

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 ST PAUL MN 55117 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER 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) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2015 through 03 / 31 / 2015

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 04 / 14 / 2015

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="2015"/>		<input type="text" value="46176.60"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="46176.60"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="80332.93"/>	<input type="text" value="80332.93"/>
(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="126509.53"/>	<input type="text" value="126509.53"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="33500.00"/>	<input type="text" value="33500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="93009.53"/>	<input type="text" value="93009.53"/>
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

Write or Type Committee Name

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 01 / 01 / 2015 To: 03 / 31 / 2015

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).....	64510.00	64510.00
(ii) Unitemized	15822.93	15822.93
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	80332.93	80332.93
(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)	80332.93	80332.93
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))..... ▶	80332.93	80332.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	80332.93	80332.93

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.....	33500.00	33500.00
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	0.00
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)) ..	33500.00	33500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33500.00	33500.00

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)	80332.93	80332.93
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	80332.93	80332.93
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: PAGE 6 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. William Little

Mailing Address 635 Brockton Lane N.

City State Zip Code
 Plymouth MN 55447-3338

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

Name of Employer Occupation
 St. Jude Medical VP, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015
Transaction ID : 6728282

Amount of Each Receipt this Period
 1500.00

Full Name (Last, First, Middle Initial)
B. Scott Simcoe

Mailing Address 101 W. Alexa Court

City State Zip Code
 Bozeman MT 59718-6614

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

Name of Employer Occupation
 St. Jude Medical Engineer, Prin Software

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015
Transaction ID : 6728315

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Robert Herrboldt

Mailing Address 5280 Parell Ave NE

City State Zip Code
 Saint Michael MN 55376-9000

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

Name of Employer Occupation
 St. Jude Medical Engineer Sr, Controls

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015
Transaction ID : 6732028

Amount of Each Receipt this Period
 550.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2300.00

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 32
	<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. Lupe Rivera
Full Name (Last, First, Middle Initial)

Mailing Address 17628 Camino De Yatasto

City	State	Zip Code
Pacific Palisades	CA	90272-2014

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 ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	22	/	2015

Transaction ID : 6732032

Amount of Each Receipt this Period
250.00

B. David Ewing
Full Name (Last, First, Middle Initial)

Mailing Address 10 Mitchell Springs Court

City	State	Zip Code
Simpsonville	SC	29681-3601

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

Name of Employer	Occupation
St. Jude Medical	VP, Global Ops Comp Mfg

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	22	/	2015

Transaction ID : 6732194

Amount of Each Receipt this Period
1000.00

C. Daniel Rankin
Full Name (Last, First, Middle Initial)

Mailing Address 2039 Crestlake Ave

City	State	Zip Code
South Pasadena	CA	91030-4502

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

Name of Employer	Occupation
St. Jude Medical	Mgr, Prog Mgmt Process and Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	22	/	2015

Transaction ID : 6732209

Amount of Each Receipt this Period
250.00

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: PAGE 8 OF 32
(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. Philip Ebeling

Mailing Address 5050 Nathan Lane North

City State Zip Code
 Plymouth MN 55442-3209

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2015
Transaction ID : 6733294

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. Eric Fain

Mailing Address 10 Princeton Rd.

City State Zip Code
 Menlo Park CA 94025-5327

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

Name of Employer Occupation
 St. Jude Medical President, IESD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : 6734061

Amount of Each Receipt this Period
 2500.00

Full Name (Last, First, Middle Initial)
C. Jonathan Walters

Mailing Address 36 Sundown Parkway

City State Zip Code
 Austin TX 78746-5258

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : 6750232

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00

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 32
	<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. Wendy Yarno		Date of Receipt
Mailing Address 50 Enchanted Way		<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
Sedona	AZ	86336-6165
FEC ID number of contributing federal political committee.		Transaction ID : 6751238
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>
Name of Employer	Occupation	
HemoShear, LLC	Chief Marketing Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John Brown		Date of Receipt
Mailing Address 750 Trade Centre Suite 145		<input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Portage	MI	49002-0485
FEC ID number of contributing federal political committee.		Transaction ID : 6751247
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Name of Employer	Occupation	
Stryker Corporation	Chairman	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mark Neal		Date of Receipt
Mailing Address 8992 Preston Rd #110-720		<input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Frisco	TX	75034-3965
FEC ID number of contributing federal political committee.		Transaction ID : 6751286
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
St. Jude Medical	VP Quality Assurance	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 32
<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 (Last, First, Middle Initial)
A. Stuart Essig Ph.D.

