

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 ST PAUL MN 55117

2. FEC IDENTIFICATION NUMBER C C00305029 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2016 through 03 / 31 / 2016

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 04 / 14 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**ST JUDE MEDICAL POLITICAL ACTION COMMITTEE**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="31468.53"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="31468.53"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="60893.00"/>	<input type="text" value="60893.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="92361.53"/>	<input type="text" value="92361.53"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="25000.00"/>	<input type="text" value="25000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="67361.53"/>	<input type="text" value="67361.53"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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: M M / D D / Y Y Y Y 01 / 01 / 2016 To: M M / D D / Y Y Y Y 03 / 31 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	46900.00	46900.00
(ii) Unitemized .....	13993.00	13993.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	60893.00	60893.00
(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) .....	60893.00	60893.00
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))..... ▶	60893.00	60893.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	60893.00	60893.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	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.....	25000.00	25000.00
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)) ..	25000.00	25000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25000.00	25000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	60893.00	60893.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	60893.00	60893.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Elisabeth Neely**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1947 El Arbolita Dr  
 City Glendale State CA Zip Code 91208-1803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Jude Medical Occupation VP., Regulatory  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 11 / 2016  
**Transaction ID : 7902433**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Scott Simcoe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 W. Alexa Court  
 City Bozeman State MT Zip Code 59718-6614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Jude Medical Occupation Engineer, Prin Software  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 11 / 2016  
**Transaction ID : 7902438**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Philip Ebeling**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5050 Nathan Lane North  
 City Plymouth State MN Zip Code 55442-3209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Jude Medical Occupation VP., Chief Technology Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 11 / 2016  
**Transaction ID : 7902495**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**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 7 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Richard Niven**  
Full Name (Last, First, Middle Initial)

Mailing Address 1047 Rosemary Circle

City Chaska State MN Zip Code 55318-4634

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

Name of Employer St. Jude Medical Occupation Manager, Purchasing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2016  
**Transaction ID : 7902688**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Daniel Rankin**  
Full Name (Last, First, Middle Initial)

Mailing Address 2039 Crestlake Ave

City South Pasadena State CA Zip Code 91030-4502

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

Name of Employer St. Jude Medical Occupation Mgr, Prog Mgmt Process and Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 16 / 2016  
**Transaction ID : 7905929**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Jamie Latanzio-Schurtz**  
Full Name (Last, First, Middle Initial)

Mailing Address 52 Greenbrook Drive

City Columbus State NJ Zip Code 08022-2321

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

Name of Employer St Jude Medical Occupation Cardiovascular Sales Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 17 / 2016  
**Transaction ID : 7906873**

Amount of Each Receipt this Period 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**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 29
	<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) <b>A. Antone Melton-Meaux</b>		Date of Receipt MM / DD / YYYY 02 / 17 / 2016 <b>Transaction ID : 7907323</b>
Mailing Address 1518 West 26th Street		Amount of Each Receipt this Period 500.00
City Minneapolis	State MN	Zip Code 55405-3513
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer St Jude Medical	Occupation Assc General Counsel, Labor & Employme	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Eric Fain</b>		Date of Receipt MM / DD / YYYY 02 / 21 / 2016 <b>Transaction ID : 7912109</b>
Mailing Address 10 Princeton Rd.		Amount of Each Receipt this Period 2500.00
City Menlo Park	State CA	Zip Code 94025-5327
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer St. Jude Medical	Occupation President, IESD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Mark Neal</b>		Date of Receipt MM / DD / YYYY 02 / 22 / 2016 <b>Transaction ID : 7913453</b>
Mailing Address 8992 Preston Rd #110-720		Amount of Each Receipt this Period 500.00
City Frisco	State TX	Zip Code 75034-3965
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer St. Jude Medical	Occupation VP Quality Assurance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<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 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**ST JUDE MEDICAL POLITICAL ACTION COMMITTEE**

