

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
St Jude Medical Political Action Committee

ADDRESS (number and street) One Lillehei Plaza
 Check if different than previously reported. (ACC)
St Paul MN 55117

2. **FEC IDENTIFICATION NUMBER** C00305029
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 Quarterly 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 (12G)
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 01 01 2009 through 06 30 2009

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 Electronically Filed by Robert G Frenz Date 07 30 2009

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
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
St Jude Medical Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		2496.20
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	2496.20									
(c) Total Receipts (from Line 19)	43522.34	43522.34								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	46018.54	46018.54								
7. Total Disbursements (from Line 31)	26987.99	26987.99								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19030.55	19030.55								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
St Jude Medical Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	36108.34	36108.34
(ii) Unitemized	3414.00	3414.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	39522.34	39522.34
(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)	39522.34	39522.34
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	4000.00	4000.00
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 Transfer (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))	43522.34	43522.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	43522.34	43522.34

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	24500.00	24500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	2487.99	2487.99
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	26987.99	26987.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26987.99	26987.99

DETAILED SUMMARY PAGE
of Disbursements

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	39522.34	39522.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39522.34	39522.34
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 / 23
(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

A. Full Name (Last, First, Middle Initial)
Boris Ayzen

Mailing Address 13224 Admiral Ave., Unit B

City Marina Del Rey State CA Zip Code 90292

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

Name of Employer St Jude Medical Occupation Director, Clinical Data Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
03 / 27 / 2009

Transaction ID: SA11AI.4403

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Paul Bae

Mailing Address One Lillehei Plaza

City St. Paul State MN Zip Code 55117

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

Name of Employer St Jude Medical Occupation VP - Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
04 / 27 / 2009

Transaction ID: SA11AI.4425

Amount of Each Receipt this Period: 500.00

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

Mailing Address 750 Trade Centre

City Portage State MI Zip Code 49002

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

Name of Employer Stryker Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: MM / DD / YYYY
03 / 12 / 2009

Transaction ID: SA11AI.4359

Amount of Each Receipt this Period: 2000.00

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: (check only one)	PAGE 7 / 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	

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) Frank Callaghan	Date of Receipt MM / DD / YYYY 06 / 12 / 2009
	Mailing Address 10712 Sanctuary Drive NE	Transaction ID: SA11AI.4449
	City State Zip Code Blaine MN 55449	Amount of Each Receipt this Period 333.34
	FEC ID number of contributing federal political committee. C	Payroll deduction (\$47.62 per pp)
Name of Employer St Jude Medical	Occupation President, G & A Admin.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.34	

B.	Full Name (Last, First, Middle Initial) Jeffrey J Chateau	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 24376 Mira Vista Street	Transaction ID: SA11AI.4407
	City State Zip Code Valencia CA 91355	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer St Jude Medical-CRM	Occupation V.P. Supply Line	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Angela Craig	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 1966 Princeton Ave.	Transaction ID: SA11AI.4406
	City State Zip Code St. Paul MN 55105	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer St Jude Medical	Occupation VP, Corporate Relations	
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)	1833.34
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 / 23
	(check only one)
	<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

A.	Full Name (Last, First, Middle Initial) Ashli J Douglas	Date of Receipt MM / DD / YYYY 05 / 01 / 2009
	Mailing Address 615 25th Street S	Transaction ID: SA11AI.4426
	City State Zip Code Arlington VA 22202	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St Jude Medical Occupation Sr. Dir., Gov. Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Kimberley A Elting	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 4611 Cherokee Trail	Transaction ID: SA11AI.4385
	City State Zip Code Dallas TX 75209	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St Jude Medical Occupation V.P. & General Counsel - ANS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Stuart M Essig	Date of Receipt MM / DD / YYYY 03 / 12 / 2009
	Mailing Address 26 Coniston Court	Transaction ID: SA11AI.4354
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Intera Life Sciences Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	4000.00
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 9 / 23
(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

