 ST. JUDE MEDICAL

RECEIVED  
FEC MAIL  
OPERATIONS CENTER  
2004 OCT 15 A 11:08

St. Jude Medical, Inc.  
Political Action Committee  
One Lilliehei Plaza  
St. Paul, MN 55117  
651 487-7790  
651 490-4213 Fax

October 14, 2004

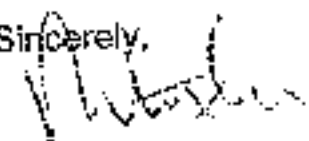
Peter L. Gove, Treasurer  
FEC ID: C0030529

Federal Election Committee  
999 E Street NW  
Washington, DC 20463

Re: FEC Identification Number C0030529

We have requested a refund of \$944.46 from The Grassley Committee due to excessive contribution in 2004. The Grassley Committee has agreed to issue a check to St. Jude Medical PAC which will be recorded on the 30 day post-general election report.

Sincerely,

  
Peter L. Gove  
Treasurer  
St. Jude Medical PAC

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

OCT 5 A 11:08

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12 FEB 4 1988

ST PAUL GENERAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

1000 W. GLENN ST. ST. PAUL, MN 55107

Check if different than previously reported. (ACC)

ST PAUL

MINN

55107

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

000305224

3. IS THIS REPORT

NEW

IN OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(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)

(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)

Conversion (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

07 01 2004

through

09 30 2004

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

Patricia A. ...

Signature of Treasurer

[Handwritten Signature]

Date

10/17/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

Office Use Only

FEC FORM 3X (Rev. 02/2003)

SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS

FED Form 3X (Rev. 02/2008)

Write or Type Committee Name

ST JOE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 07/01/09 To: 07/30/09

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. (a) Cash on Hand January 1. <i>2004</i>		52,241.85
(b) Cash on Hand at Beginning of Reporting Period.....	19,741.85	
(c) Total Receipts (from Line 19).....	0.00	2,000.00
(d) Subtotal (add Lines 5(b) and 6(c) for Column A and Lines 5(a) and 6(c) for Column B).....	19,741.85	54,241.85
7. Total Disbursements (from Line 51).....	13,444.46	30,944.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	6,297.39	23,297.39
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 BX (Rev. 02/2003)

Write or Type Committee Name

ST JAMES MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 01/01/2004 To: 04/30/2004

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	9,000.00
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	9,000.00
(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 33, page 5).....▶	0.00	9,000.00
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 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b)).....		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0.00	9,000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶		

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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 ..... (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.....	1,347,446	3,047,446
24. Independent Expenditures (use Schedule E).....		
25. Coordinated Party Expenditures (2 U.S.C. §447e(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. Federal Election Activity (2 U.S.C. §451(20)) (a) Allocated Federal Election Activity (from Schedule H4) (i) Federal Share ..... (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely With Federal Funds ..... (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))..... ▶		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).....	1,347,446	3,047,446
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(i) from Line 31)..... ▶		

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(s)(i) and Line 21(f)) .....	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 B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE / OF 10	
<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

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. LOUIS MEDICAL POLITICAL ACTION COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial): **GRASSLEY COMMITTEE**

Mailing Address: **5327 HOLMES ROW #100**

City: **Alexandria** State: **VA** Zip Code: **22304**

Purpose of Disbursement: **Fundraiser**

Candidate Name: **Charles Grassley** Category/Type: **Q11**

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

State: **IA** District:

Date of Disbursement: **09 18 2004**

Amount of Each Disbursement this Period: **5,000.00**

**B.**

Full Name (Last, First, Middle Initial): **CITIZENS FOR SPECTER**

Mailing Address: **600 N. 3RD STREET, SUITE 400**

City: **HARRISBURG** State: **PA** Zip Code: **17101**

Purpose of Disbursement: **Fundraiser**

Candidate Name: **ARLEN SPECTER** Category/Type: **Q11**

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

State: **PA** District:

Date of Disbursement: **09 29 2004**

Amount of Each Disbursement this Period: **1,000.00**

**C.**

Full Name (Last, First, Middle Initial): **DEMINT FOR SENATE**

Mailing Address: **P.O. BOX 12425**

City: **COLUMBIA** State: **SC** Zip Code: **29211**

Purpose of Disbursement: **Fundraiser**

Candidate Name: **JIM DEMINT** Category/Type: **Q11**

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

State: **SC** District:

Date of Disbursement: **09 30 2004**

Amount of Each Disbursement this Period: **1,000.00**

SUBTOTAL of Disbursements This Page (all lines): **7,000.00**

TOTAL This Period (last page this line number only): **7,000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:				PAGE 3 OF 6	
	(check only one)	21b	22	25	24	26
	27	28	28b	28c	29	30b

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NAME OF COMMITTEE (in Full)  
**ST. LOUIS MEDICAL POLITICAL ACTION COMMITTEE**

**A. JIM RAMSTAD VETERAN COMMITTEE**

Full Name (Last, First, Middle Initial): **JIM RAMSTAD VETERAN COMMITTEE**

Date of Disbursement: **07/17/2004**

Mailing Address: **1809 SOUTH PLYMOUTH, SUITE 510B**

City: **MINNETONKA** State: **MINN** Zip Code: **55305**

Purpose of Disbursement: **Fundraiser**

Candidate Name: **JIM RAMSTAD** Category Type: **Q11**

Amount of Each Disbursement this Period: **1,000.00**

Offices Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: **MIN** District: **3**

