

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC 10 AM 10:36

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FE4MS

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street): ONE LULLABEE PLAZA

Check if different than previously reported. (ACC)

ST. PAUL MN 55117

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

00030529

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)

- (a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER)

- (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 11/25/2002 in the State of MN

5. Covering Period

10/12/2002

through

11/25/2002

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Peter L. Gove

Signature of Treasurer [Handwritten Signature]

Date 12/03/2002

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 10 columns and 1 row, labeled 'Office Use Only'.

FEC FORM 3X (Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

10 / 10 / 2002

To:

11 / 25 / 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1.	<u>2002</u>	<u>1591.85</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>12441.85</u>	
(c) Total Receipts (from Line 19)	<u>0.00</u>	<u>216850.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>12441.85</u>	<u>27441.85</u>
7. Total Disbursements (from Line 30)	<u>2000.00</u>	<u>18000.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>10441.85</u>	<u>10441.85</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

ST JOSE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

10/17/2002

To:

11/25/2002

i. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A)

0.00

(ii) Unitemized

(iii) TOTAL (add

Lines 11(a)(i) and (ii)

0.00

26,850.00

(b) Political Party Committees

(c) Other Political Committees
(such as PACs)

(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 32, page 4)

0.00

26,850.00

12. Transfers From Affiliated/Other
Party Committees

13. All Loans Received

14. Loan Repayments Received

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 38, page 4)

16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees

17. Other Federal Receipts
(Dividends, Interest, etc.)

18. Transfers from Nonfederal
Account for Joint Activity

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18)

0.00

26,850.00

20. Total Federal Receipts
(subtract Line 18 from Line 19)

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	2000.00	18000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶		
29. Other Disbursements		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) ▶	2000.00	18000.00
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30) ▶		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(e), page 3)	0.00	216750.00
33. Total Contribution Refunds (from Line 28(d))	0.00	216750.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)		
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶		
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶		

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)							
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28

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. JOSE MEDICAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) CAMPAIN FOR AMERICA FUTURE

Mailing Address P.O. Box 1480

City WASHINGTON State DC Zip Code 20013-1480

Purpose of Disbursement Fundraiser Category/Type Other

Candidate Name Orin Hatch

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: UT District: 1

Date of Disbursement: 11/01/00 11/02/00 11/03/00

Amount of Each Disbursement this Period: 1,000.00

B. Full Name (Last, First, Middle Initial) WHITE MOUNTAIN PAC

Mailing Address P.O. Box 1772

City Concord State NH Zip Code 03308-1772

Purpose of Disbursement Fundraiser Category/Type Other

Candidate Name Judd Gregg

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: NH District: 1

Date of Disbursement: 11/01/00 11/02/00 11/03/00

Amount of Each Disbursement this Period: 1,000.00

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) 2,000.00

TOTAL This Period (last page this line number only) 2,000.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>dmw</i>	<i>12-10-02</i>
PREPARER	DATE PREPARED

2002-03-27 10:23:00 AM