

# 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  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 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  /  /  2016 through  /  /  2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
FRENZ, ROBERT G., , ,  
Type or Print Name of Treasurer

Signature of Treasurer FRENZ, ROBERT G., , , [Electronically Filed] Date  /  /  2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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"/>		31468.53
(b) Cash on Hand at Beginning of Reporting Period.....	37747.53	
(c) Total Receipts (from Line 19) .....	6867.00	73646.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	44614.53	105114.53
7. Total Disbursements (from Line 31).....	42500.00	103000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2114.53	2114.53
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on 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. 05/2016)

Write or Type Committee Name

**ST JUDE MEDICAL POLITICAL ACTION COMMITTEE**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 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).....	5628.00	56842.00
(ii) Unitemized .....	1239.00	16804.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6867.00	73646.00
(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) .....	6867.00	73646.00
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)).....▶	6867.00	73646.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6867.00	73646.00

**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.....	42500.00	103000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	42500.00	103000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42500.00	103000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6867.00	73646.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6867.00	73646.00
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: (check only one)	PAGE 6 OF 20
<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

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. Pilling, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3005 Brighton Blvd  
 City Mound State MN Zip Code 55364-9280  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) Senior Supply Chain Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR537485119612**  
 Amount of Each Receipt this Period 140.00  
 Memo Item  
 P/R Deduction (\$20.00 Weekly)

**B. Deno, Don, Curtis, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) St. Jude Medical Occupation (for Individual) Scientist Sr Pr, Research  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR537486819612**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$25.00 Weekly)

**C. Graves, Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) St. Jude Medical Occupation (for Individual) VP, Regulatory  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR537507819612**  
 Amount of Each Receipt this Period 280.00  
 Memo Item  
 P/R Deduction (\$40.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	595.00
<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 20
<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. Little, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) St. Jude Medical Occupation (for Individual) VP, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR537508519612**  
 Amount of Each Receipt this Period 420.00  
 Memo Item  
 P/R Deduction (\$60.00 Weekly)

**B. Inman, Brenda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4260 Lynfield Lane  
 City San Jose State CA Zip Code 95136-1622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) Manager, Localization  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR537552619612**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$25.00 Weekly)

**C. Davis, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10375 E. Texas Sage Ln.  
 City Scottsdale State AZ Zip Code 85255-8505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) Director/Operations Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR537608019612**  
 Amount of Each Receipt this Period 140.00  
 Memo Item  
 P/R Deduction (\$20.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	735.00
<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 8 OF 20
<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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Dallager, Jeffrey, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 <b>Transaction ID : PR537647419612</b>
Mailing Address 6918 132nd Street		Amount of Each Receipt this Period 70.00
City Hugo	State MN	Zip Code 55038-5410
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) St. Jude Medical	Occupation (for Individual) Sr. Vice President Finance	P/R Deduction (\$10.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Zurbay, Donald, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 <b>Transaction ID : PR537673919612</b>
Mailing Address 10457 Scott Ave N		Amount of Each Receipt this Period 280.00
City Brooklyn Park	State MN	Zip Code 55443-5428
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) St. Jude Medical	Occupation (for Individual) VP, Finance & CFO	P/R Deduction (\$40.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 860.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Fecho, Jeffrey, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 <b>Transaction ID : PR537674019612</b>
Mailing Address 6165 Fernbrook Lane N		Amount of Each Receipt this Period 280.00
City Plymouth	State MN	Zip Code 55446-3742
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) St. Jude Medical	Occupation (for Individual) VP, Global Quality	P/R Deduction (\$40.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	630.00
<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 20
	<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. Zellers, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3561 Settlers Way  
 City Stillwater State MN Zip Code 55082-3453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) VP Gen Counsel and Corp Secretary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR537674119612**  
 Amount of Each Receipt this Period 700.00  
 Memo Item  
 P/R Deduction (\$100.00 Weekly)

**B. Ellingson, Rachel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5019 Arden Ave  
 City Edina State MN Zip Code 55424-1315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) VP, Global Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1360.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR537674219612**  
 Amount of Each Receipt this Period 560.00  
 Memo Item  
 P/R Deduction (\$80.00 Weekly)

**C. Douglas, Ashli, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 615 25th St. S  
 City Arlington State VA Zip Code 22202-2529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) Sr Director Government Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1220.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR537714519612**  
 Amount of Each Receipt this Period 560.00  
 Memo Item  
 P/R Deduction (\$80.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1820.00
<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 20
	<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. Gonzales, Marcus, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 313 Pelican Avenue  
 City McAllen State TX Zip Code 78504-1730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) Direct Sales Rep, CRM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : PR537810419612**  
 Amount of Each Receipt this Period  
 140.00  
 Memo Item  
 P/R Deduction (\$20.00 Weekly)