**A. James Sandella**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 970 Douglas Drive  
 City Pittsburgh State PA Zip Code 15239-2274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Jude Medical Occupation Direct Sales Rep, CRM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 22 / 2016  
**Transaction ID : 7913462**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Barathi Sethuraman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18877 Bellgrove Circle  
 City Saratoga State CA Zip Code 95070-4566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Jude Medical Occupation VP, Clinical Science  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 22 / 2016  
**Transaction ID : 7913709**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Gregory Olson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18004 Kent St. NW  
 City Elk River State MN Zip Code 55330-5623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Jude Medical Occupation Manager Sr, Product Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 22 / 2016  
**Transaction ID : 7914020**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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:	PAGE 10 OF 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**A. Stuart Essig Ph.D.**

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 Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2016  
**Transaction ID : 7914983**

Amount of Each Receipt this Period  
 3500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. John Brown**

Mailing Address 750 Trade Centre Suite 145

City Portage State MI Zip Code 49002-0485

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

Name of Employer Stryker Corporation Occupation Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2016  
**Transaction ID : 7915021**

Amount of Each Receipt this Period  
 5000.00

Memo Item

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

Mailing Address 358 W. California Blvd. #101

City Pasadena State CA Zip Code 91105-2925

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2016  
**Transaction ID : 7915219**

Amount of Each Receipt this Period  
 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 9000.00

**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 29
	<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"/>	<input type="checkbox"/> 17

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

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

Mailing Address 816 McKinley 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 02 / 26 / 2016  
**Transaction ID : 7919150**

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 2225 Tree Lane

City Billings State MT Zip Code 59102-2560

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2016  
**Transaction ID : 7919183**

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 212 Lambeth Road

City Baltimore State MD Zip Code 21218-1108

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

Name of Employer Moelis Capital Partners / New York Cit Occupation Operating Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 28 / 2016  
**Transaction ID : 7919185**

Amount of Each Receipt this Period 2500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00

**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 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 6300 Bee Cave Road  
Building 2, Suite 100

City Austin State TX Zip Code 78746-5833

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2016  
**Transaction ID : 7919210**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. David Ewing**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Mitchell Springs Court

City Simpsonville State SC Zip Code 29681-3601

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

Name of Employer St. Jude Medical Occupation VP, Global Ops Comp Mfg

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2016  
**Transaction ID : 7920713**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Tamara Shipman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1314 Ashwood Court

City San Mateo State CA Zip Code 94402-3318

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

Name of Employer St. Jude Medical Occupation Dir, Sr Clinical Studies

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2016  
**Transaction ID : 7921422**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<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 13 OF 29
	<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. Gary King**  
Full Name (Last, First, Middle Initial)

Mailing Address 1715B Tanglewood Trail

City Centuria State WI Zip Code 54824-7409

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

Name of Employer St Jude Medical Occupation VP GIT -Sales, Mktg and Information Mg

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 02 / 2016  
**Transaction ID : 7925996**

Amount of Each Receipt this Period 500.00

Memo Item

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

Mailing Address 15900 Valley View Court

City Sylmar State CA Zip Code 91342-3577

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

Name of Employer St Jude Medical Occupation Engineer Sr, Dev Quality

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : 7945524**

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 17628 Camino De Yatasto

City Pacific Palisades State CA Zip Code 90272-2014

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 ▼ 250.00

Date of Receipt 03 / 09 / 2016  
**Transaction ID : 7945798**

Amount of Each Receipt this Period 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**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 29
	<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. Michael Rocca**  
Full Name (Last, First, Middle Initial)

Mailing Address 34845 Blueberry Bay Road

City Pequot Lakes State MN Zip Code 56472-2449

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

Name of Employer Retired Occupation Retired

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 / 10 / 2016  
**Transaction ID : 7946637**

