

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2003 JAN 29 AM 11:13

1. NAME OF COMMITTEE (In full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: if typing, type over the lines. ST. JAMES MEDICAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ONE LULLWATER PLAZA ST. PAUL MN 55117

2. FEC IDENTIFICATION NUMBER 02032022 CITY STATE ZIP CODE 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Disclose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (checked), July 31 (Non-election Year Only), 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), Special (12S), Election on (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S), Election on

5. Covering Period 11/26/2002 through 12/31/2002

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. Gode Signature of Treasurer [Signature] Date 01/21/2003

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

**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:

11 24 2002

To:

12 31 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>0.00</u>		<u>1591.85</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>10,441.85</u>	
(c) Total Receipts (from Line 19)	<u>0.00</u>	<u>26,850.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>10,441.85</u>	<u>28,441.85</u>
7. Total Disbursements (from Line 30)	<u>5,000.00</u>	<u>5,000.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>5,441.85</u>	<u>23,441.85</u>
9. Debt and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		
10. Debt 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:

11/01/2001

To:

12/31/2002

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)	0.00	
(ii) Unitemized	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	26,850.00
(b) Political Party Committees		
(c) Other Political Committees (such as PADS)		
(d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 32, page 4)	0.00	26,850.00
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 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(c), 12, 13, 14, 15, 16, 17, and 18)	0.00	26,850.00
20. Total Federal Receipts (subtract Line 16 from Line 19)		

11/01/2001 11:00:00 AM

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

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	2,000.00	20,000.00
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)	2,000.00	20,000.00
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)	0.00	26,850.00
33. Total Contributions Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	0.00	26,850.00
35. Total Federal Operating Expenditures (add Line 21(a)(ii) 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 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 /
<input type="checkbox"/> 21a	<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"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	

Any information supplied 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)
THE BRASSLEY COMMITTEE

Mailing Address
5327 HOLMES RUN PARKWAY

City *ALEXANDRIA* State *VA* Zip Code *22304*

Purpose of Disbursement
TUNDRASER

Candidate Name
CHARLES BRASSLEY

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: *VA* District: _____

Date of Disbursement
12 03 2002

Amount of Each Disbursement this Period
5000.00

Category/Type
011

B.

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

Category/Type

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

Category/Type

SUBTOTAL of Disbursements This Page (optional) *5000.00*

TOTAL This Period (last page this line number only) *5000.00*

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 1/29/03
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JA</i> PREPARER	1/29/03 DATE PREPARED