Mailing Address 311-C Enterprise Drive

City Plainsboro State NJ Zip Code 08536-3344

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

Name of Employer Integra LifeSciences Holdings Corporat Occupation Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 27 / 2015
Transaction ID : 6752088

Amount of Each Receipt this Period
3500.00

Full Name (Last, First, Middle Initial)
B. Avi Bilu

Mailing Address 358 W. California Blvd. #101

City Pasadena State CA Zip Code 91105-2925

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

Name of Employer St. Jude Medical Occupation Mgr, New Product Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 03 / 2015
Transaction ID : 6768666

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Harry Janiski Jr

Mailing Address 11729 47th CT NE

City Saint Michael State MN Zip Code 55376-4529

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

Name of Employer St. Jude Medical Occupation VP, Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 03 / 2015
Transaction ID : 6769393

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00

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 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Daniel Rankin
Full Name (Last, First, Middle Initial)

Mailing Address 2039 Crestlake Ave

City South Pasadena State CA Zip Code 91030-4502

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

Name of Employer St. Jude Medical Occupation Mgr, Prog Mgmt Process and Ops

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
 02 / 04 / 2015
Transaction ID : 6769929

Amount of Each Receipt this Period
 250.00

B. Eric Schorsch
Full Name (Last, First, Middle Initial)

Mailing Address 816 McKinely Pointe Lane

City Knoxville State TN Zip Code 37934-1567

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

Name of Employer St. Jude Medical Occupation VP, Field Clinical Engineering

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
 02 / 08 / 2015
Transaction ID : 6779388

Amount of Each Receipt this Period
 250.00

C. Barbara Hill
Full Name (Last, First, Middle Initial)

Mailing Address 212 Lambeth Road

City Baltimore State MD Zip Code 21218-1108

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

Name of Employer Moelis Capital Partners / New York Cit Occupation Operating Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2015
Transaction ID : 6779392

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 12 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Scott Thome

Mailing Address 3604 Lisa Circle

City State Zip Code
Saint Cloud MN 56301-9581

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

Name of Employer Occupation
St. Jude Medical VP Sr, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2015
Transaction ID : 6779394

Amount of Each Receipt this Period
1000.00

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

Mailing Address 5217 McCormick Mountain Dr

City State Zip Code
Austin TX 78734-1815

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

Name of Employer Occupation
St. Jude Medical Sr. VP, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2015
Transaction ID : 6788486

Amount of Each Receipt this Period
2250.00

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

Mailing Address 1580 Blackhawk Lake Drive

City State Zip Code
Eagan MN 55122-1245

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2015
Transaction ID : 6788504

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	4250.00
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 13 OF 32
<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 (Last, First, Middle Initial) A. Joel Becker		Date of Receipt MM / DD / YYYY 02 / 12 / 2015 Transaction ID : 6790023
Mailing Address 6201 Soter Parkway		Amount of Each Receipt this Period 1500.00
City Austin State TX Zip Code 78735-6135	FEC ID number of contributing federal political committee. C	
Name of Employer St. Jude Medical Occupation President, US Division	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00

Full Name (Last, First, Middle Initial) B. Michael Rousseau		Date of Receipt MM / DD / YYYY 02 / 12 / 2015 Transaction ID : 6790217
Mailing Address 620 Brandon Way		Amount of Each Receipt this Period 5000.00
City Austin State TX Zip Code 78733-3263	FEC ID number of contributing federal political committee. C	
Name of Employer St. Jude Medical Occupation Group President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