<p>A. Full Name (Last, First, Middle Initial) Eric S Fain</p> <p>Mailing Address 10 Princeton Road</p> <p>City State Zip Code Menlo Park CA 94025</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation St Jude Medical President - CRMD</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2009</p> <p>Transaction ID: SA11AI.4352</p> <p>Amount of Each Receipt this Period 1500.00</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Andre Fremaux</p> <p>Mailing Address 1175 Cypress Manor Court</p> <p>City State Zip Code Baton Rouge LA 70806</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation St Jude Medical Sr. Regional Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2009</p> <p>Transaction ID: SA11AI.4374</p> <p>Amount of Each Receipt this Period 500.00</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Walter J Fritschner</p> <p>Mailing Address 33 Marlboro Drive</p> <p>City State Zip Code Bell Canyon CA 91307</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation St Jude Medical Sr. VP, Finance - USD</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2009</p> <p>Transaction ID: SA11AI.4383</p> <p>Amount of Each Receipt this Period 500.00</p>
--	--

SUBTOTAL of Receipts This Page (optional)	2500.00
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 / 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	

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) Thomas Garrett	Date of Receipt MM / DD / YYYY 05 / 28 / 2009
	Mailing Address 540 Wentworth Ave. W	Transaction ID: SA11AI.4434
	City State Zip Code St Paul MN 55118	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00

B.	Full Name (Last, First, Middle Initial) John C Heinmiller	Date of Receipt MM / DD / YYYY 05 / 01 / 2009
	Mailing Address 10796 Purdey Road	Transaction ID: SA11AI.4427
	City State Zip Code Eden Praire MN 55347	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St Jude Medical Occupation Executive VP and CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00

C.	Full Name (Last, First, Middle Initial) David Hendrick	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 2204 Demona Drive	Transaction ID: SA11AI.4420
	City State Zip Code Austin TX 78733	Amount of Each Receipt this Period 725.00
	FEC ID number of contributing federal political committee. C	Payroll deduction (one lump sum)
	Name of Employer St Jude Medical Occupation VP., Corporate Accounts Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 725.00

SUBTOTAL of Receipts This Page (optional)	▶	4725.00
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 11 / 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

A.	Full Name (Last, First, Middle Initial) Barbara B Hill	Date of Receipt MM / DD / YYYY 03 / 09 / 2009
	Mailing Address 212 Lambeth Road	Transaction ID: SA11AI.4353
	City State Zip Code Baltimore MD 21218	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Valveoptions, Inc. CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) Mark Hoffman	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 28234 N Infinity Circle	Transaction ID: SA11AI.4412
	City State Zip Code Santa Clarita CA 91390	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation St Jude Medical Sr. VP - Human Resources - CRMD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Pamela S Krop	Date of Receipt MM / DD / YYYY 04 / 27 / 2009
	Mailing Address 3357 Calhoun Parkway	Transaction ID: SA11AI.4423
	City State Zip Code Minneapolis MN 55408	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation St Jude Medical VP & General Counsel	
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)	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: PAGE 12 / 23

(check only one)

<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

A.

Full Name (Last, First, Middle Initial)

Alan L Lybeck

Mailing Address 5006 29th Ave S

City State Zip Code
Minneapolis MN 55417

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

Name of Employer Occupation
St Jude Medical Records Mgr. - Corporate

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 20 / 2009

Transaction ID: SA11AI.4389

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Tom Northenscold

Mailing Address 1215 Oakview Lane N

City State Zip Code
Plymouth MN 55441

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

Name of Employer Occupation
St Jude Medical VP., IT & CIO

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 20 / 2009

Transaction ID: SA11AI.4384

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)

Sandra Reynolds

Mailing Address 16301 Sundancer

City State Zip Code
Huntington Beach CA 92649

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

Name of Employer Occupation
Homemaker

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 12 / 2009

Transaction ID: SA11AI.4428

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional)

2000.00

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 / 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

A.	Full Name (Last, First, Middle Initial) Michael A Rocca		Date of Receipt MM / DD / YYYY 03 / 20 / 2009		
	Mailing Address 28930 Sommers Dr		Transaction ID: SA11AI.4388		
	City Naples	State FL	Zip Code 34119	Amount of Each Receipt this Period 2000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Retired	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

