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OCT 10 2000



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-5

Peter Gove, Treasurer  
St. Jude Medical Inc. Political Action  
Committee  
One Lillchei Plaza  
St. Paul, MN 55117

OCT 6 2000

Identification Number: C00305029

Reference: Year End (7/01/99-12/31/99), April Quarterly (1/01/00-3/31/00)  
and July Quarterly (4/01/00-6/30/00) Reports

Dear Mr. Gove:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Please amend Schedule B supporting Line 23 by providing the office sought, including state and congressional district, if applicable, for each contribution made. 11 CFR §104.3(b)(3)(ii) and (v)

Any amendment or clarification should be filed with the Federal Election Commission. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,

A handwritten signature in cursive script that reads "Andrea S. Wilkens".

Andrea S. Wilkens  
Senior Reports Analyst  
Reports Analysis Division

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

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USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <i>St. Jude Medical Inc Political Action Committee</i>		2. FEC IDENTIFICATION NUMBER <i>C0030529</i>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <i>One S. Wiehe Plaza</i>		
CITY, STATE and ZIP CODE <i>St. Paul, MN 55117</i>		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- 12-Day Pre-Election Report for the \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <i>July 1, 2000 through September 30, 00</i>		
6. (a) Cash on Hand January 1, 19 <i>2000</i>		\$ 1,025.01
(b) Cash on Hand at Beginning of Reporting Period	\$ 1,275.01	
(c) Total Receipts (from Line 19)	\$ 12,500.00	\$ 16,500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 13,775.01	\$ 17,525.01
7. Total Disbursements (from Line 30)	\$ 5,000.00	\$ 8,750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 8,775.01	\$ 8,775.01
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-426-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$	

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 <i>Peter Gope</i>	Date <i>11/27/00</i>
Signature of Treasurer <i>[Signature]</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X  
(revised 3/93)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 11 OF 11  
FOR LINE NUMBER 23

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 Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ben Cardin for Congress P.O. Box 65056 Baltimore, MD 21209	Campaign Contribution U.S. House of Representatives 3rd District, Maryland	9/11/00	\$500.00
Bob Matsui for Congress Committee 729 15th Street, NW, 3rd Floor Washington, DC 20005	Campaign Contribution 5th District - CA	7/11/00	\$500.00
Frist for Senate 2000 Glen Echo Road, Suite 107 Nashville, TN 37215	Campaign Contribution U.S. Senate - Tenn	9/11/00	\$1,000.00
Anna Eshoo for Congress 655 Bryant Street Palo Alto, CA 94301	Campaign Contribution 14th District - CA	9/26/00	\$500.00
AdvaMed PAC 1200 G Street NW, Suite 400 Washington, DC 20005-3814	PAC Support	9/27/00	\$2,500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

5,000.00

TOTAL This Period (last page this line number only)

\$5,000.00

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>12-6-00</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JMD</i> PREPARER	<i>12-9-00</i> DATE PREPARED