

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2004 JUL 11 P 12:37
Office Use Only

1. NAME OF COMMITTEE (in full) **ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE** TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

ADDRESS (number and street) **FIVE LILLEHEI PLAZA**
Check if different than previously reported. (ACC) **ST. PAUL** **MINN** **55117**

2. FEC IDENTIFICATION NUMBER **C6036529** CITY STATE ZIP CODE

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) <small>(Non-Election Year Only)</small>
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) <small>(Non-Election Year Only)</small>
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 **04/01/2004** through **06/30/2004**

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 *[Signature]* Date **07/13/2004**

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

20040711 12:37 PM

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

ST. ILDE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 04 01 2004 To: 06 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2004</u>		27,241.85
(b) Cash on Hand at Beginning of Reporting Period	25,441.85	
(c) Total Receipts (from Line 19)	300.00	9,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25,741.85	36,241.85
7. Total Disbursements (from Line 31)	7,000.00	17,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18,741.85	18,741.85
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

Write or Type Committee Name

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

04 01 2004

To:

06 30 2004

1. 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)	300.00	
(ii) Unitemized		
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	300.00	9,000.00
(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)	300.00	9,000.00
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))	300.00	9,000.00
20. Total Federal Receipts		
(subtract Line 18(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	7,000.00	17,500.00
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)) ..	7,000.00	17,500.00
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(ii) from Line 31)		

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)	300.00	9,000.00
34. Total Contribution Refunds (from Line 28(d))	,	,
35. Net Contributions (other than loans) (subtract Line 33 from Line 32)	300.00	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 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 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)
BAE, ILHAN PAUL

Date of Receipt
04 24 2004

Mailing Address
220 S HERMOSA AVE.

City State Zip Code
Sierra Madre CA 91024

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
ST. JUDE MEDICAL Attorney

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

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

Date of Receipt
M N P D Y Y Y Y

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

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

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

Date of Receipt
M M J D D J Y Y Y Y

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

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

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (last page this line number only) 300.00

20040424 10:00 AM

**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"/> 28	<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. Congresswoman Joe Barton Committee

Mailing Address: P.O. Box 1444

City: EDINBURG State: TX Zip Code: 75120

Purpose of Disbursement: Fundraiser

Candidate Name: Joe Barton

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: TX District: 6th

Date of Disbursement

04'15'2004

Amount of Each Disbursement this Period

, 1,000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. FRYCE Project

Mailing Address: 1155 31st St, NW, Suite #330

City: Washington State: DC Zip Code: 20036

Purpose of Disbursement: Fundraiser

Candidate Name: Deborah Fryce

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: OH District: 15th

Date of Disbursement

04'15'2004

Amount of Each Disbursement this Period

, 500.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. The Todd Gregg Committee

Mailing Address: 1331 H Street, NW, 12th Floor

City: Washington State: DC Zip Code: 20005

Purpose of Disbursement: Fundraiser

Candidate Name: Todd Gregg

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: NH District:

Date of Disbursement

04'15'2004

Amount of Each Disbursement this Period

, 1,000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

, 2,500.00

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"/> 28
<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. Bennett Election Committee

Date of Disbursement

04/15/2004

Mailing Address

P.O. Box 47361

City

Washington

State

DC

Zip Code

20013

Purpose of Disbursement

Fundraiser

Candidate Name

Robert "Bob" Bennett

011
Category/
Type

Amount of Each Disbursement this Period

1,000.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State: UT

District:

Full Name (Last, First, Middle Initial)

B. Diedrich for Congress

Date of Disbursement

04/30/2004

Mailing Address

2117 S Minnesota Ave.

City

Siox Falls

State

SD

Zip Code

57105

Purpose of Disbursement

Fundraiser

Candidate Name

Larry Diedrich

011
Category/
Type

Amount of Each Disbursement this Period

500.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State: SD

District: 4

Full Name (Last, First, Middle Initial)

C. John D Dingell for Congress Committee

Date of Disbursement

05/03/2004

Mailing Address

607 14th Street, NW, Suite 800

City

Washington

State

DC

Zip Code

20005

Purpose of Disbursement

Fundraiser

Candidate Name

John D Dingell

011
Category/
Type

Amount of Each Disbursement this Period

1,000.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State: MI

District: 16

SUBTOTAL of Disbursements This Page (optional)

2,500.00

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 3 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. Alexander for Senate, INC

Date of Disbursement

05/03/2004

Mailing Address

111 Commerce Street, Suite 2920

City

Memphis

State

TN

Zip Code

37203

Purpose of Disbursement

Fundraiser

Candidate Name

James Alexander

011
Category/
Type

Amount of Each Disbursement this Period

, 1,000.00

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary
 General
 Other (specify)

State: TN

District:

Full Name (Last, First, Middle Initial)

B. Evan Bayh Committee

Date of Disbursement

06/10/2004

Mailing Address

420 C Street, NE

City

Washington

State

DC

Zip Code

20002

Purpose of Disbursement

Fundraiser

Candidate Name

Evan Bayh

011
Category/
Type

Amount of Each Disbursement this Period

, 1,000.00

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary
 General
 Other (specify)

State: IN

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M / D D / Y Y Y Y

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)

, 2,000.00

TOTAL This Period (last page this line number only)

, 7,000.00

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 EXPRESS</i>	Shipping Date <i>7-13-04</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>JMB</i> PREPARER	<i>7-14-04</i> DATE PREPARED