**B. Hendrick, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2204 Demona Dr  
 City Austin State TX Zip Code 78733-1689  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) Sr VP, Sales Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : PR537827219612**  
 Amount of Each Receipt this Period  
 175.00  
 Memo Item  
 P/R Deduction (\$25.00 Weekly)

**C. Aguero, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28451 Foothill Drive  
 City Agoura Hills State CA Zip Code 91301-2241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Jude Medical Occupation (for Individual) Sr. Dir. Finance Plan & Reporting  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : PR644462219612**  
 Amount of Each Receipt this Period  
 105.00  
 Memo Item  
 P/R Deduction (\$15.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	420.00
<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 11 OF 20
<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. Quesada, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) St. Jude Medical Occupation (for Individual) Territory Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR767110219612**  
 Amount of Each Receipt this Period 280.00  
 Memo Item  
 P/R Deduction (\$40.00 Weekly)

**B. Steele Flippin, Candace, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 10th Street #736  
 City Minneapolis State MN Zip Code 55415-2106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) VP, External Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR767137519612**  
 Amount of Each Receipt this Period 315.00  
 Memo Item  
 P/R Deduction (\$45.00 Weekly)

**C. Cadwallader, Carl, Eugene, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16998 81st Ave N  
 City Maple Grove State MN Zip Code 55311-1769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SJM Occupation (for Individual) VP Supply Chain and PDI  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR855273319612**  
 Amount of Each Receipt this Period 280.00  
 Memo Item  
 P/R Deduction (\$40.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	875.00
<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 12 OF 20
	<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. Skelly, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4312 W Roland St  
 City Tampa State FL Zip Code 33609-3840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Jude Mecial Occupation (for Individual) RSD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR855480919612**  
 Amount of Each Receipt this Period 273.00  
 Memo Item  
 P/R Deduction (\$39.00 Weekly)

**B. Trubeck, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17333 62nd Ave N  
 City Maple Grove State MN Zip Code 55311-6405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) VP, Info Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR855494819612**  
 Amount of Each Receipt this Period 280.00  
 Memo Item  
 P/R Deduction (\$40.00 Weekly)

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	553.00
<b>TOTAL</b> This Period (last page this line number only).....	5628.00

**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"/> 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**

**A. Scott Peters For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement  011 Category/Type

Candidate Name  
**Peters, Scott, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 52

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: **C00503110**  
Transaction ID : **8312068**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. Boustany for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 217 Third Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  011 Category/Type

Candidate Name  
**Boustany, Charles, , Mr.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: LA District: 07

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: **C00394866**  
Transaction ID : **8312644**  
Amount of Each Disbursement this Period: 3000.00

Memo Item

**C. Upton for All of US**

Full Name (Last, First, Middle Initial)  
Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  011 Category/Type

Candidate Name  
**Upton, Frederick, , Mr.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MI District: 06

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: **C00200584**  
Transaction ID : **8313061**  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Tiberi For Congress**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Tiberi, Pat, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2016

FEC Identification Number

C C00347492

**Transaction ID : 8313383**

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 Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Paulsen, Erik, , Mr.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2016

FEC Identification Number

C C00439661

**Transaction ID : 8313649**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Kelly Ayotte Inc**

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Ayotte, Kelly, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2016

FEC Identification Number

C C00464297

**Transaction ID : 8313963**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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) <b>A. Tom Reed For Congress</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address PO Box 391		FEC Identification Number C00464032 <b>Transaction ID : 8330735</b> Amount of Each Disbursement this Period 1000.00
City Geneva	State NY	Zip Code 14456
Purpose of Disbursement	Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name <b>Reed, Tom, , Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NY	District: 23	

Full Name (Last, First, Middle Initial) <b>B. Portman For Senate Committee</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address 9856 Archer Lane		FEC Identification Number C00458463 <b>Transaction ID : 8330737</b> Amount of Each Disbursement this Period 1000.00
City Dublin	State OH	Zip Code 43017
Purpose of Disbursement	Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name <b>Portman, Rob, , Sen.,</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: OH	District:	

Full Name (Last, First, Middle Initial) <b>C. Friends Of Pat Toomey</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address 228 S. Washington St., Suite 115		FEC Identification Number C00461046 <b>Transaction ID : 8330738</b> Amount of Each Disbursement this Period 2500.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement	Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name <b>Toomey, Pat, , Sen.,</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: PA	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4500.00
<b>TOTAL</b> 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:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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**

**A. Tim Scott For Senate**

Full Name (Last, First, Middle Initial)  
Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement  011 Category/Type

Candidate Name **Scott, Tim, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: SC District:

