

# 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 ▲

C C00305029

3. IS THIS REPORT [X] 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)
[X] 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), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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 01 / 01 / 2013 through 06 / 30 / 2013

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 [Electronically Filed] Date 07 / 26 / 2013

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

Table with 7 columns for Office Use Only

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**ST JUDE MEDICAL POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2013"/>  |                         | 43414.99                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 43414.99                |                                   |
| (c) Total Receipts (from Line 19) .....  | 73023.86                | 73023.86                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 116438.85               | 116438.85                         |
| 7. Total Disbursements (from Line 31).....   | 33000.00                | 33000.00                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 83438.85                | 83438.85                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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)

Page 3

Write or Type Committee Name

**ST JUDE MEDICAL POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 56502.50                      | 56502.50                          |
| (ii) Unitemized .....   | 16521.36                      | 16521.36                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶   | 73023.86                      | 73023.86                          |
| (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) .....  | 73023.86                      | 73023.86                          |
| 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 Transfers (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))..... ▶                        | 73023.86                      | 73023.86                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 73023.86                      | 73023.86                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated 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.....         | 33000.00                      | 33000.00                          |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (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) Allocated 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)) ..      | 33000.00                      | 33000.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 33000.00                      | 33000.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 73023.86                      | 73023.86                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 73023.86                      | 73023.86                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(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: (check only one)       | PAGE 6 OF 31                 |
|   | <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             |                              |

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. William Little**  
Full Name (Last, First, Middle Initial)

Mailing Address 635 Brockton Lane N.

City Plymouth State MN Zip Code 55447-3338

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

Name of Employer St. Jude Medical Occupation VP, Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2013

**Transaction ID : 4686151**

Amount of Each Receipt this Period  
 1500.00

**B. Steven Hackett**  
Full Name (Last, First, Middle Initial)

Mailing Address 6347 Urbandale Ln N

City Maple Grove State MN Zip Code 55311-1384

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

Name of Employer St. Jude Medical Occupation Director, Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2013

**Transaction ID : 4686153**

Amount of Each Receipt this Period  
 250.00

**C. John Veasey**  
Full Name (Last, First, Middle Initial)

Mailing Address 305 Cowal Dr N

City Spicewood State TX Zip Code 78669-2044

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

Name of Employer St. Jude Medical Occupation Mgr, Contract Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2013

**Transaction ID : 4686209**

Amount of Each Receipt this Period  
 250.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2000.00 |
| <b>TOTAL</b> 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 OF 31                 |
|   | <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. Mark Carlson**  
Full Name (Last, First, Middle Initial)

Mailing Address 5411 Villawood Circle

City Calabasas State CA Zip Code 91302-3106

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

Name of Employer St. Jude Medical Occupation VP, Sr Clin Aff & ChiefMedOff(CMO)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2013  
**Transaction ID : 4686292**

Amount of Each Receipt this Period  
 1000.00

**B. Mark Murphy**  
Full Name (Last, First, Middle Initial)

Mailing Address 3743 Mount Vernon Lane

City Woodbury State MN Zip Code 55129-5010

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

Name of Employer St. Jude Medical Occupation Sr Dir Enterprise Application Solution

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2013  
**Transaction ID : 4686403**

Amount of Each Receipt this Period  
 250.00

**C. Douglas Nock**  
Full Name (Last, First, Middle Initial)

Mailing Address 17 Starlight Isle

City Ladera Ranch State CA Zip Code 92694-1467

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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2013  
**Transaction ID : 4686482**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

**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 8 OF 31                 |
|   | <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. Eric Fain**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Princeton Rd.

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Menlo Park | State<br>CA | Zip Code<br>94025-5327 |
|--------------------|-------------|------------------------|

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| Name of Employer<br>St. Jude Medical | Occupation<br>President, IESD |
|--------------------------------------|-------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 08  |   | 2013    |

**Transaction ID : 4687265**

Amount of Each Receipt this Period  
2000.00

**B. Barbara Hill**  
Full Name (Last, First, Middle Initial)

Mailing Address 212 Lambeth Road

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Baltimore | State<br>MD | Zip Code<br>21218-1108 |
|-------------------|-------------|------------------------|

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

|  |                   |
|--|-------------------|
| Name of Employer<br>Valveoptions, Inc. | Occupation<br>CEO |
|--|-------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 08  |   | 2013    |

