

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
APR 26 11 23 AM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) St. Jude Medical, Inc. Political Action Committee		2. FEC IDENTIFICATION NUMBER 000305027
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported One Wilkes Plaza		
CITY, STATE and ZIP CODE St. Paul, MN 55117		

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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day 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 <u>1/1/96</u> through <u>3/31/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$12,824.00
(b) Cash on Hand at Beginning of Reporting Period	\$12,824.00	
(c) Total Receipts (from Line 10)	\$1,725.00	\$1,725.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$14,549.00	\$14,549.00
7. Total Disbursements (from Line 30)	\$2,000.00	\$2,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$12,549.00	\$12,549.00
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule G and/or Schedule D)	\$ _____	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20469 Toll Free 800-424-9530 Local 202-218-3420
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 Peter L. Gove	
Signature of Treasurer <i>[Signature]</i>	Date 4/15/96

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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DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
St. Jude Medical, Inc. PAC		FROM 1/1/96	TO 3/31/96
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	1400.00	1400.00
ii.	Unitemized	325.00	325.00
iii.	Total (add i and ii) >	1725.00	1725.00
b.	Political Party Committees	---	---
c.	Other Political Committees (such as PACs)	---	---
d.	Total Contributions (add a ii, b and c) >	1725.00	1725.00
12.	Transfers From Affiliated/Other Party Committees	---	---
13.	All Loans Received	---	---
14.	Loan Repayments Received	---	---
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	---	---
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	---	---
17.	Other Federal Receipts (Dividends, Interest, etc.)	---	---
18.	Transfers from Nonfederal Account for Joint Activity	---	---
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	1725.00	1725.00
20.	Total Federal Receipts (subtract line 18 from line 19) >	1725.00	1725.00
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share	---	---
ii.	Non-Federal Share	---	---
b.	Other Federal Operating Expenditures	---	---
c.	Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00
22.	Transfers to Affiliated/Other Party Committees	---	---
23.	Contributions to Federal Candidates/Committees and Other Political Committees	2000.00	2000.00
24.	Independent Expenditures (use Schedule E)	---	---
25.	Coordinated Expenditures Made by Party Committees (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 a, b and c) >	---	---
29.	Other Disbursements	---	---
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2000.00	2000.00
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	2000.00	2000.00
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	1725.00	1725.00
33.	Total Contribution Refunds (from line 28d)	---	---
34.	Net Contributions (other than loans)(subtract line 33 from 32)	1725.00	1725.00
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	---	---
36.	Offsets to Operating Expenditures (from line 15)	---	---
37.	Net Operating Expenditures (subtract line 36 from 35) >	---	---

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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
Judd Gregg Committee P.O. Box 1812 Concord, NH 03302	Fund-raising event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/13/96	1000.00
U.S. Senator, New Hampshire	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Bill Thomas Campaign Committee P.O. Box 23125 Washington DC 20026	Fund-raising event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/6/96	1000.00
U.S. Congressman 21st District, California	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	2,000.00