Amount of Each Receipt this Period  
 2000.00

Memo Item

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

Mailing Address 3604 Lisa Circle

City Saint Cloud State MN Zip Code 56301-9581

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

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

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 / 11 / 2016  
**Transaction ID : 7946874**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C. 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 HemoShear, LLC Occupation Chief Marketing Officer

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 / 11 / 2016  
**Transaction ID : 7947015**

Amount of Each Receipt this Period  
 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<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: PAGE 15 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Christine Roberts**

Mailing Address 3005 Harris Blvd

City Austin State TX Zip Code 78703-1419

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

Name of Employer St. Jude Medical Occupation Dir, Compensation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 03 / 11 / 2016  
**Transaction ID : 7947635**

Amount of Each Receipt this Period  
 500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Daniel Campaigne**

Mailing Address 6300 Bee Caves Road Building 2

City Austin State TX Zip Code 78746-5832

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

Name of Employer St Jude Medical Occupation Director, National Accounts

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 03 / 11 / 2016  
**Transaction ID : 7948561**

Amount of Each Receipt this Period  
 250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Michael Rousseau**

Mailing Address 6300 Bee Cave Road Building 2, Suite 100

City Austin State TX Zip Code 78746-5833

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

Name of Employer St. Jude Medical Occupation Group President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 03 / 11 / 2016  
**Transaction ID : 7948570**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**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 16 OF 29
	<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. James Niebur**  
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Dorset Ct

City Bloomington State IL Zip Code 61704-1232

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : 7948762**

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address One St. Jude Medical Drive

City Saint Paul State MN Zip Code 55117-1789

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

Name of Employer St. Jude Medical Occupation Executive Chairman BOD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 03 / 2016  
**Transaction ID : 8013029**

Amount of Each Receipt this Period 5000.00

Memo Item

**C. Ilhan Bae**  
Full Name (Last, First, Middle Initial)

Mailing Address 2535 Sandycreek Drive

City Westlake Village State CA Zip Code 91361-5545

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 03 / 29 / 2016  
**Transaction ID : 8013030**

Amount of Each Receipt this Period 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5750.00

**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 29
	<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. Patricia Thorsbakken**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 860 133rd Lane NE  
 City Ham Lake State MN Zip Code 55304-6924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Jude Medical Occupation Engineer Pr, Software  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : PR537484317346**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Bi-Weekly)

**B. Ann Graves**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1455 Clippership Court  
 City Woodbury State MN Zip Code 55125-8564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Jude Medical Occupation VP, Regulatory  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : PR537507817346**  
 Amount of Each Receipt this Period 280.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Nathan Andrew Richartz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2305 Point Comfort Road  
 City Menomonie State WI Zip Code 54751-2263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Jude Medical Occupation Director, Facilities  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : PR537545717346**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	780.00
<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: PAGE 18 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Nirav Dalal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11449 Santini Lane  
 City Porter Ranch State CA Zip Code 91326-4426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Jude Medical Occupation Dir, Assoc Research  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : PR537602617346**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Bi-Weekly)

**B. 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 ▼ 2000.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : PR537633317346**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 P/R Deduction (\$2000.00 Bi-Weekly)

**C. 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 ▼ 500.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : PR537673317346**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 P/R Deduction (\$500.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2750.00  
**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 19 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Donald Zurbay**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10457 Scott Ave N  
City State Zip Code  
Brooklyn Park MN 55443-5428  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
St. Jude Medical VP, Finance & CFO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016  
**Transaction ID : PR537673917346**  
Amount of Each Receipt this Period  
340.00  
 Memo Item  
P/R Deduction (\$50.00 Bi-Weekly)

**B. Jason Zellers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3561 Settlers Way  
City State Zip Code  
Stillwater MN 55082-3453  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
St. Jude Medical VP Gen Counsel and Corp Secretary  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016  
**Transaction ID : PR537674117346**  
Amount of Each Receipt this Period  
700.00  
 Memo Item  
P/R Deduction (\$100.00 Bi-Weekly)