Full Name (Last, First, Middle Initial) C. Duane Van Fleet		Date of Receipt MM / DD / YYYY 02 / 13 / 2015 Transaction ID : 6793335
Mailing Address 820 Northway Road		Amount of Each Receipt this Period 1000.00
City Williamsport State PA Zip Code 17701-3816	FEC ID number of contributing federal political committee. C	
Name of Employer St Jude Medical Occupation Sr Sales Consultant	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	7500.00
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 14 OF 32
(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. Michael Fleming

Mailing Address 3932 Oberlin

City State Zip Code
Houston TX 77005-3636

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 6793741

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Michael Rocca

Mailing Address 28930 Sommers Dr

City State Zip Code
Naples FL 34119-0916

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 6795240

Amount of Each Receipt this Period
2000.00

Full Name (Last, First, Middle Initial)
C. Mark Carlson

Mailing Address 5411 Villawood Circle

City State Zip Code
Calabasas CA 91302-3106

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

Name of Employer Occupation
St. Jude Medical VP, Sr Clin Aff & ChiefMedOff(CMO)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 6795242

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00

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 15 OF 32
	<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. Tamara Shipman		Date of Receipt
Mailing Address 1314 Ashwood Court		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code
San Mateo	CA	94402-3318
FEC ID number of contributing federal political committee.		Transaction ID : 6795791
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
St. Jude Medical	Dir, Sr Clinical Studies	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Yoheng Chang		Date of Receipt
Mailing Address 749 W. Camino Real, #E		<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code
Arcadia	CA	91007-7883
FEC ID number of contributing federal political committee.		Transaction ID : 6798049
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
St Jude Medical	Mgr., Program Mgmt.	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Daniel Campaigne		Date of Receipt
Mailing Address 6300 Bee Caves Road Building 2		<input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	Zip Code
Austin	TX	78746-5832
FEC ID number of contributing federal political committee.		Transaction ID : 6799734
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 16 OF 32
	<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. William Winstrom		Date of Receipt
Mailing Address 6901 Preston Road		M M M / D D D / Y Y Y Y Y Y 02 / 19 / 2015
City Plano	State TX	Zip Code 75024-2508
FEC ID number of contributing federal political committee. C		Transaction ID : 6799743
Name of Employer		Amount of Each Receipt this Period
Occupation		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
250.00		

Full Name (Last, First, Middle Initial) B. John Sieckhaus		Date of Receipt
Mailing Address 3702 81st Avenue SE		M M M / D D D / Y Y Y Y Y Y 02 / 19 / 2015
City Mercer Island	State WA	Zip Code 98040-3531
FEC ID number of contributing federal political committee. C		Transaction ID : 6800441
Name of Employer St. Jude Medical		Amount of Each Receipt this Period
Occupation DVP, CRM/AF		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
250.00		

Full Name (Last, First, Middle Initial) C. Richard Niven		Date of Receipt
Mailing Address 1047 Rosemary Circle		M M M / D D D / Y Y Y Y Y Y 02 / 19 / 2015
City Chaska	State MN	Zip Code 55318-4634
FEC ID number of contributing federal political committee. C		Transaction ID : 6800468
Name of Employer St. Jude Medical		Amount of Each Receipt this Period
Occupation Manager, Purchasing		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
250.00		

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:	PAGE 17 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Vishnuram Venkatesan		Date of Receipt
Mailing Address 15177 NW Sweetgale Lane		<input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City State Zip Code Portland OR 97229-1570		Transaction ID : 6801562
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer St Jude Medical	Occupation IV Quality Assurance Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. Christopher Thode		Date of Receipt
Mailing Address 15900 Valley View Court		<input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City State Zip Code Sylmar CA 91342-3577		Transaction ID : 6801572
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Kyle Jamaitis		Date of Receipt
Mailing Address 6300 Bee Caves Road Building 2 Suite 100		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City State Zip Code Austin TX 78746-5832		Transaction ID : 6804234
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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 18 OF 32
	<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. Scott Simon
Full Name (Last, First, Middle Initial)