**Transaction ID : 4687272**

Amount of Each Receipt this Period  
3000.00

**C. Scott Simon**  
Full Name (Last, First, Middle Initial)

Mailing Address 2225 Tree Lane

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Billings | State<br>MT | Zip Code<br>59102-2560 |
|------------------|-------------|------------------------|

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

|                                      |   |
|--------------------------------------|---|
| Name of Employer<br>St. Jude Medical | Occupation<br>Dir, Field Clinical Engineering |
|--------------------------------------|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 09  |   | 2013    |

**Transaction ID : 4687308**

Amount of Each Receipt this Period  
250.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 5250.00 |
| <b>TOTAL</b> 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 OF 31                 |
|   | <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**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Jeffrey Chateau</b>  |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 09 / 2013<br><b>Transaction ID : 4687310</b> |
| Mailing Address 24376 Mira Vista Street   |                                      | Amount of Each Receipt this Period<br>500.00  |
| City<br>Valencia  | State<br>CA                          | Zip Code<br>91355-6036  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>St. Jude Medical | Occupation<br>VP, Supply Line & Customer Service  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00   |   |

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. James Buhl</b>   |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 11 / 2013<br><b>Transaction ID : 4687337</b> |
| Mailing Address 1128 August Drive   |                                      | Amount of Each Receipt this Period<br>250.00  |
| City<br>Annapolis   | State<br>MD                          | Zip Code<br>21403-4613  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>St. Jude Medical | Occupation<br>Territory Manager, AF   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. John Brown</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 11 / 2013<br><b>Transaction ID : 4689057</b> |
| Mailing Address 750 Trade Centre<br>Suite 145   |   | Amount of Each Receipt this Period<br>5000.00   |
| City<br>Portage   | State<br>MI                             | Zip Code<br>49002-0485  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Stryker Corporation | Occupation<br>Director  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00     |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 5750.00 |
| <b>TOTAL</b> 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 OF 31                |
|   | <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. Frank Callaghan**  
Full Name (Last, First, Middle Initial)

Mailing Address 10712 Sanctuary Dr NE

City Blaine State MN Zip Code 55449-5368

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

Name of Employer St. Jude Medical Occupation President, CATD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2013  
**Transaction ID : 4689075**

Amount of Each Receipt this Period  
 2000.00

**B. Stuart Essig Ph.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 311-C Enterprise Drive

City Plainsboro State NJ Zip Code 08536-3344

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

Name of Employer Integra LifeSciences Holdings Corporat Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2013  
**Transaction ID : 4689099**

Amount of Each Receipt this Period  
 2500.00

**C. Richard Devenuti**  
Full Name (Last, First, Middle Initial)

Mailing Address 6801 Koll Center Parkway

City Pleasanton State CA Zip Code 94566-7047

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

Name of Employer EMC Corporation Occupation SJM Board Member

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2013  
**Transaction ID : 4689365**

Amount of Each Receipt this Period  
 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 9500.00

**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 11 OF 31                |
|   | <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. Kathleen Chester**  
Full Name (Last, First, Middle Initial)

Mailing Address 11577 La Cantera Trail

City Frisco State TX Zip Code 75033-1448

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

Name of Employer St. Jude Medical Occupation VP, Global Regulatory

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 11 / 2013  
**Transaction ID : 4689551**

Amount of Each Receipt this Period  
 2000.00

**B. Eric Schorsch**  
Full Name (Last, First, Middle Initial)

Mailing Address 816 McKinely Pointe Lane

City Knoxville State TN Zip Code 37934-1567

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

Name of Employer St. Jude Medical Occupation VP, Field Clinical Engineering

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2013  
**Transaction ID : 4689630**

Amount of Each Receipt this Period  
 250.00

**C. Jonathan Walters**  
Full Name (Last, First, Middle Initial)

Mailing Address 3802 North 60th Place

City Scottsdale State AZ Zip Code 85251-4202

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

Name of Employer St. Jude Medical Occupation Sr. VP, Strategic Accounts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2013  
**Transaction ID : 4690241**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3250.00

