

# 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

Check if different than previously reported. (ACC) St Paul MN 55117

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 11 / 27 / 2012 through 12 / 31 / 2012

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 M M M / D D D / Y Y Y Y Y Y 01 / 10 / 2013

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="2012"/>		59687.10
(b) Cash on Hand at Beginning of Reporting Period.....	41196.99	
(c) Total Receipts (from Line 19) .....	2468.00	90308.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	43664.99	149996.06
7. Total Disbursements (from Line 31).....	250.00	106581.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	43414.99	43414.99
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**St Jude Medical Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2302.00	71356.36
(ii) Unitemized .....	166.00	18952.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2468.00	90308.86
(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) .....	2468.00	90308.86
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	0.10
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))..... ▶	2468.00	90308.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2468.00	90308.96

**DETAILED SUMMARY PAGE**  
of Disbursements

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	331.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	331.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	250.00	106250.00
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)) ..	250.00	106581.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	250.00	106581.07

**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) .....	2468.00	90308.86
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2468.00	90308.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	331.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.10
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	330.97

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**St Jude Medical Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Jeffrey Allison**

Mailing Address 1301 Drake Cove

City Mayer	State MN	Zip Code 55360
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FEC ID number of contributing federal political committee. **C**

Name of Employer St Jude Medical	Occupation Engineer - CVD
-------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.6445**

Amount of Each Receipt this Period  

20.00
-------

Payroll Bi-weekly

Full Name (Last, First, Middle Initial)  
**B. Richard Cadic**

Mailing Address 2141 Azalea Circle

City Decatur	State GA	Zip Code 30033
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FEC ID number of contributing federal political committee. **C**

Name of Employer St Jude Medical	Occupation Sales Rep., CRM
-------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.6448**

Amount of Each Receipt this Period  

30.00
-------

Payroll Bi-weekly

Full Name (Last, First, Middle Initial)  
**C. Frank Callaghan**

Mailing Address 10712 Sanctuary Drive NE

City Blaine	State MN	Zip Code 55449
----------------	-------------	-------------------

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

Name of Employer St Jude Medical	Occupation President, G & A Admin.
-------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.6449**

Amount of Each Receipt this Period  

200.00
--------

Payroll Bi-weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</b>
<b>TOTAL</b> 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 7 OF 18  
(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. Lisa Campbell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2024 Oakridge St  
 City State Zip Code  
 St Paul MN 55119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St Jude Medical Director, Corporate Communications  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.6450**  
 Amount of Each Receipt this Period  
 20.00  
 Payroll Bi-weekly

**B. Angela Craig**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1966 Princeton Ave.  
 City State Zip Code  
 St. Paul MN 55105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St Jude Meidical VP, Corporate Relations  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1940.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.6451**  
 Amount of Each Receipt this Period  
 180.00  
 Payroll Bi-weekly

**c. Jeff Dallager**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 92 Wedgewood Drive  
 City State Zip Code  
 Mahtomedi MN 55115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St Jude Medical Sr. VP, Finance - Intl  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.6452**  
 Amount of Each Receipt this Period  
 20.00  
 Payroll Bi-weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 220.00  
**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 18  
(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. John Davis**

Mailing Address 10375 E Texas Sage Lane

City State Zip Code  
 Scottsdale AZ 85255

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

Name of Employer Occupation  
 St Jude Medical Director/Plant Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012

**Transaction ID : SA11AI.6453**

Amount of Each Receipt this Period  
 30.00

Payroll Bi-weekly

Full Name (Last, First, Middle Initial)  
**B. Todd De Baker**

Mailing Address 1332 126th Ave NW

City State Zip Code  
 Coon Rapids MN 55448

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

Name of Employer Occupation  
 St Jude Medical - AF Director, QA

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012

**Transaction ID : SA11AI.6454**

Amount of Each Receipt this Period  
 30.00

Payroll Bi-weekly

Full Name (Last, First, Middle Initial)  
**C. Michael Diverde**

Mailing Address 933 Angels Camp Court

City State Zip Code  
 Las Vegas NV 89138

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012

**Transaction ID : SA11AI.6455**

Amount of Each Receipt this Period  
 50.00

Payroll Bi-weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.00

**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 18
<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. Brent Doehring**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5005 Foxfire Ct.  
City Springfield State IL Zip Code 62711  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St Jude Medical Occupation CRM Sales Manager  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **230.00**