B.	Full Name (Last, First, Middle Initial) Michael Rousseau		Date of Receipt MM / DD / YYYY 06 / 05 / 2009		
	Mailing Address 620 Brandon Way		Transaction ID: SA11AI.4436		
	City Austin	State TX	Zip Code 78733	Amount of Each Receipt this Period 1500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St Jude Medical	Occupation Group President - Corporate			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

C.	Full Name (Last, First, Middle Initial) Scott Simon		Date of Receipt MM / DD / YYYY 03 / 12 / 2009		
	Mailing Address 2225 Tree Lane		Transaction ID: SA11AI.4367		
	City Billings	State MT	Zip Code 59102	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St Jude Medical	Occupation FCE Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
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 14 / 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

A.	Full Name (Last, First, Middle Initial) Jane J Song	Date of Receipt MM / DD / YYYY 04 / 27 / 2009
	Mailing Address 700 S 2nd Street #22	Transaction ID: SA11AI.4422
	City State Zip Code Minneapolis MN 55401	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer St Jude Medical	Occupation President - AFD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) Daniel J Starks	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address One Lillehei Plaza	Transaction ID: SA11AI.4405
	City State Zip Code St Paul MN 55117	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer St Jude Medical	Occupation CEO/President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) Lawrence A Voeller	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 469 Woodhill Drive	Transaction ID: SA11AI.4391
	City State Zip Code Roseville MN 55113	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer St Jude Medical	Occupation Director - Talent Mgmt.	
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)	7300.00
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 15 / 23
	(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"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) Dennis Wagner		Date of Receipt MM / DD / YYYY 03 / 12 / 2009		
	Mailing Address 18572 65th Ave N		Transaction ID: SA11AI.4355		
	City Maple Grove	State MN	Zip Code 55311	Amount of Each Receipt this Period 750.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St Jude Medical	Occupation VP, Finance & Admin AF			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

B.	Full Name (Last, First, Middle Initial) Holly A Welborn		Date of Receipt MM / DD / YYYY 03 / 20 / 2009		
	Mailing Address 15895 Yellow Pine Street NW		Transaction ID: SA11AI.4395		
	City Andover	State MN	Zip Code 55304	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St Jude Medical	Occupation Tax Director - Corporate			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Wendy L Yarno		Date of Receipt MM / DD / YYYY 03 / 20 / 2009		
	Mailing Address 8 Hay Barrick Road		Transaction ID: SA11AI.4392		
	City Whitehorse Station	State NJ	Zip Code 08889	Amount of Each Receipt this Period 2000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Merck & Co.	Occupation Chief Marketing Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

SUBTOTAL of Receipts This Page (optional)	▶	3250.00
TOTAL This Period (last page this line number only)	▶	36108.34

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 / 23
(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

A. Full Name (Last, First, Middle Initial)
AdvaMed PAC

Mailing Address 701 Pennsylvania Ave. NW Suite 800

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 1 / 2 0 0 9

Transaction ID: SA16.4544

Amount of Each Receipt this Period
2000.00

refund ck 8/23/06

B. Full Name (Last, First, Middle Initial)
AdvaMed PAC

Mailing Address 701 Pennsylvania Ave. NW Suite 800

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 1 / 2 0 0 9

Transaction ID: SA16.4546

Amount of Each Receipt this Period
2000.00

refund ck 3/17/05

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

TOTAL This Period (last page this line number only) ► **4000.00**

**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

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) AdvaMed PAC	Transaction ID: SB23.4523 Date of Disbursement 06 / 16 / 2009
	Mailing Address 701 Pennsylvania Ave. NW Suite 800	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20004	
	Purpose of Disbursement	011 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS	Transaction ID: SB23.4524 Date of Disbursement 06 / 25 / 2009
	Mailing Address 555 Capitol Mall, Suite 1425	Amount of Each Disbursement this Period 2000.00
	City Sacramento State CA Zip Code 95814	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Anna Eshoo	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: CA District: 14	

C.	Full Name (Last, First, Middle Initial) BENNETT ELECTION COMMITTEE INC	Transaction ID: SB23.4456 Date of Disbursement 03 / 13 / 2009
	Mailing Address 175 SOUTH WEST TEMPLE SUITE 650	Amount of Each Disbursement this Period 1000.00
	City SALT LAKE CITY State UT Zip Code 84101	
	Purpose of Disbursement	011 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: UT District: 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

