

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 01 ' 01 ' 2006 To: 03 ' 31 ' 2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2006</u>		<u>47,418.5</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>47,418.5</u>	
(c) Total Receipts (from Line 19).....	<u>27,400.00</u>	<u>27,400.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>32,141.85</u>	<u>32,141.85</u>
7. Total Disbursements (from Line 31).....	<u>5,000.00</u>	<u>5,000.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>27,141.85</u>	<u>27,141.85</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		

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

For further information contact:

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

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

26059034041

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: **01** ' **01** ' **2006** To: **03** ' **31** ' **2006**

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).....

27,400.00

27,400.00

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

27,400.00

27,400.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

27,400.00

27,400.00

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

27,400.00

27,400.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

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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		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5,000.00	5,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5,000.00	5,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		

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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)	27,400.00	27,400.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27,400.00	27,400.00
36. Total Federal Operating Expenditures (add Line 21(a)(I) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

26039034044

**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 1 OF 6

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. STARKS, DANIEL J.

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

CEO & CHAIRMAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 ' 24 ' 2006

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. LANGSTON-CRAIG, ANGELA

Mailing Address

11205 HALSTEAD TRAIL

City

Woodbury

State

MN

Zip Code

55117

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

V.P., Corporate Relations

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 ' 04 ' 2006

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. NORTHEMSCOLD, TOM

Mailing Address

1215 OAKVIEW LN. 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, CORPORATE ADMIN.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03 ' 04 ' 2006

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

26039034045

**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 2 OF 6

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
BROWN, JOHN W.

Mailing Address
750 TRADE CENTRE WAY, SUITE 145

City **PORTAGE** State **MI** Zip Code **49002**

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

Name of Employer **RETIRED** Occupation **---**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **2,000.00**

Date of Receipt
03 / **04** / **2006**

Amount of Each Receipt this Period
2,000.00

B. Full Name (Last, First, Middle Initial)
FETAH, DAVID C.

Mailing Address
11360 MIDDLETON TRAIL

City **WOODBURY** State **MN** Zip Code **55129**

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 **2,000.00**

Date of Receipt
03 / **24** / **2006**

Amount of Each Receipt this Period
2,000.00

C. Full Name (Last, First, Middle Initial)
ESSIG, STUART M.

Mailing Address
26 CONISTON COURT

City **PRINCETON** State **NJ** Zip Code **08540-2201**

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

Name of Employer **INTEGRA LIFE SCIENCES** Occupation **PRESIDENT & CEO**

Receipt For:
 Primary General
 Other (specify) **CORP ▼**

Aggregate Year-to-Date **2,000.00**

Date of Receipt
03 / **24** / **2006**

Amount of Each Receipt this Period
2,000.00

SUBTOTAL of Receipts This Page (optional) **6,000.00**

TOTAL This Period (last page this line number only)

26039034046

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 **3** OF **6**

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) **FAIN, ERIC L.**

Mailing Address **10 PRINCETON ROAD**

City **MENLO PARK** State **CA** Zip Code **94025**

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

Name of Employer **ST. JUDE MEDICAL** Occupation **EXEC. VP, Dev. & Clinical/Regulatory Affairs**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **500.00**

Date of Receipt **03/24/2006**

Amount of Each Receipt this Period **500.00**

B. Full Name (Last, First, Middle Initial) **KHOSRAVI, BEHZAD**

Mailing Address **690 BRECKENRIDGE PLACE**

City **SIMI VALLEY** State **CA** Zip Code **93065**

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

Name of Employer **ST. JUDE MEDICAL** Occupation **MANAGER, QUALITY & LEADS**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **200.00**

Date of Receipt **03/24/2006**

Amount of Each Receipt this Period **200.00**

C. Full Name (Last, First, Middle Initial) **McBARRY, WILLIAM J.**

Mailing Address **9524 51ST STREET N**

City **LAKE ELMO** State **MN** Zip Code **55042**

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

Name of Employer **ST. JUDE MEDICAL** Occupation **CIO**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **1,000.00**