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: **C00540302**  
Transaction ID : **8330739**  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. Jeff Duncan for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 499 S Capital Street SW, Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement  011 Category/Type

Candidate Name **Duncan, Jeff, , Mr.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: SC District: 03

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: **C00460550**  
Transaction ID : **8330746**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. HATCH ELECTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)  
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 **Hatch, Orrin, , Mr.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: UT District:

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: **C00104752**  
Transaction ID : **8330749**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

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

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

7000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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**

**A. Cathy McMorris Rodgers For Congress**

Full Name (Last, First, Middle Initial)  
Cathy McMorris Rodgers

Date of Disbursement: 09 / 29 / 2016

Mailing Address: Box 137

City: Spokane, State: WA, Zip Code: 99210

Purpose of Disbursement: 011

Candidate Name: **McMorris Rodgers, Cathy, , Rep.,**

Office Sought:  House,  Senate,  President  
Disbursement For: 2016,  Primary,  General,  Other (specify) ▼

State: WA, District: 05

FEC Identification Number: C00390476  
Transaction ID: 8330756  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Bennet for Colorado**

Full Name (Last, First, Middle Initial)  
Michael Bennet

Date of Disbursement: 09 / 29 / 2016

Mailing Address: 426 C Street, NE

City: Washington, State: DC, Zip Code: 20002

Purpose of Disbursement: 011

Candidate Name: **Bennet, Michael, , Mr.,**

Office Sought:  House,  Senate,  President  
Disbursement For: 2016,  Primary,  General,  Other (specify) ▼

State: CO, District:

FEC Identification Number: C00458398  
Transaction ID: 8330758  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. Blumenthal For Connecticut**

Full Name (Last, First, Middle Initial)  
Richard Blumenthal

Date of Disbursement: 09 / 29 / 2016

Mailing Address: 777 Summer Street Ste 103  
C/O Cacace Tusch & Santagata

City: Stamford, State: CT, Zip Code: 06901

Purpose of Disbursement: 011

Candidate Name: **Blumenthal, Richard, , Sen.,**

Office Sought:  House,  Senate,  President  
Disbursement For: 2016,  Primary,  General,  Other (specify) ▼

State: CT, District:

FEC Identification Number: C00492991  
Transaction ID: 8330760  
Amount of Each Disbursement this Period: 1000.00

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**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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**

**A. AI Franken for Senate 2014**

Full Name (Last, First, Middle Initial)  
Mailing Address 420 C Street

City Washington State DC Zip Code 20002

Purpose of Disbursement  011 Category/Type

Candidate Name **Franken, Al, , Mr.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: MN District:

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: **C00480384**  
**Transaction ID : 8330764**  
Amount of Each Disbursement this Period: 3000.00

Memo Item

**B. KLOBUCHAR FOR MINNESOTA**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement  011 Category/Type

Candidate Name **Klobuchar, Amy, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: MN District:

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: **C00410191**  
**Transaction ID : 8330766**  
Amount of Each Disbursement this Period: 4000.00

Memo Item

**C. Butterfield For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 434 Fayetteville Street Suite 2020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement  011 Category/Type

Candidate Name **Butterfield, G. K., , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NC District: 01

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: **C00401190**  
**Transaction ID : 8330770**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 8000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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**

**A. Frank Pallone for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O Box 3176

City Long Branch State NJ Zip Code 7740

Purpose of Disbursement  011 Category/Type

Candidate Name  
**Pallone, Frank, , Mr.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NJ District: 06

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: **C00226928**  
Transaction ID : **8330771**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Bilirakis For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement  011 Category/Type

Candidate Name  
**Bilirakis, Gus, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: FL District: 12

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: **C00408534**  
Transaction ID : **8330773**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Georgians For Isakson**

Full Name (Last, First, Middle Initial)  
Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement  011 Category/Type

Candidate Name  
**Isakson, Johnny, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: GA District:

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: **C00384693**  
Transaction ID : **8330774**  
Amount of Each Disbursement this Period: 3000.00

Memo Item

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

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

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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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"/> 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 John Barrasso Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Mailing Address 406 Virginia Ave.

FEC Identification Number

C	C00436386
---	-----------

City Alexandria State VA Zip Code 22302

Transaction ID : 8330775

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

3000.00
---------

Candidate Name

**Barrasso, John, , Mr.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WY District:

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

FEC Identification Number

C	
---	--

City State Zip Code

Amount of Each Disbursement this Period

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Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

FEC Identification Number

C	
---	--

City State Zip Code

Amount of Each Disbursement this Period

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Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Memo Item

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

3000.00
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**TOTAL** This Period (last page this line number only).....▶

42500.00
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