Date of Receipt **12 / 21 / 2012**  
**Transaction ID : SA11AI.6456**  
Amount of Each Receipt this Period **20.00**  
Payroll Bi-weekly

**B. Doug Domeier**  
Full Name (Last, First, Middle Initial)  
Mailing Address 34095 Iris Ave  
City Stacy State MN Zip Code 55079  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St Jude Medical Occupation Sr. Programmer  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **230.00**

Date of Receipt **12 / 21 / 2012**  
**Transaction ID : SA11AI.6457**  
Amount of Each Receipt this Period **20.00**  
Payroll Bi-weekly

**C. Ashli J Douglas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 615 25th Street S  
City Arlington State VA Zip Code 22202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St Jude Medical Occupation Sr. Dir., Gov. Affairs  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2245.00**

Date of Receipt **12 / 21 / 2012**  
**Transaction ID : SA11AI.6458**  
Amount of Each Receipt this Period **170.00**  
Payroll Bi-weekly

**SUBTOTAL** of Receipts This Page (optional)..... **210.00**  
**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 10 OF 18  
(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. Rachel Ellingson**

Mailing Address 5019 Arden Ave

City State Zip Code  
 Edina MN 55424

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

Name of Employer Occupation  
 St Jude Medical VP, Corp Comm. & Investor Relations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 12 / 21 / 2012  
**Transaction ID : SA11AI.6459**

Amount of Each Receipt this Period  
 50.00

Payroll Bi-weekly

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

Mailing Address 1040 Lake Oaks Drive

City State Zip Code  
 Shoreview MN 55126

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

Name of Employer Occupation  
 St Jude Medical Mgr., R & D Core Team CVD

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 12 / 21 / 2012  
**Transaction ID : SA11AI.6460**

Amount of Each Receipt this Period  
 20.00

Payroll Bi-weekly

Full Name (Last, First, Middle Initial)  
**C. Jeff Fecho**

Mailing Address 213 Birch Ave NW

City State Zip Code  
 St Michael MN 55376

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

Name of Employer Occupation  
 St Jude Medical VP, Quality

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 12 / 21 / 2012  
**Transaction ID : SA11AI.6461**

Amount of Each Receipt this Period  
 50.00

Payroll Bi-weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00

**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 OF 18
	<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. Ann Graves**

Mailing Address 1455 Clippership Ct.

City Woodbury State MN Zip Code 55125

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

Name of Employer St Jude Medical - Cardiovascul Occupation Director, Sr. Regulatory

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2060.00**

Date of Receipt **12 / 21 / 2012**

**Transaction ID : SA11AI.6462**

Amount of Each Receipt this Period **200.00**

Payroll Bi-weekly

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

Mailing Address 2204 Demona Drive

City Austin State TX Zip Code 78733

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

Name of Employer St Jude Medical Occupation VP., Corporate Accounts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **12 / 21 / 2012**

**Transaction ID : SA11AI.6466**

Amount of Each Receipt this Period **50.00**

Payroll Bi-weekly

Full Name (Last, First, Middle Initial)  
**C. Jason Hicks**

Mailing Address 113 West River Parkway

City Champlin State MN Zip Code 55316

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

Name of Employer St Jude Medical Occupation Product Mgr., Disease Intl.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **12 / 21 / 2012**

**Transaction ID : SA11AI.6467**

Amount of Each Receipt this Period **20.00**

Payroll Bi-weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **270.00**

**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 18  
(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. Richard Hoare**  
 Mailing Address 6131 Northwood Road  
 City State Zip Code  
 Dallas TX 75225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St Jude Medical President - NMD  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.6468**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Bi-weekly

Full Name (Last, First, Middle Initial)  
**B. John Knighten**  
 Mailing Address 214 Knox  
 City State Zip Code  
 Houston TX 77007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St Jude Medical - USD VP, Corporate Accounts  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.6469**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Bi-weekly

Full Name (Last, First, Middle Initial)  
**C. Ronald Kuykendall**  
 Mailing Address 4071 Chama Street  
 City State Zip Code  
 Prosper TX 75078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St Jude Medical Dir., Organizational Dev and Training  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.6471**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll Bi-weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.00  
**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 18
<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. Jill Mason**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3110 Thomas Ave #327

City Dallas	State TX	Zip Code 75204
----------------	-------------	-------------------

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

Name of Employer St Jude Medical NMD	Occupation Compliance Officer
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 21 / 2012  
**Transaction ID : SA11AI.6474**