Date of Receipt **03/24/2006**

Amount of Each Receipt this Period **1,000.00**

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

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

1,700.00

26039034047

**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 4 OF 6

<input 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. **O'MALLEY, KEVIN T.**

Mailing Address

10632 WATER LILY LANE

City

WOODBURY

State

MN

Zip Code

55129

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

ATTORNEY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

03 / 24 / 2006

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. **CHAVEZ, CHRISTOPHER G.**

Mailing Address

6706 NORTHPORT DRIVE

City

DALLAS

State

TX

Zip Code

75230

FEC ID number of contributing federal political committee.

C

Name of Employer

ANS / ST. JUDE MEDICAL

Occupation

PRESIDENT & CEO ANS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,000.00

Date of Receipt

03 / 24 / 2006

Amount of Each Receipt this Period

2,000.00

Full Name (Last, First, Middle Initial)

C. **GARRETT, THOMAS H.**

Mailing Address

540 WENTWORTH AVE. W.

City

ST. PAUL

State

MN

Zip Code

55118

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

—

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,500.00

Date of Receipt

03 / 24 / 2006

Amount of Each Receipt this Period

2,500.00

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

5,500.00

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

5,500.00

26039034048

**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 <u>6</u> OF <u>6</u>
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)
HEINMILLER, JOHN C.

Mailing Address
10796 PURDEY ROAD

City **EDEN PRAIRIE** State **MN** Zip Code **55347**

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

Name of Employer **ST. JUDE MEDICAL** Occupation **EXEC. VP & CFO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
03 / 31 / 2006

Amount of Each Receipt this Period
2000.00

B. 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

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)..... **2000.00**

TOTAL This Period (last page this line number only)..... **27400.00**

25039034050

**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 1 OF 2
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MIKE CRAPO FOR US SENATE

Mailing Address
128 NORTH COLUMBUS STREET

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement
FUNDRAISER Category/Type **0.11**

Candidate Name
SENATOR MIKE CRAPO

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

State: **ID** District:

Date of Disbursement
02 / 27 / 2006

Amount of Each Disbursement this Period
2,000.00

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

Mailing Address
P.O. BOX 77361

City **WASHINGTON** State **DC** Zip Code **20013**

Purpose of Disbursement
FUNDRAISER Category/Type **0.11**

Candidate Name
SENATOR BOB BENNETT

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

State: **UT** District:

Date of Disbursement
03 / 15 / 2006

Amount of Each Disbursement this Period
1,000.00

C. Full Name (Last, First, Middle Initial)
JOHNSON FOR CONGRESS

Mailing Address
P.O. BOX 1986

City **NEW BRITAIN** State **CT** Zip Code **06050**

Purpose of Disbursement
FUNDRAISER Category/Type **0.11**

Candidate Name
NANCY JOHNSON

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

State: **CT** District: **5th**

Date of Disbursement
03 / 15 / 2006

Amount of Each Disbursement this Period
1,000.00

SUBTOTAL of Disbursements This Page (optional)..... **4,000.00**

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

26039034051

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

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

FOR LINE NUMBER: (check only one)

PAGE 2 OF 2

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

Full Name (Last, First, Middle Initial)

A. JOHN D. DINGELL FOR CONGRESS COMMITTEE

Mailing Address

P.O. BOX 75214

City

WASHINGTON

State

DC

Zip Code

20013-5214

Purpose of Disbursement

FUNDRAISER

Candidate Name

CONGRESSMAN JOHN D. DINGELL

011

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: MI

District: 15th

Date of Disbursement

03 / 15 / 2006

Amount of Each Disbursement this Period

1000.00

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

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

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

1000.00

5000.00

26039034052

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed-Exp* Shipping Date
4-13-06
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JMD
 PREPARER
 (3/2005)

4-14-06
 DATE PREPARED

26039034053