Mailing Address 2225 Tree Lane

City Billings State MT Zip Code 59102-2560

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

Name of Employer St. Jude Medical Occupation Dir, Field Clinical Engineering

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2015

Transaction ID : 6804820

Amount of Each Receipt this Period
250.00

B. William Sevold
Full Name (Last, First, Middle Initial)

Mailing Address 11203 Whitewater Drive

City Woodbury State MN Zip Code 55129-5309

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2015

Transaction ID : 6804826

Amount of Each Receipt this Period
250.00

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

Mailing Address 7317 Auto Club Road

City Bloomington State MN Zip Code 55438-2433

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

Name of Employer St. Jude Medical Occupation Executive VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2015

Transaction ID : 6813201

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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 19 OF 32
	<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. Ilhan Bae
Full Name (Last, First, Middle Initial)

Mailing Address 2535 Sandycreek Drive

City Westlake Village State CA Zip Code 91361-5545

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

Name of Employer St. Jude Medical Occupation Sr. VP, Administration & Gen Counsel

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
 02 / 24 / 2015
Transaction ID : 6813202

Amount of Each Receipt this Period
 500.00

B. Robert Shue
Full Name (Last, First, Middle Initial)

Mailing Address 113 Devon Ct.

City Easley State SC Zip Code 29640-7815

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

Name of Employer St. Jude Medical Occupation Dir, Quality Assurance (QA)

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
 02 / 25 / 2015
Transaction ID : 6813203

Amount of Each Receipt this Period
 500.00

C. Richard Devenuti
Full Name (Last, First, Middle Initial)

Mailing Address 229 24th Street

City Manhattan Beach State CA Zip Code 90266-4322

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

Name of Employer Occupation SJM Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2015
Transaction ID : 6813263

Amount of Each Receipt this Period
 4000.00

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
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 20 OF 32
	<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. Jeffrey Powell
Full Name (Last, First, Middle Initial)
Mailing Address 5 Thornwood Lane
City Greenville State SC Zip Code 29605-3150
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Jude Medical Occupation Divisional Vice President, CRM/AF
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 27 / 2015
Transaction ID : 6821262
Amount of Each Receipt this Period 500.00

B. Edward Ferrier
Full Name (Last, First, Middle Initial)
Mailing Address 24521 Peachland Avenue
City Newhall State CA Zip Code 91321-3458
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Jude Medical Occupation VP, Sr Finance and IT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 17 / 2015
Transaction ID : 6952598
Amount of Each Receipt this Period 500.00

C. Patricia Thorsbakken
Full Name (Last, First, Middle Initial)
Mailing Address 860 133rd Lane NE
City Ham Lake State MN Zip Code 55304-6924
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Jude Medical Occupation Engineer Pr, Software
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2015
Transaction ID : PR537484312656
Amount of Each Receipt this Period 250.00
P/R Deduction (\$250.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1250.00
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 21 OF 32
	<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. Nathan Andrew Richartz
Full Name (Last, First, Middle Initial)

Mailing Address 2305 Point Comfort Road

City Menomonie State WI Zip Code 54751-2263

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

Name of Employer St. Jude Medical Occupation Director, Facilities

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2015
Transaction ID : PR537545712656

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Bi-Weekly)

B. Gary Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 327 English Oak Road

City Simpsonville State SC Zip Code 29681-5106

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

Name of Employer St. Jude Medical Occupation Dir, SBU Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2015
Transaction ID : PR537604712656

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Bi-Weekly)

C. Gene Bornzin
Full Name (Last, First, Middle Initial)

Mailing Address 608 Stonebrook

City Simi Valley State CA Zip Code 93065-5444

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

Name of Employer St. Jude Medical Occupation VP, Fellow - Research

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2015
Transaction ID : PR537631612656

