Address

1200 G Street NW, Suite 400

City

Washington

State

DC

Zip Code

20005-3814

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement

PAC Support

Q.L.L.

Candidate Name

Industry PAC

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Kennedy for Congress

Date of Disbursement

02 08 2001

Mailing Address

507 Capitol Court, NE #100

City

Washington

State

DC

Zip Code

20002

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

Fundraiser

Q.L.L.

Candidate Name

Mark Kennedy

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

NW

District:

2

Full Name (Last, First, Middle Initial)

Burr for Congress

Date of Disbursement

02 08 2001

Mailing Address

P.O. Box 5920

City

Winston Salem

State

NC

Zip Code

27113

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

Fundraiser

Q.L.L.

Candidate Name

Richard Burr

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

NC

District:

6

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

3000.00

3000.00

**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 <u>2</u> OF <u>3</u>	
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c

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NAME OF COMMITTEE (in Full)
St. Jude Medical Political Action Committee

A. Full Name (Last, First, Middle Initial) Friends of Max Baucus

Mailing Address 203 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Fundraiser

Candidate Name Max Baucus Category/Type O.I.I.

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: MT District:

Date of Disbursement 03/20/2007

Amount of Each Disbursement this Period 500.00

B. Full Name (Last, First, Middle Initial) National Republican Campaign Committee

Mailing Address Ronald Reagan Republican Center

City Washington State DC Zip Code 20002

Purpose of Disbursement Fundraising Event

Candidate Name Category/Type O.I.I.

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: NA District:

Date of Disbursement 04/12/2007

Amount of Each Disbursement this Period 2000.00

C. Full Name (Last, First, Middle Initial) Rother for Congress

Mailing Address 1399 Geneva Ave. N, Suite 202

City Dakota State MN Zip Code 55128

Purpose of Disbursement Campaign Contribution

Candidate Name Bill Rother Category/Type O.I.I.

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: MN District: 6th

Date of Disbursement 04/25/2007

Amount of Each Disbursement this Period 1000.00

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 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

PAGE 3 OF 3

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NAME OF COMMITTEE (in Full)
St. Jude Medical Political Action Committee

A. *Friends of Foley*

Full Name (Last, First, Middle Initial)

Mailing Address: *P.O. Box 30505*

City: *Palm Beach Gardens* State: *FL* Zip Code: *33420*

Purpose of Disbursement: *Fundraiser* Category/Type: *Q.I.P.*

Candidate Name: *Mark Foley*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *▼*

State: *FL* District: *16th*

Date of Disbursement: *04 25 2007*

Amount of Each Disbursement this Period: *500.00*

B. *Re-Elect Nancy Johnson to Congress*

Full Name (Last, First, Middle Initial)

Mailing Address: *P.O. Box 1986*

City: *New Britain* State: *CT* Zip Code: *06050*

Purpose of Disbursement: *Fundraiser* Category/Type: *Q.I.P.*

Candidate Name: *Nancy Johnson*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *▼*

State: *CT* District: *11th*

Date of Disbursement: *06 06 2007*

Amount of Each Disbursement this Period: *1000.00*

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *▼*

State District

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) *1500.00*

TOTAL This Period (last page this line number only) *8000.00*

