

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.
ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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 04 / 01 / 2014 through 06 / 30 / 2014

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

Signature of Treasurer ROBERT G. FRENZ [Electronically Filed] Date 07 / 10 / 2014

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)

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="2014"/>	<input type="text" value="50321.10"/>	<input type="text" value="50321.10"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="98756.60"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11838.50"/>	<input type="text" value="83774.00"/>
(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="110595.10"/>	<input type="text" value="134095.10"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="55500.00"/>	<input type="text" value="79000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="55095.10"/>	<input type="text" value="55095.10"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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)

Write or Type Committee Name

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

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

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).....	9103.50	69971.50
(ii) Unitemized	2735.00	13802.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11838.50	83774.00
(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)	11838.50	83774.00
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))..... ▶	11838.50	83774.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11838.50	83774.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	55500.00	76500.00
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	2500.00
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)) ..	55500.00	79000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55500.00	79000.00

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)	11838.50	83774.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11838.50	83774.00
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 23
<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

Full Name (Last, First, Middle Initial) A. Ann Graves		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : PR53750788140
Mailing Address 1455 Clippership Court		Amount of Each Receipt this Period 450.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	P/R Deduction (\$75.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Atul Sinha		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : PR53754278140
Mailing Address 1828 113th Court NE		Amount of Each Receipt this Period 150.00
City Blaine	State MN	Zip Code 55449-5484
FEC ID number of contributing federal political committee. C	Name of Employer St. Jude Medical	Occupation Director, Quality
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Bradley Roberts		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : PR53754618140
Mailing Address 1553 Sherman Lake Ct		Amount of Each Receipt this Period 150.00
City Lino Lakes	State MN	Zip Code 55038-9630
FEC ID number of contributing federal political committee. C	Name of Employer St. Jude Medical	Occupation Vice President, Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Brenda Inman

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 St. Jude Medical Occupation Manager, Localization

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR53755268140

Amount of Each Receipt this Period
150.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Frank Zawlocki

Mailing Address 25363 Avenida Ronada

City Valencia State CA Zip Code 91355-3203

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

Name of Employer St. Jude Medical Occupation Engineer, Prin Test Developmnt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR53758368140

Amount of Each Receipt this Period
150.00

P/R Deduction (\$25.00 Bi-Weekly)

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

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 St. Jude Medical Occupation Director/Plant Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR53760808140

Amount of Each Receipt this Period
150.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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: PAGE 8 OF 23
(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. Steven Hill

Mailing Address 12933 Monticello Lane

City State Zip Code
 Champlin MN 55316-1265

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

Name of Employer Occupation
 St. Jude Medical Manager, eDiscovery & Investigations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR53766378140

Amount of Each Receipt this Period
 150.00

P/R Deduction (\$25.00 Bi-Weekly)

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

Mailing Address 9902 Jandel Ave Ne

City State Zip Code
 Monticello MN 55362-4316

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR53767318140

Amount of Each Receipt this Period
 300.00

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

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

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 ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR53767398140

Amount of Each Receipt this Period
 300.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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 9 OF 23
	<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. Jeffry Fecho
Full Name (Last, First, Middle Initial)

Mailing Address 6165 Fernbrook Lane N

City Plymouth State MN Zip Code 55446-3742

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR53767408140

Amount of Each Receipt this Period **300.00**

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

B. Jason Zellers
Full Name (Last, First, Middle Initial)

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 St. Jude Medical Occupation VP Gen Counsel and Corp Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR53767418140

Amount of Each Receipt this Period **600.00**

P/R Deduction (\$100.00 Bi-Weekly)

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

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 St. Jude Medical Occupation VP, Corporate Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR53767428140

Amount of Each Receipt this Period **600.00**

P/R Deduction (\$100.00 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 10 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Angela Craig

Mailing Address 1580 Blackhawk Lake Drive

City Eagan State MN Zip Code 55122-1245

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

Name of Employer St. Jude Medical Occupation VP, Global Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR53767448140

Amount of Each Receipt this Period **300.00**

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

Full Name (Last, First, Middle Initial)
B. Jeffery Donatto

Mailing Address 45482 White Pines Dr

City Novi State MI Zip Code 48374-3719

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR53769768140

Amount of Each Receipt this Period **150.00**

P/R Deduction (\$25.00 Bi-Weekly)

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

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 St. Jude Medical Occupation Sr Director Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR53771458140