**B. ENZLE FOR SENATE**

Full Name (Last, First, Middle Initial): **ENZLE FOR SENATE**

Date of Disbursement: **29/17/2004**

Mailing Address: **PO BOX 2075**

City: **COBY** State: **WY** Zip Code: **82414**

Purpose of Disbursement: **Fundraiser**

Candidate Name: **Michael Enzle** Category Type: **Q11**

Amount of Each Disbursement this Period: **1,000.00**

Offices Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: **WY** District: **2003**

**C. JOHNSON FOR CONGRESS**

Full Name (Last, First, Middle Initial): **JOHNSON FOR CONGRESS**

Date of Disbursement: **05/28/2004**

Mailing Address: **PO Box 1986**

City: **NEW BRITAIN** State: **CT** Zip Code: **06052**

Purpose of Disbursement: **Fundraiser**

Candidate Name: **NANCY JOHNSON** Category Type: **Q11**

Amount of Each Disbursement this Period: **1,000.00**

Offices Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: **CT** District: **5th**

SUBTOTAL of Disbursements This Page (optional): **3,000.00**

TOTAL This Period (last page this line number only): **3,000.00**



**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)				PAGE 3 OF 4
	<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
	<input type="checkbox"/> 27	<input type="checkbox"/> 23a	<input type="checkbox"/> 25b	<input type="checkbox"/> 29c	<input type="checkbox"/> 29
					<input type="checkbox"/> 30b

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NAME OF COMMITTEE (in Full)  
*ST. JOSE MEDICAL POLITICAL ACTION COMMITTEE*

**A.** Full Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Disbursement \_\_\_\_\_

Mailing Address: *MAJORITY FUND FOR AMERICANS FUTURE* *04 30 2014*

City: *WASHINGTON* State: *DC* Zip Code: *20003*

Purpose of Disbursement: *Fundraiser* Category/Type: *Gift*

Candidate Name: *Event Among All Republican Members* Amount of Each Disbursement this Period: *2,500.00*

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

**B.** Full Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Disbursement \_\_\_\_\_

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: \_\_\_\_\_

**C.** Full Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Disbursement \_\_\_\_\_

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: \_\_\_\_\_

SUBTOTAL of Disbursements This Page (optional) *3,500.00*

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

FORM LINE NUMBER  
(check only one)

PAGE 17 OF 17

<input type="checkbox"/> 21a	<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"/> 29c	<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. DUNNE, DARLENE F.

Date of Disbursement

07/16/2004

Mailing Address

179 JERROLD AVE.

City

SHOREVIEW

State

MD

Zip Code

21246

Purpose of Disbursement

Contribution for August 2004

Candidate Name

Charles S. Cranshaw

003  
Category Type

Amount of Each Disbursement this Period

802.44

Office Sought:

- House
- Senate
- President

Disbursement For:

- Primary
- General
- Other (specify) ▼

State: MD

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

08/02/2004

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category Type

Amount of Each Disbursement this Period

0.00

Office Sought:

- House
- Senate
- President

Disbursement For:

- Primary
- General
- Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

08/02/2004

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category Type

Amount of Each Disbursement this Period

0.00

Office Sought:

- House
- Senate
- President

Disbursement For:

- Primary
- General
- Other (specify) ▼

State:

District:

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

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

802.44

SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one)						PAGE 5 OF 6	
	<input type="checkbox"/> 21	<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"/> 28
	<input type="checkbox"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 31	<input type="checkbox"/> 32	<input type="checkbox"/> 33	<input type="checkbox"/> 34	<input type="checkbox"/> 35	<input type="checkbox"/> 36

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 contributors.

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

**A.** *CORPORATE CAR'S*

Full Name (Last, First, Middle Initial): \_\_\_\_\_

Date of Disbursement: *07 27 2004*

Mailing Address: *P.O. Box 11448*

City: *ST. PAUL* State: *MINN* Zip Code: *55111*

Purpose of Disbursement: *Transportation for General Campaign*

Candidate Name: *Charles Grassley* Category/Type: *Q.P.C.*

Amount of Each Disbursement This Period: *145.00*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: *IA* District: \_\_\_\_\_

**B.**

Full Name (Last, First, Middle Initial): \_\_\_\_\_

Date of Disbursement: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Candidate Name: \_\_\_\_\_ Category/Type: \_\_\_\_\_

Amount of Each Disbursement This Period: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

**C.**

Full Name (Last, First, Middle Initial): \_\_\_\_\_

Date of Disbursement: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Candidate Name: \_\_\_\_\_ Category/Type: \_\_\_\_\_

Amount of Each Disbursement This Period: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

SUBTOTAL of Disbursements This Page (optional) *145.00*

TOTAL This Period (set 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)				PAGE 1 OF 1	
<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"/> 30a		

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

**A.** Full Name (Last, First, Middle Initial) *ST. JUDE MEDICAL*

Mailing Address *ONE LILLIANE PLAZA*

City *ST. PAUL* State *MINN* Zip Code *55117*

Purpose of Disbursement *Reimbursement for postage*

Candidate Name *Charles Conroy* Category Type *Gen.*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) *▼*

State: *MINN* District:

Date of Disbursement *08/09/2004*

Amount of Each Disbursement this Period *\$7.00*

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) *▼*

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

**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) *37.00*

TOTAL This Period (last page this line number only) *2,444.76*

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC 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"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>DHL</i>	Shipping Date <i>10-14-04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>CHM</i> PREPARER (5/2004)	<i>10-12-04</i> DATE PREPARED