

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

St. Jude Medical Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Paul GRANIS for U.S. Senate 480 Cedar ST, STE 450 St. Paul, MN 55101</i>	<i>Campaign Contribution U.S. Senate - MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</i>	<i>10/23/00</i>	<i>\$2,000.00</i>
<i>Roether for Congress 1399 Geneva Ave. N, Suite 202 Oakdale, MN. 55128</i>	<i>Campaign Contribution U.S. House of Rep. 1st District - MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</i>	<i>10/23/00</i>	<i>\$500.00</i>
<i>Minge for Congress Box 71 Granite Falls, MN. 56241</i>	<i>Campaign Contribution U.S. House of Rep. 1st District - MN. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</i>	<i>10/27/00</i>	<i>\$500.00</i>
<i>Linda Kunbeck for U.S. Congress P.O. Box 40340 St. Paul, MN. 55104</i>	<i>Campaign Contribution U.S. House of Rep. 4th District - MN. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</i>	<i>10/27/00</i>	<i>\$1,000.00</i>
<i>Kline for Congress Minneapolis Hilton 1001 Marquette Ave South Minneapolis, MN.</i>	<i>Campaign Contribution U.S. House of Rep. 1st District - MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</i>	<i>11/6/00</i>	<i>\$1,000.00</i>
<i>Public Policy Partners, L.L.C. 1001 Pennsylvania Ave. NW Suite 850 N Washington, DC 20004-8605</i>	<i>reimbursed for costs of fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</i>	<i>11/27/00</i>	<i>\$249.16</i>
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

5249.16

TOTAL This Period (last page this line number only)

5249.16