**C. Rachel Ellingson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5019 Arden Ave  
City State Zip Code  
Edina MN 55424-1315  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
St. Jude Medical VP, Global Communications  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016  
**Transaction ID : PR537674217346**  
Amount of Each Receipt this Period  
320.00  
 Memo Item  
P/R Deduction (\$80.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1360.00
<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 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jeffrey Powell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 Thornwood Lane  
City Greenville State SC Zip Code 29605-3150  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St. Jude Medical Occupation Divisional Vice President, CRM/AF  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : PR537824817346**  
Amount of Each Receipt this Period 1000.00  
 Memo Item  
P/R Deduction (\$1000.00 Bi-Weekly)

**B. John Sieckhaus**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3702 81st Avenue SE  
City Mercer Island State WA Zip Code 98040-3531  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St. Jude Medical Occupation DVP, CRM/AF  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 230.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : PR537825317346**  
Amount of Each Receipt this Period 230.00  
 Memo Item  
P/R Deduction (\$10.00 Bi-Weekly)

**C. Michael Cavanaugh**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2537 Kipling Avenue S  
City Saint Louis Park State MN Zip Code 55416-3951  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St Jude Medical Occupation Dir. Sales & Support SAP  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : PR644429917346**  
Amount of Each Receipt this Period 250.00  
 Memo Item  
P/R Deduction (\$250.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... 1480.00  
**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 21 OF 29
	<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. Raul Garcia**  
Full Name (Last, First, Middle Initial)

Mailing Address 10508 Prickly Poppy Cv

City Austin State TX Zip Code 78733-5739

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

Name of Employer St Jude Medical Occupation Finance Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : PR644629217346**

Amount of Each Receipt this Period 250.00

Memo Item

P/R Deduction (\$250.00 Bi-Weekly)

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

Mailing Address 400 Hamilton Parkway

City Easley State SC Zip Code 29642-3041

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

Name of Employer St. Jude Medical Occupation Test Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : PR766948717346**

Amount of Each Receipt this Period 250.00

Memo Item

P/R Deduction (\$250.00 Bi-Weekly)

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

Mailing Address 26837 Maris Court

City Sun City State CA Zip Code 92585-8927

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

Name of Employer St. Jude Medical Occupation Territory Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : PR767110217346**

Amount of Each Receipt this Period 280.00

Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	780.00
<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: PAGE 22 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Allen W Burton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3738 Bellefontaine St.  
 City Houston State TX Zip Code 77025-1211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Jude Medical Occupation Medical Director, MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : PR855247617346**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 P/R Deduction (\$1000.00 Bi-Weekly)

**B. Amy Kirkus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2676 wynnton dr  
 City Duluth State GA Zip Code 30097-5001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St jude medical Occupation Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : PR855249317346**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Bi-Weekly)

**C. Janel Drews**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1506 Kelly Drive  
 City Golden Valley State MN Zip Code 55427-4114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Jude Medical, Inc. Occupation Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : PR855344117346**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Bi-Weekly)

**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 23 OF 29
	<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. Neal Forss**  
Full Name (Last, First, Middle Initial)

Mailing Address 275 E. O'Keefe St. Apt. 18

City East Palo Alto State CA Zip Code 94303-2115

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

Name of Employer St. Jude Medical, Inc. Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : PR855424117346**

Amount of Each Receipt this Period 1000.00

Memo Item

P/R Deduction (\$1000.00 Bi-Weekly)

**B. Philip Adamson**  
Full Name (Last, First, Middle Initial)

Mailing Address 12600 Side Oats Drive

City Austin State TX Zip Code 78738-6058

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

Name of Employer St. Jude Medical Occupation Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : PR855436117346**

Amount of Each Receipt this Period 500.00

Memo Item

P/R Deduction (\$500.00 Bi-Weekly)

