

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL ROOM  
2002 FEB 19 P 2:39

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

ST. Jude Medical Political Action Committee

ADDRESS (number and street)

One Wilshire Plaza

Check if different than previously reported. (ACC)

ST. Paul

MINN 55117

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

00030529

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

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

07/01/2001

through

12/31/2001

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

Type or Print Name of Treasurer

Peter L. Gove

Signature of Treasurer

*Peter L. Gove*

Date

01/25/2002

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

Office Use Only

**FEC FORM 3X**  
(Revised 1/01)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

*ST. Jude Medical Political Action Committee*

Report Covering the Period:

From:

*07 01 2001*

To:

*12 31 2001*

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <i>2001</i>		<i>15,091.35</i>
(b) Cash on Hand at Beginning of Reporting Period .....	<i>7,141.35</i>	
(c) Total Receipts (from Line 19) .....	<i>0.00</i>	<i>50.00</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<i>7,141.35</i>	<i>15,141.35</i>
7. Total Disbursements (from Line 30) .....	<i>5,549.50</i>	<i>13,549.50</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<i>1,591.85</i>	<i>1,591.85</i>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) .....		



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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

*St. Jude Political Action Committee*

Report Covering the Period:

From:

*12/1/01* *12/31/01*

To:

*12/31/01*

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) .....	<i>0.00</i>	
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	<i>0.00</i>	<i>50.00</i>
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 32, page 4) .....	<i>0.00</i>	<i>50.00</i>
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 36, page 4) .....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....		
17. Other Federal Receipts (Dividends, Interest, etc.) .....		
18. Transfers from Nonfederal Account for Joint Activity .....		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	<i>0.00</i>	<i>50.00</i>
20. Total Federal Receipts (subtract Line 18 from Line 19) .....		

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	5,500.00	13,500.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements (check re-order) .....	49.50	49.50
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) .....	5,549.50	13,549.50
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) .....		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	50.00
33. Total Contribution Refunds (from Line 28(d)) .....		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....	0.00	50.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
36. Offsets to Operating Expenditures (from Line 15, page 3) .....		
37. Net Operating Expenditures (subtract Line 36 from Line 35) .....		

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

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

FOR LINE NUMBER:  
(check only one)

PAGE / OF 3

21b  22  23  24  25  
 26  27  28a  28b  28c  29

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)

Date of Disbursement

*Conq. Mark Kennedy 02*

*07 19 2001*

Mailing Address *2006 Kenwood Drive West*

City *St. Paul* State *MN* Zip Code *55117*

Amount of Each Disbursement this Period

Purpose of Disbursement *Fundraiser*

*1,000.00*

Candidate Name *Mark Kennedy*

*011*  
Category/  
Type

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

State: *NW* District: *2*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*Gotknecht for U.S. Congress*

*08 29 2001*

Mailing Address *1530 Greenview Dr. SW #114*

City *Rochester* State *MN* Zip Code *55902*

Amount of Each Disbursement this Period

Purpose of Disbursement *Fundraiser*

*500.00*

Candidate Name *Gil Gotknecht*

*011*  
Category/  
Type

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

State: *MN* District: *1*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*Bill Thomas Campaign Committee*

*11 21 2001*

Mailing Address *P.O. Box 395*

City *Bakersfield* State *CA* Zip Code *93302*

Amount of Each Disbursement this Period

Purpose of Disbursement *Fundraiser*

*1,000.00*

Candidate Name *Bill Thomas*

*011*  
Category/  
Type

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

State: *CA* District: *23*

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

*2,500.00*

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)					PAGE 2 OF 3			
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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. Full Name (Last, First, Middle Initial)  
**Torricelli for U.S. Senate**

Mailing Address  
**1300 Connecticut Ave. NW, Suite 600**

City **Washington** State **DC** Zip Code **20036**

Purpose of Disbursement  
**Fundraiser**

Candidate Name  
**Robert Torricelli**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **NI** District:

Date of Disbursement  
**11 21 2001**

Amount of Each Disbursement this Period  
**500.00**

Category/Type  
**011**

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

Mailing Address  
**1399 Geneva Ave. N, Suite 202**

City **Dakota** State **MN** Zip Code **55128**

Purpose of Disbursement  
**Campaign Contribution**

Candidate Name  
**Bill Luther**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **MN** District: **6th**

Date of Disbursement  
**11 27 2001**

Amount of Each Disbursement this Period  
**500.00**

Category/Type  
**011**

C. Full Name (Last, First, Middle Initial)  
**Democratic Senatorial Campaign Committee**

Mailing Address  
**430 South Capital Street**

City **Washington** State **DC** Zip Code **20003**

Purpose of Disbursement  
**Campaign Contribution**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
**12 05 2001**

Amount of Each Disbursement this Period  
**1000.00**

Category/Type  
**011**

SUBTOTAL of Disbursements This Page (optional) ..... **2000.00**

TOTAL This Period (last page this line number only) ..... **2000.00**

**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 3

21b  22  23  24  25  
 26  27  28a  28b  28c  29

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)

Date of Disbursement

A. *Billy Tauzin Committee*

*12/17/2001*

Mailing Address: *2016 Mt. Vernon Avenue, 3rd Floor*

City: *Alexandria* State: *VA* Zip Code: *22301*

Amount of Each Disbursement this Period  
*1,000.00*

Purpose of Disbursement: *Campaign Contribution*

Category/Type: *Q16*

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: *LA* District: *12*

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

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) ▶

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

*1,000.00*  
*5,500.00*

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>1-26-02</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JS</i> PREPARER	<i>2-19-02</i> DATE PREPARED