Amount of Each Receipt this Period 500.00

P/R Deduction (\$500.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 22 OF 32
	<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. Timothy Fayram		Date of Receipt MM / DD / YYYY 03 / 31 / 2015
Mailing Address 8170 Honeycomb Road		Transaction ID : PR537632512656
City Gilroy	State CA	Zip Code 95020-8850
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer St. Jude Medical	Occupation VP, Research	P/R Deduction (\$250.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mark Murphy		Date of Receipt MM / DD / YYYY 03 / 31 / 2015
Mailing Address 3743 Mount Vernon Lane		Transaction ID : PR537673312656
City Woodbury	State MN	Zip Code 55129-5010
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer St. Jude Medical	Occupation Sr Dir Enterprise Application Solution	P/R Deduction (\$500.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Jason Zellers		Date of Receipt MM / DD / YYYY 03 / 31 / 2015
Mailing Address 3561 Settlers Way		Transaction ID : PR537674112656
City Stillwater	State MN	Zip Code 55082-3453
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer St. Jude Medical	Occupation VP Gen Counsel and Corp Secretary	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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: (check only one)	PAGE 23 OF 32
<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. 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, Global Communications
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00

Date of Receipt 03 / 31 / 2015
Transaction ID : PR537674212656
Amount of Each Receipt this Period 320.00
P/R Deduction (\$80.00 Bi-Weekly)

B. Daniel Starks
Full Name (Last, First, Middle Initial)
Mailing Address One St. Jude Medical Drive
City Saint Paul State MN Zip Code 55117-1789
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Jude Medical Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 31 / 2015
Transaction ID : PR537674812656
Amount of Each Receipt this Period 5000.00
P/R Deduction (\$5000.00 Bi-Weekly)

C. Ashli Douglas
Full Name (Last, First, Middle Initial)
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 ▼ 2000.00

Date of Receipt 03 / 31 / 2015
Transaction ID : PR537714512656
Amount of Each Receipt this Period 2000.00
P/R Deduction (\$2000.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	7320.00
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 24 OF 32
	<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. Michael Minacci
Full Name (Last, First, Middle Initial)

Mailing Address 5038 Ashington Landing Drive

City Tampa State FL Zip Code 33647-3514

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

Name of Employer St. Jude Medical Occupation Territory Manager, CRM/AF

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2015
Transaction ID : PR537747012656

Amount of Each Receipt this Period 500.00

P/R Deduction (\$500.00 Bi-Weekly)

B. Jacob Walters
Full Name (Last, First, Middle Initial)

Mailing Address 7309 South Heatheridge Ave

City Sioux Falls State SD Zip Code 57108-3351

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

Name of Employer St. Jude Medical Occupation Direct Sales Rep, AF

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2015
Transaction ID : PR537770612656

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Bi-Weekly)

C. Claude Eldaye
Full Name (Last, First, Middle Initial)

Mailing Address 6 Dynamo Ct

City Niskayuna State NY Zip Code 12309-1179

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

Name of Employer St. Jude Medical Occupation Dir, Sr. Regional Sales EP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2015
Transaction ID : PR537822612656

Amount of Each Receipt this Period 500.00

P/R Deduction (\$500.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1250.00

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 25 OF 32
(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. John Sieckhaus
 Full Name (Last, First, Middle Initial)
 Mailing Address 3702 81st Avenue SE
 City Mercer Island State WA Zip Code 98040-3531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation DVP, CRM/AF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 03 / 31 / 2015
Transaction ID : PR537825312656
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. Scott Michael Wareham
 Full Name (Last, First, Middle Initial)
 Mailing Address 4620 Rose Creek
 City Fargo State ND Zip Code 58104-6841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Jude Medical Occupation TM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2015
Transaction ID : PR766927012656
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Bi-Weekly)

C. Jonathan Dietrich
 Full Name (Last, First, Middle Initial)
 Mailing Address 11069 Emelita St
 City N Hollywood State CA Zip Code 91601-1306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Director, Quality
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2015
Transaction ID : PR766936312656
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 540.00
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 26 OF 32
	<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. Dan Stephens
Full Name (Last, First, Middle Initial)
Mailing Address 4 Inwood Terrace
City San Antonio State TX Zip Code 78248-1656
FEC ID number of contributing federal political committee. **C**
Name of Employer St Jude Medical Occupation Territory Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2015
Transaction ID : PR767017312656
Amount of Each Receipt this Period 500.00
P/R Deduction (\$500.00 Bi-Weekly)