**C. Robin Bostic**  
Full Name (Last, First, Middle Initial)

Mailing Address 13 rocky ridge road

City Windham State NH Zip Code 03087-1961

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

Name of Employer St. Jude Medical Occupation VP Reimbursement and Health Care Econo

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : PR855452217346**

Amount of Each Receipt this Period 500.00

Memo Item

P/R Deduction (\$500.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

**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 24 OF 29
	<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. Travis Dahlen**  
Full Name (Last, First, Middle Initial)

Mailing Address 2116 120th Ave NE

City Blaine State MN Zip Code 55449-7935

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

Name of Employer St. Jude Medical Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : PR855486317346**

Amount of Each Receipt this Period 250.00

Memo Item

P/R Deduction (\$250.00 Bi-Weekly)

**B. David Anderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 31210 Countryside Lane

City Castaic State CA Zip Code 91384-2587

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

Name of Employer SJM Occupation VP M&A Integration

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : PR855504717346**

Amount of Each Receipt this Period 500.00

Memo Item

P/R Deduction (\$500.00 Bi-Weekly)

**C. Heidi Weiler**  
Full Name (Last, First, Middle Initial)

Mailing Address 13485 Dahlia Ct.

City Rosemount State MN Zip Code 55068-3377

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

Name of Employer St. Jude Medical, Inc. Occupation Global Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : PR855504917346**

Amount of Each Receipt this Period 250.00

Memo Item

P/R Deduction (\$250.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	46900.00



# 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. Brady For Congress

Mailing Address PO Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Kevin Brady**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2016

Transaction ID : 8013037

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

### B. Kevin McCarthy for Congress

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Kevin McCarthy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2016

Transaction ID : 8013038

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

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

Category/  
Type

Candidate Name

**Sen. Tim Scott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2016

Transaction ID : 8013039

Amount of Each Disbursement this Period

2000.00
---------

Memo Item

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

7000.00
---------

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

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**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

Category/  
Type

Candidate Name

**Sen. Pat Toomey**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2016

**Transaction ID : 8013040**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Pat Meehan For Congress**

Mailing Address 50 S Providence Road

City Media State PA Zip Code 19063

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Patrick Meehan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2016

**Transaction ID : 8013041**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Scott Peters For Congress**

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Scott Peters**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2016

**Transaction ID : 8013042**

Amount of Each Disbursement this Period

500.00

Memo Item

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

4500.00

**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. Scott Peters For Congress**

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Scott Peters**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2016

**Transaction ID : 8013044**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Walters For Congress**

Mailing Address C/O 8001 Irvine Center Drive, #400

City Irvine State CA Zip Code 92618

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Mimi Walters**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 45

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2016

**Transaction ID : 8013046**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Tony Cardenas for Congress**

Mailing Address 3700 Wilshire Blvd., Ste 1050A

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Tony Cardenas**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 29

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2016

**Transaction ID : 8013052**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

5500.00

**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. FRIENDS OF ERIK PAULSEN**

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

City State Zip Code  
Eden Prairie MN 55344

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Erik Paulsen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2016

**Transaction ID : 8013053**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ERIK PAULSEN**

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

City State Zip Code  
Eden Prairie MN 55344

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Erik Paulsen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2016

**Transaction ID : 8013054**

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. VOLUNTEERS FOR SHIMKUS**

Mailing Address 499 S Capital St. SW Suite 420

City State Zip Code  
Washington DC 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. John Shimkus**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 20

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2016

**Transaction ID : 8013056**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

7000.00

**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. FRIENDS OF SAM JOHNSON

Mailing Address P.O. Box 860096

City State Zip Code  
Plano TX 75086

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Sam Johnson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2016

Transaction ID : 8013060

Amount of Each Disbursement this Period

1000.00
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Memo Item

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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Memo Item

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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Memo Item

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

1000.00
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**TOTAL** This Period (last page this line number only)..... ▶

25000.00
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