**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 12 OF 31                |
|   | <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**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Atul Sinha</b>   |                                     | Date of Receipt   |
| Mailing Address 1828 113th Court NE   |                                     | <input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2013"/> |
| City  | State                               | Zip Code  |
| Blaine  | MN                                  | 55449-5484  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      |   |
| Name of Employer  | Occupation                          |   |
| St. Jude Medical  | Director, Quality                   |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="250.00"/> |   |
|   |                                     | Transaction ID : <b>4699842</b>   |
|   |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="250.00"/>   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Kevin Dillon</b>   |                                     | Date of Receipt   |
| Mailing Address 6701 Mulberry Circle  |                                     | <input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2013"/> |
| City  | State                               | Zip Code  |
| Chanhassen  | MN                                  | 55317-8407  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      |   |
| Name of Employer  | Occupation                          |   |
| St. Jude Medical  | Director Sr, Marketing              |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="250.00"/> |   |
|   |                                     | Transaction ID : <b>4699858</b>   |
|   |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="250.00"/>   |

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Michael Rousseau</b>   |                                      | Date of Receipt   |
| Mailing Address 620 Brandon Way   |                                      | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2013"/> |
| City  | State                                | Zip Code  |
| Austin  | TX                                   | 78733-3263  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>       |   |
| Name of Employer  | Occupation                           |   |
| St. Jude Medical  | Group President                      |   |
| Receipt For:  | Aggregate Year-to-Date ▼             |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="2500.00"/> |   |
|   |                                      | Transaction ID : <b>4710848</b>   |
|   |                                      | Amount of Each Receipt this Period  |
|   |                                      | <input type="text" value="2500.00"/>  |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="3000.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                 |

**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 13 OF 31                |
|   | <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             | <input type="checkbox"/> 17  |

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

**A. Alan Lybeck**  
Full Name (Last, First, Middle Initial)

Mailing Address 5006 29th Ave. S

City State Zip Code  
Minneapolis MN 55417-1329

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

Name of Employer Occupation  
St. Jude Medical Director Info and Process Innovation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2013  
**Transaction ID : 4711757**

Amount of Each Receipt this Period  
250.00

**B. Lisa Andrade**  
Full Name (Last, First, Middle Initial)

Mailing Address 5217 McCormick Mtn Dr

City State Zip Code  
Austin TX 78734-1815

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

Name of Employer Occupation  
St. Jude Medical Sr. VP, Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2013  
**Transaction ID : 4721443**

Amount of Each Receipt this Period  
1000.00

**C. Joel Becker**  
Full Name (Last, First, Middle Initial)

Mailing Address 6201 Soter Parkway

City State Zip Code  
Austin TX 78735-6135

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

Name of Employer Occupation  
St. Jude Medical President, US Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 02 / 2013  
**Transaction ID : 4723961**

Amount of Each Receipt this Period  
3000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4250.00

**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 14 OF 31                |
|   | <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. Ilhan Bae**  
Full Name (Last, First, Middle Initial)

Mailing Address 807 las cimas, suite 400

City Austin State TX Zip Code 78746-6188

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

Name of Employer St. Jude Medical Occupation Sr. VP, Administration & Gen Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : 4723973**

Amount of Each Receipt this Period  
 500.00

**B. Lupe Rivera**  
Full Name (Last, First, Middle Initial)

Mailing Address 6358 Ramirez Mesa Drive

City Malibu State CA Zip Code 90265-4408

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

Name of Employer St. Jude Medical Occupation Leader, HR Business Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : 4723981**

Amount of Each Receipt this Period  
 249.00

**C. Jeffery Snell**  
Full Name (Last, First, Middle Initial)

Mailing Address 9838 Nevada Ave.

City Chatsworth State CA Zip Code 91311-4040

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

Name of Employer St. Jude Medical Occupation Scientist, Principal Staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : 4723985**

Amount of Each Receipt this Period  
 250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 999.00 |
| <b>TOTAL</b> 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 15 OF 31                |
|   | <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. Edward Ferrier**  
Full Name (Last, First, Middle Initial)

Mailing Address 24521 Peachland Avenue

City Newhall State CA Zip Code 91321-3458

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

Name of Employer St. Jude Medical Occupation VP, Sr Finance and IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : 4723993**

Amount of Each Receipt this Period  
 1000.00

**B. Robert Shue**  
Full Name (Last, First, Middle Initial)

Mailing Address 113 Devon Ct.

