

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 X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15 (X), October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20 (M2) to Jan 31 (YE) (c) 12-Day Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day Post-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 04 01 2010 through 06 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 07 12 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.

Office Use Only 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	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

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	26784.44									
(c) Total Receipts (from Line 19)	21591.01	45300.44								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	48375.45	54875.45								
7. Total Disbursements (from Line 31)	11000.00	17500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37375.45	37375.45								
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	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

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)	18313.34	40313.34
(ii) Unitemized	3277.67	4987.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)	21591.01	45300.44
(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)	21591.01	45300.44
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))	21591.01	45300.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21591.01	45300.44

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.....	11000.00	17500.00
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))..	11000.00	17500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11000.00	17500.00

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)	21591.01	45300.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21591.01	45300.44
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 / 15
(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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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)
Jeffrey J Chateau

Mailing Address 24376 Mira Vista Street

City State Zip Code
Valencia CA 91355

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

Name of Employer St Jude Medical-CRM Occupation V.P. Supply Line

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2010

Transaction ID: SA11AI.4814

Amount of Each Receipt this Period
500.00

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

Mailing Address P.O. Box 670884

City State Zip Code
Dallas TX 75367

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

Name of Employer St Jude Medical Occupation President NMD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2010

Transaction ID: SA11AI.4810

Amount of Each Receipt this Period
2000.00

C. 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 ▼
630.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2010

Transaction ID: SA11AI.4825

Amount of Each Receipt this Period
630.00

Payroll \$90.00/Bi-weekly

SUBTOTAL of Receipts This Page (optional) ▶ **3130.00**

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 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) Angela Craig		Date of Receipt MM / DD / YYYY 06 / 25 / 2010		
	Mailing Address 1966 Princeton Ave.		Transaction ID: SA11AI.4827		
	City St. Paul	State MN	Zip Code 55105	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C		Payroll \$50.00/Bi-weekly		
	Name of Employer St Jude Meidical	Occupation VP, Corporate Relations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

B.	Full Name (Last, First, Middle Initial) Ashli J Douglas		Date of Receipt MM / DD / YYYY 04 / 02 / 2010		
	Mailing Address 615 25th Street S		Transaction ID: SA11AI.4804		
	City Arlington	State VA	Zip Code 22202	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St Jude Medical	Occupation Sr. Dir., Gov. Affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Kimberley A Elting		Date of Receipt MM / DD / YYYY 04 / 02 / 2010		
	Mailing Address 4611 Cherokee Trail		Transaction ID: SA11AI.4831		
	City Dallas	State TX	Zip Code 75209	Amount of Each Receipt this Period 1500.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction one time withholding		
	Name of Employer St Jude Medical	Occupation V.P. & General Counsel - ANS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

SUBTOTAL of Receipts This Page (optional)	▶	2850.00
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 8 / 15
(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) Stuart M Essig</p> <p>Mailing Address 26 Coniston Court</p> <p>City State Zip Code Princeton NJ 08540</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Intera Life Sciences President & CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 3000.00</p>	<p>Date of Receipt 04 / 02 / 2010</p> <p>Transaction ID: SA11AI.4795</p> <p>Amount of Each Receipt this Period 3000.00</p>
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<p>B. Full Name (Last, First, Middle Initial) David Ewing</p> <p>Mailing Address 10 Mitchell Spring Ct.</p> <p>City State Zip Code Simpsonville SC 29681</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation St Jude Medical VP - Component MFG - CRMD</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 05 / 07 / 2010</p> <p>Transaction ID: SA11AI.4816</p> <p>Amount of Each Receipt this Period 1000.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Edward Ferrier</p> <p>Mailing Address 24521 Peachland Ave.</p> <p>City State Zip Code Newhall CA 91321-3458</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation St Jude Medical VP, Finance CRMD</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 05 / 07 / 2010</p> <p>Transaction ID: SA11AI.4812</p> <p>Amount of Each Receipt this Period 500.00</p>
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SUBTOTAL of Receipts This Page (optional)	4500.00
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 9 / 15
	<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) Matt Hardie		Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 235 St Andrews		Transaction ID: SA11AI.4837
	City Calhoun	State LA	Zip Code 71225
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 333.34
	Name of Employer St Jude Medical	Occupation Director Regional Sales - CRM	Payroll \$47.62/bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.96	