B. Steven R Tabb
Full Name (Last, First, Middle Initial)
Mailing Address 9705 Kentsdale Dr
City Potomac State MD Zip Code 20854-4538
FEC ID number of contributing federal political committee. **C**
Name of Employer St Jude Medical Occupation Territory Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2015
Transaction ID : PR767080212656
Amount of Each Receipt this Period 1000.00
P/R Deduction (\$1000.00 Bi-Weekly)

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

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	64510.00

**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"/> 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. Donnelly for Indiana

Mailing Address P.O. Box 891

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement
Void - Donnelly for Indiana (9/30/14 ck#1779 never received)

011

Candidate Name

Mr. Joseph Donnelly

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 6890764

Amount of Each Disbursement this Period

-2500.00

Void - Donnelly for Indiana (9/30/14 ck#1779 never received)

Full Name (Last, First, Middle Initial)

B. ROBERTS, PAT

Mailing Address PO BOX 15

City DODGE CITY State KS Zip Code 67801

Purpose of Disbursement
Void - ROBERTS, PAT (9/30/14 ck#1782 never received)

011

Candidate Name

Pat Roberts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 6890765

Amount of Each Disbursement this Period

-2500.00

Void - ROBERTS, PAT (9/30/14 ck#1782 never received)

Full Name (Last, First, Middle Initial)

C. 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: 2016
 Primary General
 Other (specify) ▼

State: CA District: 14

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 6950567

Amount of Each Disbursement this Period

1500.00

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

-3500.00

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. Kind for Congress

Mailing Address 1250 I Street, NW Suite 200

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Ronald Kind

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2015

Transaction ID : 6950568

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Scott Peters For Congress

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Scott Peters

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2015

Transaction ID : 6951037

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Tony Cardenas for Congress

Mailing Address 3700 Wilshire Blvd., Ste 1050A

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Tony Cardenas

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2015

Transaction ID : 6951039

Amount of Each Disbursement this Period

5000.00

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

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

9500.00

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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 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

Mr. Erik Paulsen

Office Sought: House
 Senate
 President
State: MN District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : 6951040

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Kevin McCarthy for Congress

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Kevin McCarthy

Office Sought: House
 Senate
 President
State: CA District: 22

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : 6951041

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Marsha Blackburn for Congress

Mailing Address 499 South Capitol Street SW
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ms. Marsha Blackburn

Office Sought: House
 Senate
 President
State: TN District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : 6951042

Amount of Each Disbursement this Period

3000.00

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. Walters For Congress

Mailing Address C/O 8001 Irvine Center Drive, #400

City Irvine State CA Zip Code 92618

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Mimi Walters

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 45

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2015

Transaction ID : 6951043

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Renee Ellmers RN

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2015

Transaction ID : 6951051

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Donnelly for Indiana

Mailing Address P.O. Box 891

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Joseph Donnelly

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2015

Transaction ID : 6951057

Amount of Each Disbursement this Period

2500.00

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

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

6500.00

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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 John Barrasso Committee

Mailing Address 406 Virginia Ave.

City Alexandria State VA Zip Code 22302

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. John Barrasso

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 6951062

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of John Barrasso Committee

Mailing Address 406 Virginia Ave.

City Alexandria State VA Zip Code 22302

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. John Barrasso

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 6951064

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. HATCH ELECTION COMMITTEE INC

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

Mr. Orrin Hatch

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: UT District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 6951065

Amount of Each Disbursement this Period

3000.00

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

8000.00

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. ROBERTS, PAT

Mailing Address PO BOX 15

City DODGE CITY State KS Zip Code 67801

Purpose of Disbursement

011

Candidate Name
Pat Roberts

Office Sought: House
 Senate
 President
State: KS District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : 6951066

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. RICHARD BURR COMMITTEE; THE

Mailing Address POST OFFICE BOX 5928

City WINSTON-SALEM State NC Zip Code 27113

Purpose of Disbursement

011

Candidate Name
Mr. Richard Burr

Office Sought: House
 Senate
 President
State: NC District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : 6951067

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

5500.00

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

33500.00