City Easley State SC Zip Code 29640-7815

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

Name of Employer St. Jude Medical Occupation Dir, Quality Assurance (QA)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2013  
**Transaction ID : 4724326**

Amount of Each Receipt this Period  
 250.00

**C. Mark Neal**  
Full Name (Last, First, Middle Initial)

Mailing Address 4310 S Heritage Hill Rd

City Crystal Lake State IL Zip Code 60012-2017

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

Name of Employer St. Jude Medical Occupation VP Quality Assurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2013  
**Transaction ID : 4724366**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**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 16 OF 31                |
|   | <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. Jane Song**  
Full Name (Last, First, Middle Initial)

Mailing Address 700 South 2nd Street #22

City State Zip Code  
Minneapolis MN 55401-2265

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

Name of Employer Occupation  
St. Jude Medical Senior Business Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 03 / 2013  
**Transaction ID : 4724377**

Amount of Each Receipt this Period  
1000.00

**B. Avi Bilu**  
Full Name (Last, First, Middle Initial)

Mailing Address 358 W. California Blvd. #101

City State Zip Code  
Pasadena CA 91105-2925

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

Name of Employer Occupation  
St. Jude Medical Mgr, New Product Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 03 / 2013  
**Transaction ID : 4727653**

Amount of Each Receipt this Period  
250.00

**C. William Lanham**  
Full Name (Last, First, Middle Initial)

Mailing Address 3954 Eastlake Dr.

City State Zip Code  
Morgantown WV 26508-8673

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

Name of Employer Occupation  
St. Jude Medical Direct Sales Rep, CRM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 03 / 2013  
**Transaction ID : 4727929**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**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 17 OF 31                |
|   | <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             | <input type="checkbox"/> 17  |

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

|  |                                      |   |
|--|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Denise Perkins-Landry</b> |                                      | Date of Receipt                               |
| Mailing Address 1010 Denali Drive  |                                      | M M M / D D D / Y Y Y Y Y Y<br>04 / 11 / 2013 |
| City   | State                                | Zip Code                                      |
| Allen  | TX                                   | 75013-4827                                    |
| FEC ID number of contributing federal political committee.                 | Transaction ID : <b>4743643</b>      |   |
|  | Amount of Each Receipt this Period   |   |
|  | 250.00                               |   |
| Name of Employer   | Occupation                           |   |
| St. Jude Medical   | Manager Sr, Product Public Relations |   |
| Receipt For:   | Aggregate Year-to-Date ▼             |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General          | 250.00                               |   |
| <input type="checkbox"/> Other (specify) ▼                                 |                                      |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Gene Bornzin</b> |                                    | Date of Receipt                               |
| Mailing Address 608 Stonebrook                                    |                                    | M M M / D D D / Y Y Y Y Y Y<br>04 / 11 / 2013 |
| City  | State                              | Zip Code                                      |
| Simi Valley   | CA                                 | 93065-5444                                    |
| FEC ID number of contributing federal political committee.        | Transaction ID : <b>4743788</b>    |   |
|   | Amount of Each Receipt this Period |   |
|   | 500.00                             |   |
| Name of Employer  | Occupation                         |   |
| St. Jude Medical  | VP, Fellow - Research              |   |
| Receipt For:  | Aggregate Year-to-Date ▼           |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | 500.00                             |   |
| <input type="checkbox"/> Other (specify) ▼                        |                                    |   |

|  |                                    |   |
|--|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. John Heinmiller</b> |                                    | Date of Receipt                               |
| Mailing Address 7317 Auto Club Road                                  |                                    | M M M / D D D / Y Y Y Y Y Y<br>04 / 12 / 2013 |
| City   | State                              | Zip Code                                      |
| Bloomington  | MN                                 | 55438-2433                                    |
| FEC ID number of contributing federal political committee.           | Transaction ID : <b>4744808</b>    |   |
|  | Amount of Each Receipt this Period |   |
|  | 3000.00                            |   |
| Name of Employer   | Occupation                         |   |
| St. Jude Medical   | Executive VP                       |   |
| Receipt For:   | Aggregate Year-to-Date ▼           |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General    | 3000.00                            |   |
| <input type="checkbox"/> Other (specify) ▼                           |                                    |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3750.00 |
| <b>TOTAL</b> 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 18 OF 31   |
| <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**