Amount of Each Receipt this Period  
100.00

Payroll Bi-weekly

**B. Tom Northenscold**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1215 Oakview Lane N

City Plymouth	State MN	Zip Code 55441
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2112.00

Date of Receipt  
12 / 21 / 2012  
**Transaction ID : SA11AI.6477**

Amount of Each Receipt this Period  
192.00

Payroll Bi-weekly

**C. Lisa Schoening**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9902 Jandel Ave. NE

City Monticello	State MN	Zip Code 55362
--------------------	-------------	-------------------

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

Name of Employer St Jude Medical	Occupation Director, Sr., HR. CVD
-------------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
12 / 21 / 2012  
**Transaction ID : SA11AI.6478**

Amount of Each Receipt this Period  
50.00

Payroll Bi-weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	342.00
<b>TOTAL</b> 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 18  
(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. Al Schwartz**

Mailing Address 870 Calle Compo

City State Zip Code  
 Thousand Oaks CA 91360

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

Name of Employer Occupation  
 St Jude Medical - CRMD Engineer, Sr Principal

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  
 12 / 21 / 2012  
**Transaction ID : SA11AI.6479**

Amount of Each Receipt this Period  
 500.00

Payroll Bi-weekly

Full Name (Last, First, Middle Initial)  
**B. Balakrishnan Shankar**

Mailing Address 23021 8th St

City State Zip Code  
 Newhall CA 91321

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

Name of Employer Occupation  
 St Jude Medical - CRMD VP., Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.6480**

Amount of Each Receipt this Period  
 20.00

Payroll Bi-weekly

Full Name (Last, First, Middle Initial)  
**C. Atul Sinha**

Mailing Address 1828 113th Court NE

City State Zip Code  
 Blaine MN 55449

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

Name of Employer Occupation  
 St Jude Medical Director, Design Assurance CVD

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.6481**

Amount of Each Receipt this Period  
 30.00

Payroll Bi-weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00

**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 OF 18  
(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. George Toon**  
 Mailing Address 13817 Sunset Lake Drive  
 City State Zip Code  
 Burnsville MN 55337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St Jude Medical - Corporate SAP Lead Basis Engineer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.6484**  
 Amount of Each Receipt this Period  
 20.00  
 Payroll Bi-weekly

Full Name (Last, First, Middle Initial)  
**B. Michael Tuckerman**  
 Mailing Address 11602 Claymont Circle  
 City State Zip Code  
 Windermere FL 34786  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St Jude Medical Director Regional Sales - CRM  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.6485**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll Bi-weekly

Full Name (Last, First, Middle Initial)  
**c. Christopher Volker**  
 Mailing Address 3248 Holmes Ave S  
 City State Zip Code  
 Minneapolis MN 55408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St Jude Medical - Cardio VP., BVusiness Development  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 925.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.6488**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Bi-weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 16 OF 18  
(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. Jacob Walters**  
 Mailing Address 14056 Vale Court  
 City State Zip Code  
 Eden Prairie MN 55346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St Jude Medical Direct Sales Rep., AF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.6489**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll Bi-weekly

Full Name (Last, First, Middle Initial)  
**B. Staci White**  
 Mailing Address 3130 E Orchid Lane  
 City State Zip Code  
 Gilbert AZ 85296  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St Jude Medical - USD Direct Sales Rep., CRM  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 229.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.6491**  
 Amount of Each Receipt this Period  
 20.00  
 Payroll Bi-weekly

Full Name (Last, First, Middle Initial)  
**C. Paul Young**  
 Mailing Address 1601 Resaca Blvd.  
 City State Zip Code  
 Austin TX 78738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St Jude Medical Sr. VP Finance USD  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.6492**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Bi-weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**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 18  
(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. Jason Zellers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3561 Settlers Way  
 City State Zip Code  
 Stillwater MN 55082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St Jude Medical VP., Gen Counsel & Corp. Secretary  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.6493**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Bi-weekly

**B. Donald Zurbay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10457 Scott Ave. N  
 City State Zip Code  
 Brooklyn Park MN 55443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St Jude Medical VP & Corporate Controller  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.6494**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll 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  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2302.00

**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. Minnesota Democratic-Farmer-Labor Party**

Mailing Address 255 E Plato Blvd.

City St Paul State MN Zip Code 55107

Purpose of Disbursement  
Fundraiser

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MN District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB23.6495**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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