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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

1. NAME OF COMMITTEE (In full)

TYPE OR PRINT

Example: If typing, type over the lines.

ST PAUL 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

000303029

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- 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

7/15/03

through

12/31/04

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 J. Gora

Signature of Treasurer

[Signature]

Date

12/30/04

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §47g.

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SEN. JODE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

12/17/04

To:

12/31/04

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <i>2004</i>		<i>11341.85</i>
(b) Cash on Hand at Beginning of Reporting Period	<i>5297.39</i>	
(c) Total Receipts (from Line 19)	<i>9444.40</i>	<i>9444.40</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<i>14741.80</i>	<i>14741.80</i>
7. Total Disbursements (from Line 31)	<i>2500.00</i>	<i>25000.46</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<i>12241.80</i>	<i>12241.80</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 20469

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 2X (Rev. 02/2003)

Write or Type Committee Name

ST. JOSE MEDICAL TERTIARY ACTION COMMITTEE

Report Covering the Period: From: 12/17/2004 To: 11/23/2004

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 (see Schedule A).....	200	30000
(ii) Unitemized	0	0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....	200	30000
(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 39 page 5).....		
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.....	944.46	944.46
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, 14, 15, 16, 17, and 18(c)).....	944.46	944.46
20. Total Federal Receipts (subtract Line 16(c) from Line 19).....		

DETAILED SUMMARY PAGE
of Disbursements

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	2,500.00	3,444.46
24. Independent Expenditures (use Schedule E)		
25. Coordinating 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 H3)		
(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))	2,500.00	24,414.96
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(i) from Line 31)		

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)
- 34. Total Contribution Refunds
(from Line 28(c))
- 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)

33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00
34. Total Contribution Refunds (from Line 28(c))	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00
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)	

33. Total Contributions (other than loans) (from Line 11(d), page 3)	9,000.00
34. Total Contribution Refunds (from Line 28(c))	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9,000.00
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)	

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 1 OF 1

11a 11b 11c 11d 11e
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

Full Name (Last, First, Middle Initial)

A. CRASLEY COMMITTEE INC.

Mailing Address

3327 HOLMES BLVD PKWY

City

ALEXANDRIA

State

VA

Zip Code

22304

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

944.46

Date of Receipt

10/23/04

Amount of Each Receipt this Period

944.46

Revised contribution
itemized in October 2004
quarterly report

Full Name (Last, First, Middle Initial)

B. 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

10/23/04

Amount of Each Receipt this Period

944.46

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

10/23/04

Amount of Each Receipt this Period

944.46

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (see page this line number only)

944.46
944.46

**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 2

<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"/> 29a	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (in Full)

ST. JOSE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. MARK KENNEDY FOR CONGRESS

10/19/2007

Mailing Address P.O. BOX 49333

City: BLAINE State: MN Zip Code: 55449

Purpose of Disbursement FUNDRAISER

Amount of Each Disbursement this Period

Candidate Name MARK KENNEDY

Category Type C.L.I.

1,000.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: MN District: 12

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. JOHN KLINE FOR CONGRESS

10/19/2007

Mailing Address 101 W. BURNSVILLE FRUIT, Suite 107

City: BURNSVILLE State: MN Zip Code: 55337

Purpose of Disbursement FUNDRAISER

Amount of Each Disbursement this Period

Candidate Name JOHN KLINE

Category Type C.L.I.

1,000.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: MN District: 9nd

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. GIL GUTKNECHT FOR CONGRESS

10/19/2007

Mailing Address P.O. BOX 6428

City: ROCHESTER State: MN Zip Code: 55903

Purpose of Disbursement FUNDRAISER

Amount of Each Disbursement this Period

Candidate Name GIL GUTKNECHT

Category Type C.L.I.

1,000.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: MN District: 1st

SUBTOTAL of Disbursements This Page (optional)

3,000.00

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 NUMBERS:
(check only one)

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (in Full)

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. McCOLLUM FOR CONGRESS

7/11/04

Mailing Address

P.O. BOX 14131

City ST. PAUL

State MN Zip Code 55114

Purpose of Disbursement

FUNDRAISER

Candidate Name

BETTY McCOLLUM

Category Type

Amount of Each Disbursement this Period

\$500.00

Office Sought

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: MN District: 4th

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. Mailing Address

City

State Zip Code

Purpose of Disbursement

Candidate Name

Category Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State

District

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. Mailing Address

City

State Zip Code

Purpose of Disbursement

Candidate Name

Category Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State

District

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page lists line number only)

500.00
3,500.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>DHL</i>	Shipping Date <i>12/1/04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JACD</i> PREPARER (5/2004)	<i>12/2/04</i> DATE PREPARED