

2008 JAN 31 A 10:43

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

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 MN 55117

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

000305029

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 Year-End 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 (12S)

Election on

MM / DD / YYYY

in the State of

XX

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

07 / 01 / 2007

through

12 / 31 / 2007

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

Robert G. Frenz

Date

01 / 30 / 2008

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
Rev. 12/2004

2511966502

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

07 ' **01** ' **2007**

To:

12 ' **31** ' **2007**

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1,	2007	22,491.83
(b) Cash on Hand at Beginning of Reporting Period.....	39,683.89	
(c) Total Receipts (from Line 19).....	17,199.4	216,611.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	41,403.83	49,403.83
7. Total Disbursements (from Line 31).....	11,000.00	19,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	30,403.83	30,403.83
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

28039611579

**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:

07' 01' 2007

To:

12' 31' 2007

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).....

1,650.00

26,300.00

(ii) Unitemized.....

69.94

311.98

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

1,719.94

26,611.98

(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 33, page 5).....▶

1,719.94

26,611.98

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

1,719.94

26,611.98

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11,000.00	19,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (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. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11,000.00	19,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

171994
171994

2661198
2661198

28039611582

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"/> 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

Full Name (Last, First, Middle Initial)

A. ASHLI J. DOUGLAS

Mailing Address

615 25th STREET S

City

ARLINGTON

State

VA

Zip Code

22202-2529

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 ▼

10,000.00

Date of Receipt

09 / 07 / 2007

Amount of Each Receipt this Period

10,000.00

Full Name (Last, First, Middle Initial)

B. CHAVEZ, THOMAS B

Mailing Address

9601 DEMONA COVE

City

AUSTIN

State

TX

Zip Code

78733

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

V.P., SALES USD

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

PAYROLL Deduction

Amount of Each Receipt this Period

650.00

\$50.00 BI-WEEKLY

Full Name (Last, First, Middle Initial)

C.

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).....▶

1650.00

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

1650.00

28039611583

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 3

<input type="checkbox"/> 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PETE STARK RE-ELECTION COMMITTEE

Date of Disbursement

07 ' 18 ' 2007

Mailing Address

P.O. BOX 8331

City

FREMONT

State

CA

Zip Code

94537

Purpose of Disbursement

FUNDRAISER

0.1.1

Amount of Each Disbursement this Period

1,000.00

Candidate Name

PETE STARK

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: CA

District: 13th

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Date of Disbursement

07 ' 18 ' 2007

Mailing Address

P.O. BOX 3176

City

LONG BRANCH

State

NJ

Zip Code

07740

Purpose of Disbursement

FUNDRAISER

0.1.1

Amount of Each Disbursement this Period

1,000.00

Candidate Name

FRANK PALLONE

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: NJ

District: 6th

Full Name (Last, First, Middle Initial)

C. LARSON FOR CONGRESS

Date of Disbursement

07 ' 18 ' 2007

Mailing Address

P.O. BOX 261172

City

HARTFORD

State

CT

Zip Code

06126

Purpose of Disbursement

FUNDRAISER

0.1.1

Amount of Each Disbursement this Period

1,000.00

Candidate Name

JOHN LARSON

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: CT

District: 1st

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

3,000.00

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 2 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MAX BAUCUS

Date of Disbursement

10 / 01 / 2007

Mailing Address

236 MASSACHUSETTS AVE., NE., SUITE 603

City State Zip Code

WASHINGTON DC 20002

Purpose of Disbursement

FUNDRAISER

011

Amount of Each Disbursement this Period

2000.00

Candidate Name

SENATOR MAX BAUCUS

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: MT District:

Full Name (Last, First, Middle Initial)

B. COLEMAN FOR SENATE 08

Date of Disbursement

10 / 08 / 2007

Mailing Address

680 TRANSFER ROAD

City State Zip Code

ST. PAUL MN 55114

Purpose of Disbursement

FUNDRAISER

011

Amount of Each Disbursement this Period

2000.00

Candidate Name

SENATOR NORM COLEMAN

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: MN District:

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOHN BARRASSO

Date of Disbursement

10 / 30 / 2007

Mailing Address

406 VIRGINIA AVENUE

City State Zip Code

ALEXANDRIA VA 22302

Purpose of Disbursement

FUNDRAISER

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

SENATOR JOHN BARRASSO

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: WY District:

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

5000.00

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

5000.00

28039611585

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

A. ANNA ESHOO FOR CONGRESS

Date of Disbursement: **10 / 30 / 2007**

Mailing Address: **P.O. BOX 636**

City: **ANNANDALE** State: **VA** Zip Code: **22003**

Purpose of Disbursement: **FUNDRAISER**

Candidate Name: **CONGRESSWOMAN ANNA ESHOO** Category/Type: **011**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **CA** District: **14th**

Amount of Each Disbursement this Period: **1,000.00**

B. BURGESS FOR CONGRESS

Date of Disbursement: **11 / 28 / 2007**

Mailing Address: **217 THIRD ST., SE**

City: **WASHINGTON** State: **DC** Zip Code: **20003**

Purpose of Disbursement: **FUNDRAISER**

Candidate Name: **MICHAEL BURGESS** Category/Type: **011**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **TX** District: **26th**

Amount of Each Disbursement this Period: **2,000.00**

C.

Date of Disbursement: [] / [] / []

Mailing Address: []

City: [] State: [] Zip Code: []

Purpose of Disbursement: []

Candidate Name: [] Category/Type: []

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: [] District: []

Amount of Each Disbursement this Period: []

SUBTOTAL of Disbursements This Page (optional)..... **3,000.00**

TOTAL This Period (last page this line number only)..... **11,000.00**

28039611586

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed. Exp* Shipping Date
11/30/08
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JMP
 PREPARER

11/31/08
 DATE PREPARED

28039611587