B.	Full Name (Last, First, Middle Initial) John C Heinmiller		Date of Receipt MM / DD / YYYY 04 / 08 / 2010
	Mailing Address 10796 Purdey Road		Transaction ID: SA11AI.4806
	City Eden Praire	State MN	Zip Code 55347
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
	Name of Employer St Jude Medical	Occupation Executive VP and CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) David Hendrick		Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 2204 Demona Drive		Transaction ID: SA11AI.4839
	City Austin	State TX	Zip Code 78733
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer St Jude Medical	Occupation VP., Corporate Accounts	Payroll \$50/bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	2683.34
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 / 15
	<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) Mark Hoffman	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 28234 N Infinity Circle	Transaction ID: SA11AI.4811
	City State Zip Code Santa Clarita CA 91390	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer St Jude Medical	Occupation Sr. VP - Human Resources - CRMD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Tom Northenscold	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 1215 Oakview Lane N	Transaction ID: SA11AI.4849
	City State Zip Code Plymouth MN 55441	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	Payroll \$50/bi-weekly
Name of Employer St Jude Medical	Occupation VP., IT & CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Michael Rousseau	Date of Receipt MM / DD / YYYY 05 / 07 / 2010
	Mailing Address 620 Brandon Way	Transaction ID: SA11AI.4815
	City State Zip Code Austin TX 78733	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer St Jude Medical	Occupation Group President - Corporate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	2850.00
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 11 / 15

(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)
Lawrence A Voeller

Mailing Address 469 Woodhill Drive

City State Zip Code
Roseville MN 55113

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

Name of Employer Occupation
St Jude Medical Director - Talent Mgmt.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.4800

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Wendy L Yarno

Mailing Address 8 Hay Barrick Road

City State Zip Code
Whitehorse Station NJ 08889

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

Name of Employer Occupation
Merck & Co. Chief Marketing Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

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

Transaction ID: SA11AI.4801

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

18313.34

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) BOLD PAC</p> <p>Mailing Address 424 C Street NE/Lower Level</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4884</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><input type="text" value="011"/> Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Boustany for Congress</p> <p>Mailing Address 217 Third Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Fundraiser</p> <p>Candidate Name Charles Boustany</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 07</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4883</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><input type="text" value="011"/> Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) BRIAN BILBRAY FOR CONGRESS</p> <p>Mailing Address 991C Lomas Santa Fe Drive # 192</p> <p>City Solana Beach State CA Zip Code 92075</p> <p>Purpose of Disbursement Fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 50</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4879</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><input type="text" value="011"/> Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3000.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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) HATCH ELECTION COMMITTEE INC</p> <p>Mailing Address 175 SOUTH WEST TEMPLE SUITE 650</p> <p>City SALT LAKE CITY State UT Zip Code 84101</p> <p>Purpose of Disbursement Fundraiser</p> <p>Candidate Name Orin Hatch</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4886</p> <p>Date of Disbursement 06 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Kyl for Senate</p> <p>Mailing Address 507 Capitol Court NE Suite 100</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Fundraiser</p> <p>Candidate Name Jon Kyl</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4873</p> <p>Date of Disbursement 05 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) MCCOLLUM FOR CONGRESS</p> <p>Mailing Address P.O. Box 14131</p> <p>City St. Paul State MN Zip Code 55114</p> <p>Purpose of Disbursement Fundraiser</p> <p>Candidate Name Betty McCollum</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4888</p> <p>Date of Disbursement 06 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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ITEMIZED DISBURSEMENTS**

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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) MICHAEL BURGESS FOR CONGRESS	Transaction ID: SB23.4864
	Mailing Address PO Box 2334	Date of Disbursement 05 / 06 / 2010
	City Denton State TX Zip Code 76202	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Fundraiser Candidate Name Mike Burgess Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) MIKULSKI FOR SENATE COMMITTEE	Transaction ID: SB23.4878
	Mailing Address P O B 13147	Date of Disbursement 05 / 06 / 2010
	City BALTIMORE State MD Zip Code 21203	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Fundraiser Candidate Name Barbara Mikulski Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Murphy for Congress	Transaction ID: SB23.4863
	Mailing Address P.O.Box 127	Date of Disbursement 05 / 06 / 2010
	City Cheshire State CT Zip Code 06410	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Fundraiser Candidate Name Chris Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3000.00
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)

PAGE 15 / 15

<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)
The Richard Burr Committee

Transaction ID: SB23.4882

Date of Disbursement

Mailing Address P.O. Box 5928

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	0

City Winston-Salem State NC Zip Code 27113

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Fundraiser

011
Category/ Type

Candidate Name
Richard Burr

Office Sought: House
 Senate
 President
State: NC District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

1100.00