Full Name (Last, First, Middle Initial)  
**A. Daniel Starks**

Mailing Address One St Jude Medical Drive

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>St Paul | State<br>MN | Zip Code<br>55117 |
|-----------------|-------------|-------------------|

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

|                                      |                   |
|--------------------------------------|-------------------|
| Name of Employer<br>St. Jude Medical | Occupation<br>CEO |
|--------------------------------------|-------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 03    | / | 2013        |

**Transaction ID : 4744869**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. Scott Thome**

Mailing Address 3604 Lisa Circle

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Saint Cloud | State<br>MN | Zip Code<br>56301-9581 |
|---------------------|-------------|------------------------|

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

|                                      |                                 |
|--------------------------------------|---------------------------------|
| Name of Employer<br>St. Jude Medical | Occupation<br>VP Sr, Operations |
|--------------------------------------|---------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 13    | / | 2013        |

**Transaction ID : 4744931**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Timothy Fayram**

Mailing Address 8170 Watsonville Road

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Gilroy | State<br>CA | Zip Code<br>95020-8850 |
|----------------|-------------|------------------------|

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

|                                      |                            |
|--------------------------------------|----------------------------|
| Name of Employer<br>St. Jude Medical | Occupation<br>VP, Research |
|--------------------------------------|----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 18    | / | 2013        |

**Transaction ID : 4751909**

Amount of Each Receipt this Period  
210.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 5710.00 |
| <b>TOTAL</b> 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 19 OF 31                |
|   | <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. Wendy Yarno**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Enchanted Way

City Sedona State AZ Zip Code 86336-6165

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

Name of Employer Merck & Co. Occupation Chief Marketing Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : 4755926**

Amount of Each Receipt this Period  
 2000.00

**B. Erhan Erdemir**  
Full Name (Last, First, Middle Initial)

Mailing Address 1220 Countryview Circle

City Maplewood State MN Zip Code 55109-5523

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

Name of Employer St. Jude Medical Occupation Engineer Sr, Research Software

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : PR53746955307**

Amount of Each Receipt this Period  
 350.00

P/R Deduction (\$50.00 Bi-Weekly)

**C. Don Deno**  
Full Name (Last, First, Middle Initial)

Mailing Address 409 137th Lane NW

City Andover State MN Zip Code 55304-4164

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

Name of Employer St. Jude Medical Occupation Scientist Sr Pr, Research

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : PR53748685307**

Amount of Each Receipt this Period  
 840.00

P/R Deduction (\$120.00 Bi-Weekly)

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3190.00 |
| <b>TOTAL</b> 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 20 OF 31                |
|   | <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**

|   |                                      |  |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Ann Graves</b>   |                                      | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2013<br><b>Transaction ID : PR53750785307</b> |
| Mailing Address 1455 Clippership Court  |                                      | Amount of Each Receipt this Period<br>450.00   |
| City<br>Woodbury  | State<br>MN                          | Zip Code<br>55125-8564   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>St. Jude Medical | Occupation<br>VP, Regulatory   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>450.00   | P/R Deduction (\$75.00 Bi-Weekly)  |

|   |                                      |  |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Dalal Dalal</b>  |                                      | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2013<br><b>Transaction ID : PR53760265307</b> |
| Mailing Address 11449 Santini Lane  |                                      | Amount of Each Receipt this Period<br>350.00   |
| City<br>Porter Ranch  | State<br>CA                          | Zip Code<br>91326-4426   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>St. Jude Medical | Occupation<br>Dir, Assoc Research  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00   | P/R Deduction (\$50.00 Bi-Weekly)  |

|   |                                      |  |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Donald Zurbay</b>  |                                      | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2013<br><b>Transaction ID : PR53767395307</b> |
| Mailing Address 10457 Scott Ave N   |                                      | Amount of Each Receipt this Period<br>350.00   |
| City<br>Brooklyn Park   | State<br>MN                          | Zip Code<br>55443-5428   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>St. Jude Medical | Occupation<br>VP, Finance & CFO  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00   | P/R Deduction (\$50.00 Bi-Weekly)  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1150.00 |
| <b>TOTAL</b> 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 21 OF 31                |
|   | <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**