Amount of Each Receipt this Period **600.00**

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **1050.00**

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: PAGE 11 OF 23
(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. Michael Diverde
 Full Name (Last, First, Middle Initial)
 Mailing Address 933 Angels Camp Court
 City Las Vegas State NV Zip Code 89138-4503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Dir, Regional Sales, EP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR53771958140
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. Marcus Gonzales
 Full Name (Last, First, Middle Initial)
 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 St. Jude Medical Occupation Direct Sales Rep, CRM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR53781048140
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. Robert Hastings
 Full Name (Last, First, Middle Initial)
 Mailing Address 1713 Shoal Creek Avenue
 City Wichita Falls State TX Zip Code 76310-8029
 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 ▼ 1500.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR53781238140
 Amount of Each Receipt this Period 900.00
 P/R Deduction (\$150.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1350.00
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 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Christopher Johnson		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : PR53782308140
Mailing Address 226 N. Shelmore Blvd		Amount of Each Receipt this Period 300.00
City Mt Pleasant	State SC	Zip Code 29464-6616
FEC ID number of contributing federal political committee. C	Name of Employer St. Jude Medical	Occupation Dir, Sr. Regional Sales EP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Charles DuVall		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : PR53782458140
Mailing Address 536 Apperson Cove		Amount of Each Receipt this Period 600.00
City Marion	State AR	Zip Code 72364-2654
FEC ID number of contributing federal political committee. C	Name of Employer St. Jude Medical	Occupation Direct Consultant
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Scott Holstine		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : PR53782518140
Mailing Address 6200 Soter Pkwy		Amount of Each Receipt this Period 1153.50
City Austin	State TX	Zip Code 78735-6135
FEC ID number of contributing federal political committee. C	Name of Employer St. Jude Medical	Occupation DVP, Vascular
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1922.50	P/R Deduction (\$192.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	2053.50
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 13 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. David Hendrick		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : PR53782728140
Mailing Address 2204 Demona Dr		Amount of Each Receipt this Period 300.00
City Austin	State TX	Zip Code 78733-1689
FEC ID number of contributing federal political committee.	C	
Name of Employer St. Jude Medical	Occupation Sr VP, Sales Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Richard Chute II		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : PR64449018140
Mailing Address 62 Perkins St		Amount of Each Receipt this Period 300.00
City Charlestown	State MA	Zip Code 02129-1218
FEC ID number of contributing federal political committee.	C	
Name of Employer St. Jude Medical	Occupation Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Anne Dougherty		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : PR64450038140
Mailing Address 400 Hessian Drive		Amount of Each Receipt this Period 600.00
City Kennett Square	State PA	Zip Code 19348-2863
FEC ID number of contributing federal political committee.	C	
Name of Employer St Jude Medical, INC	Occupation FCE II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
		P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	9103.50

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Guthrie for Congress

Mailing Address 499 S Capitol Street SW
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Mr. S. Brett Guthrie

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	4

Transaction ID : 6100853

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Bilirakis For Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement

011

Candidate Name

Rep. Gus Bilirakis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	4

Transaction ID : 6100854

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

011

Candidate Name

Mr. Michael C. Burgess

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	4

Transaction ID : 6105917

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

7	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

7	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. ANNA ESHOO FOR CONGRESS

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

011

Candidate Name

Ms. Anna Eshoo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 14

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2014

Transaction ID : 6105918

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn for Congress

Mailing Address 499 South Capitol Street SW
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Ms. Marsha Blackburn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2014

Transaction ID : 6105919

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Raul Ruiz For Congress

Mailing Address PO Box 3433

City Palm Desert State CA Zip Code 92261

Purpose of Disbursement

011

Candidate Name

Rep. Raul Ruiz MD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2014

Transaction ID : 6105920

Amount of Each Disbursement this Period

2500.00

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

8500.00

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: 2014
 Primary General
 Other (specify) ▼

State: TX District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	4

Transaction ID : 6105921

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Scott Peters For Congress

Mailing Address PO Box 70980

City State Zip Code
Washington DC 20024

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Scott Peters

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	4

Transaction ID : 6105922

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends of Joe Pitts

Mailing Address 1707 Prince St #5

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Joseph Pitts

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	4

Transaction ID : 6105923

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

5	0	0	0	0	0	0	0	0	0
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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 DAN MAFFEI

Mailing Address PO Box 74

City Syracuse State NY Zip Code 13214

Purpose of Disbursement

011

Candidate Name

Mr. Daniel Maffei

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 24

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	4

Transaction ID : 6105924

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement

011

Candidate Name

Rep. Richard Neal

Category/
Type

Office Sought: House
 Senate
 President
State: MA District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	4

Transaction ID : 6105925

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Friends Of Todd Young, Inc.