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) Bluegrass Committee Mailing Address 400 North Capitol Street NW Suite 585 City Washington State DC Zip Code 20001 Purpose of Disbursement <input type="text" value="011"/> Candidate Name Mitch McConnell Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District:	Transaction ID: SB23.4551 Date of Disbursement <input type="text" value="06"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/> Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
B.	Full Name (Last, First, Middle Initial) Dave Camp for Congress Mailing Address 2501 Wisconsin Ave NW #304 City Washington State DC Zip Code 20007 Purpose of Disbursement <input type="text"/> Candidate Name Dave Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04	Transaction ID: SB23.4567 Date of Disbursement <input type="text" value="06"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
C.	Full Name (Last, First, Middle Initial) EVAN BAYH COMMITTEE Mailing Address 850 FORT WAYNE AVENUE City INDIANAPOLIS State IN Zip Code 46204 Purpose of Disbursement <input type="text" value="011"/> Candidate Name Evan Bayh Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District:	Transaction ID: SB23.4482 Date of Disbursement <input type="text" value="04"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="09"/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

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

A. Full Name (Last, First, Middle Initial)
FRIENDS OF BLANCHE LINCOLN

Mailing Address PO BOX 3197

City LITTLE ROCK State AR Zip Code 72203

Purpose of Disbursement

Category/
Type

Candidate Name
Blanch Lincoln

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: AR District:

Transaction ID: SB23.4526

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name
Erik Paulsen

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: MN District: 03

Transaction ID: SB23.4472

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
FRIENDS OF LOIS CAPPES

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement

Category/
Type

Candidate Name
Lois Capps

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: CA District: 23

Transaction ID: SB23.4491

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

A.

Full Name (Last, First, Middle Initial)
HATCH ELECTION COMMITTEE INC

Transaction ID: SB23.4488

Date of Disbursement

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

/ /

City State Zip Code
SALT LAKE CITY UT 84101

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name
Orin Hatch

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: UT District:

B.

Full Name (Last, First, Middle Initial)
HATCH ELECTION COMMITTEE INC

Transaction ID: SB23.4516

Date of Disbursement

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

/ /

City State Zip Code
SALT LAKE CITY UT 84101

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name
Orin Hatch

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: UT District:

C.

Full Name (Last, First, Middle Initial)
Hoosiers for Hill

Transaction ID: SB23.4470

Date of Disbursement

Mailing Address P.O.Box 1071

/ /

City State Zip Code
Seymour IN 47274

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name
Baron Hill

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: IN District: 09

SUBTOTAL of Disbursements This Page (optional)

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

<p>A. Full Name (Last, First, Middle Initial) Murphy for Congress</p> <p>Mailing Address P.O.Box 127</p> <p>City Cheshire State CT Zip Code 06410</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Chris Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 05</p>	<p>Transaction ID: SB23.4497 Date of Disbursement: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	5		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	5		2	0	0	9													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Sherman for Congress</p> <p>Mailing Address 4570 Van Nuys Boulevard #270</p> <p>City Sherman Oaks State CA Zip Code 91403</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Brad Sherman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 27</p>	<p>Transaction ID: SB23.4578 Date of Disbursement: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	4		2	0	0	9													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) The Richard Burr Committee</p> <p>Mailing Address P.O. Box 5928</p> <p>City Winston-Salem State NC Zip Code 27113</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Richard Burr</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:</p>	<p>Transaction ID: SB23.4554 Date of Disbursement: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	3		2	0	0	9													
1000.00																						

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	24500.00

**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 23 / 23

<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 checked="" 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

A. Full Name (Last, First, Middle Initial) COLEMAN MINNESOTA RECOUNT COMMITTEE <hr/> Mailing Address PO BOX 14483 <hr/> City ST PAUL State MN Zip Code 55114 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4528 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2400.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Wells Fargo <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement Check printing fees <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4585 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 87.99
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional)	▶	2487.99
TOTAL This Period (last page this line number only)	▶	2487.99