|   |                                      |  |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Jason Zellers</b>  |                                      | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2013<br><b>Transaction ID : PR53767415307</b> |
| Mailing Address 3561 Settlers Way   |                                      | Amount of Each Receipt this Period<br>700.00   |
| City<br>Stillwater  | State<br>MN                          | Zip Code<br>55082-3453   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>St. Jude Medical | Occupation<br>VP Gen Counsel and Corp Secretary  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>700.00   | P/R Deduction (\$100.00 Bi-Weekly)   |

|   |                                      |  |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Rachel Ellingson</b>   |                                      | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2013<br><b>Transaction ID : PR53767425307</b> |
| Mailing Address 5019 Arden Ave  |                                      | Amount of Each Receipt this Period<br>700.00   |
| City<br>Edina   | State<br>MN                          | Zip Code<br>55424-1315   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>St. Jude Medical | Occupation<br>VP, Corporate Relations  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>700.00   | P/R Deduction (\$100.00 Bi-Weekly)   |

|   |                                      |  |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Angela Craig</b>   |                                      | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2013<br><b>Transaction ID : PR53767445307</b> |
| Mailing Address 4110 Chickasaw Road   |                                      | Amount of Each Receipt this Period<br>350.00   |
| City<br>Memphis   | State<br>TN                          | Zip Code<br>38117-1618   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>St. Jude Medical | Occupation<br>VP, Global Human Resources   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00   | P/R Deduction (\$50.00 Bi-Weekly)  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1750.00 |
| <b>TOTAL</b> 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 22 OF 31                |
|   | <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**

|   |                                      |  |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Ashli Douglas</b>  |                                      | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2013<br><b>Transaction ID : PR53771455307</b> |
| Mailing Address 615 25th St. S  |                                      | Amount of Each Receipt this Period<br>700.00   |
| City<br>Arlington   | State<br>VA                          | Zip Code<br>22202-2529   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>St. Jude Medical | Occupation<br>Sr Director Government Affairs   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>800.00   | P/R Deduction (\$100.00 Bi-Weekly)   |

|   |                                      |  |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Scott Holstine</b>   |                                      | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2013<br><b>Transaction ID : PR53782515307</b> |
| Mailing Address 6200 Soter Pkwy   |                                      | Amount of Each Receipt this Period<br>1153.50  |
| City<br>Austin  | State<br>TX                          | Zip Code<br>78735-6135   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>St. Jude Medical | Occupation<br>DVP, Vascular  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1153.50  | P/R Deduction (\$192.25 Bi-Weekly)   |

|   |                                      |  |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. David Hendrick</b>   |                                      | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2013<br><b>Transaction ID : PR53782725307</b> |
| Mailing Address 2204 Demona Dr  |                                      | Amount of Each Receipt this Period<br>350.00   |
| City<br>Austin  | State<br>TX                          | Zip Code<br>78733-1689   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>St. Jude Medical | Occupation<br>Sr VP, Sales Operations  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00   | P/R Deduction (\$50.00 Bi-Weekly)  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2203.50  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 56502.50 |

**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**

Full Name (Last, First, Middle Initial)

**A. Georgians For Isakson**

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Johnny Isakson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2013

**Transaction ID : 4709739**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. HATCH ELECTION COMMITTEE INC**

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Orrin Hatch**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: UT District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2013

**Transaction ID : 4709740**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Dave Camp for Congress**

Mailing Address 2501 Wisconsin Ave NW  
#304

City Washington State DC Zip Code 20007

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. David Camp**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2013

**Transaction ID : 4709741**

Amount of Each Disbursement this Period

1000.00

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

4000.00

**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 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**

Full Name (Last, First, Middle Initial)

### A. Diane Black for Congress

Mailing Address P.O. Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement

011

Candidate Name

**Ms. Diane Black**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2013

Transaction ID : 4709742

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

### B. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

011

Candidate Name

**Mr. Erik Paulsen**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2013

Transaction ID : 4709745

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

### C. Friends of John Barrasso Committee

Mailing Address 406 Virginia Ave.