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement

011

Candidate Name

Rep. Todd Young

Category/
Type

Office Sought: House
 Senate
 President
State: IN District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	4

Transaction ID : 6105926

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

4	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

4	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Feinstein for Senate 2018

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

Ms. Dianne Feinstein

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2014

Transaction ID : 6105927

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Georgians For Isakson

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement

011

Candidate Name

Sen. Johnny Isakson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2014

Transaction ID : 6105928

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Alexander For Senate Inc

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Candidate Name

Sen. Lamar Alexander

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2014

Transaction ID : 6105929

Amount of Each Disbursement this Period

2000.00

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

5000.00

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. Texans For Senator John Cornyn Inc

Mailing Address PO Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. John Cornyn

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District:

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2014

Transaction ID : 6105930

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Bera For Congress

Mailing Address Post Office Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ami Bera MD

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2014

Transaction ID : 6120281

Amount of Each Disbursement this Period

2000.00

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: 2014
 Primary General
 Other (specify) ▼

State: SC District:

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2014

Transaction ID : 6120283

Amount of Each Disbursement this Period

2500.00

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

7500.00

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. Al Franken for Senate 2014

Mailing Address 420 C Street

City Washington State DC Zip Code 20002

Purpose of Disbursement
Funds Reported On July 31, 2013 Mid Year Report

011

Candidate Name

Mr. Al Franken

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District:

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2013

Transaction ID : 6172763

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

Funds Reported On July 31, 2013 Mid Year Report

Full Name (Last, First, Middle Initial)

B. Al Franken for Senate 2014

Mailing Address 420 C Street

City Washington State DC Zip Code 20002

Purpose of Disbursement
Re-designated funds for trans. dated 6/5/2013

011

Candidate Name

Mr. Al Franken

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District:

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2014

Transaction ID : 6172764

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

Re-designated funds for trans. dated 6/5/2013

Full Name (Last, First, Middle Initial)

C. KLOBUCHAR FOR MINNESOTA

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement
Void - KLOBUCHAR FOR MINNESOTA Check never received

011

Candidate Name

Amy Klobuchar

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District:

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2014

Transaction ID : 6180610

Amount of Each Disbursement this Period

-500.00

Void - KLOBUCHAR FOR MINNESOTA Check never received

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

-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

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. Mikulski for Senate

Mailing Address 10 G Street NE, Suite 570

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

Ms. Barbara Mikulski

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

Transaction ID : 6180620

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Kind for Congress

Mailing Address 1250 I Street, NW Suite 200

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

Mr. Ronald Kind

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

Transaction ID : 6180621

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Collins For Senator

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement

011

Candidate Name

Sen. Susan Collins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

Transaction ID : 6180623

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

6	0	0	0	0	0	0	0	0	0
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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. Jeff Duncan for Congress

Mailing Address 499 S Capital Street SW, Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Mr. Jeff Duncan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 27 / 2014

Transaction ID : 6180624

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends Of Mark Warner

Mailing Address 2034 Eisenhower Avenue, Suite 222

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Candidate Name

Sen. Mark Warner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 27 / 2014

Transaction ID : 6180626

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Price For Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

011

Candidate Name

Rep. Thomas Price M.D.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 27 / 2014

Transaction ID : 6180629

Amount of Each Disbursement this Period

2000.00

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

6500.00

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

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

Full Name (Last, First, Middle Initial)

A. Diane Black for Congress

Mailing Address P.O. Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement

011

Candidate Name

Ms. Diane Black

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

Transaction ID : 6180633

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Tom Reed For Congress

Mailing Address PO Box 391

City Geneva State NY Zip Code 14456

Purpose of Disbursement

011

Candidate Name

Rep. Tom Reed

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

Transaction ID : 6180634

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Boustany for Congress

Mailing Address 217 Third Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Mr. Charles Boustany

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

Transaction ID : 6180636

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	5	5	0	0	0	0	0	0	0
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