City Alexandria State VA Zip Code 22302

Purpose of Disbursement

011

Candidate Name

**Mr. John Barrasso**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WY District:

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2013

Transaction ID : 4709746

Amount of Each Disbursement this Period

1000.00

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

6000.00

**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 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**

Full Name (Last, First, Middle Initial)

**A. Allyson Schwartz for Congress**

Mailing Address 303 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

**Ms. Allyson Schwartz**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2013

**Transaction ID : 4709747**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kind for Congress**

Mailing Address 1250 I Street, NW Suite 200

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

**Mr. Ronald Kind**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2013

**Transaction ID : 4711562**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. VOLUNTEERS FOR SHIMKUS**

Mailing Address 499 S Capital St. SW Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

**Mr. John Shimkus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 20

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 05 / 2013

**Transaction ID : 5188192**

Amount of Each Disbursement this Period

1000.00

**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)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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**

Full Name (Last, First, Middle Initial)

**A. MICHAEL BURGESS FOR CONGRESS**

Mailing Address PO Box 2334

City State Zip Code  
Denton TX 76202

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Michael C. Burgess**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 5 |   | 2 | 0 | 1 | 3 |

**Transaction ID : 5188194**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. Friends Of John Thune**

Mailing Address PO Box 841

City State Zip Code  
Sioux Falls SD 57101

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. John Thune**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 5 |   | 2 | 0 | 1 | 3 |

**Transaction ID : 5188195**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. Kevin McCarthy for Congress**

Mailing Address 213 Ashby Street

City State Zip Code  
Alexandria VA 22305

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Kevin McCarthy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 5 |   | 2 | 0 | 1 | 3 |

**Transaction ID : 5188197**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**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**

Full Name (Last, First, Middle Initial)

**A. Friends of Joe Pitts**

Mailing Address 1707 Prince St #5

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Joseph Pitts**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2013

**Transaction ID : 5188198**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. VOLUNTEERS FOR SHIMKUS**

Mailing Address 499 S Capital St. SW Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. John Shimkus**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 20

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2013

**Transaction ID : 5188199**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF SAM JOHNSON**

Mailing Address P.O. Box 860096

City Plano State TX Zip Code 75086

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Sam Johnson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2013

**Transaction ID : 5188200**

Amount of Each Disbursement this Period

1000.00

**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)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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**

Full Name (Last, First, Middle Initial)

**A. Jeff Duncan for Congress**

Mailing Address 499 S Capital Street SW, Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

**Mr. Jeff Duncan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 03

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 5 |   | 2 | 0 | 1 | 3 |

**Transaction ID : 5188206**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. Marsha Blackburn for Congress**

Mailing Address 499 South Capitol Street SW  
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

**Ms. Marsha Blackburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 5 |   | 2 | 0 | 1 | 3 |

**Transaction ID : 5188219**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. Advamed PAC**

Mailing Address 701 Pennsylvania Ave. NW Suite 800

City Washington State DC Zip Code 20004

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 5 |   | 2 | 0 | 1 | 3 |

**Transaction ID : 5188222**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**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**

Full Name (Last, First, Middle Initial)

**A. ROGERS FOR CONGRESS**

Mailing Address PO Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement

011

Candidate Name

**Mr. Michael Rogers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 1 | 3 |

**Transaction ID : 5188224**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Full Name (Last, First, Middle Initial)

**B. Lindsey Graham for Senate Committee**

Mailing Address P.O. Box 29576

City Washington State DC Zip Code 20017

Purpose of Disbursement

011

Candidate Name

**Lindsey Graham**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 1 | 3 |

**Transaction ID : 5188226**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Full Name (Last, First, Middle Initial)

**C. Upton for All of US**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

011

Candidate Name

**Mr. Frederick Upton**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 1 | 3 |

**Transaction ID : 5188231**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**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**

Full Name (Last, First, Middle Initial)

**A. Friends Of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Candidate Name

**Sen. Pat Toomey**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 1 | 3 |

**Transaction ID : 5188233**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Full Name (Last, First, Middle Initial)

**B. Texans For Senator John Cornyn Inc**

Mailing Address PO Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement

011

Candidate Name

**Sen. John Cornyn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 1 | 3 |

**Transaction ID : 5188234**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Full Name (Last, First, Middle Initial)

**C. Tim Scott For Senate**

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement

011

Candidate Name

**Sen. Tim Scott**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 5 |   | 2 | 0 | 1 | 3 |

**Transaction ID : 5188235**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

**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**

Full Name (Last, First, Middle Initial)

**A. AI Franken for Senate 2014**

Mailing Address 420 C Street

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

**Mr. AI Franken**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2013

**Transaction ID : 5188345**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

2000.00

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

33000.00