

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 C C00305029 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 07 01 2011 through 09 30 2011

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 10 07 2011

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="2011"/> | <input type="text" value="36148.04"/> | <input type="text" value="36148.04"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="71598.02"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="6999.88"/> | <input type="text" value="70959.38"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="78597.90"/> | <input type="text" value="107107.42"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="0.00"/> | <input type="text" value="28509.52"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="78597.90"/> | <input type="text" value="78597.90"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="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

FEC Form 3X (Rev. 06/2004)

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)..... | 6191.45 | 56820.96 |
| (ii) Unitemized | 808.43 | 14138.42 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 6999.88 | 70959.38 |
| (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) | 6999.88 | 70959.38 |
| 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..... | 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))..... ▶ | 6999.88 | 70959.38 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 6999.88 | 70959.38 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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 | 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..... | 0.00 | 28509.52 |
| 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)) .. | 0.00 | 28509.52 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0.00 | 28509.52 |

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) | 6999.88 | 70959.38 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 6999.88 | 70959.38 |
| 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: (check only one) | PAGE 6 OF 12 |
| <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. Angela Craig

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 ▼
750.00

Date of Receipt
09 / 30 / 2011

Transaction ID : SA11AI.5560

Amount of Each Receipt this Period
350.00

\$50.00 Bi-weekly Payroll

Full Name (Last, First, Middle Initial)
B. 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 ▼
375.00

Date of Receipt
09 / 30 / 2011

Transaction ID : SA11AI.5561

Amount of Each Receipt this Period
175.00

\$25.00 Bi-weekly Payroll

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 ▼
375.00

Date of Receipt
09 / 30 / 2011

Transaction ID : SA11AI.5563

Amount of Each Receipt this Period
175.00

\$25.00 Bi-weekly Payroll

SUBTOTAL of Receipts This Page (optional)..... **700.00**

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 7 OF 12
(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. Ashli J Douglas

Mailing Address 615 25th Street S

City State Zip Code
 Arlington VA 22202

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

Name of Employer Occupation
 St Jude Medical Sr. Dir., Gov. Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1799.98

Date of Receipt
 09 / 30 / 2011
Transaction ID : SA11AI.5566

Amount of Each Receipt this Period
 875.00

\$125.00 Bi-weekly Payroll

Full Name (Last, First, Middle Initial)
B. 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 ▼
 375.00

Date of Receipt
 09 / 30 / 2011
Transaction ID : SA11AI.5567

Amount of Each Receipt this Period
 175.00

\$25.00 Bi-weekly Payroll

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

Mailing Address 1455 Clippership Ct.

City State Zip Code
 Woodbury MN 55125

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 840.00

Date of Receipt
 09 / 30 / 2011
Transaction ID : SA11AI.5569

Amount of Each Receipt this Period
 420.00

\$60.00 Bi-weekly Payroll

SUBTOTAL of Receipts This Page (optional)..... ▶ 1470.00

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 12
(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. Bert Gruber
 Full Name (Last, First, Middle Initial)
 Mailing Address 19661 Dorado Drive
 City State Zip Code
 Trabuco CA 92679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Jude Medical - AF Director Product Training and Transfer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : SA11AI.5570
 Amount of Each Receipt this Period
 175.00
 \$25.00 Bi-weekly Payroll

B. David Hendrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 2204 Demona Drive
 City State Zip Code
 Austin TX 78733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Jude Medical VP., Corporate Accounts
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : SA11AI.5571
 Amount of Each Receipt this Period
 175.00
 \$25.00 Bi-weekly Payroll

C. Mark Hoffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 28234 N Infinity Circle
 City State Zip Code
 Santa Clarita CA 91390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Jude Medical Sr. VP - Human Resources - CRMD
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : SA11AI.5572
 Amount of Each Receipt this Period
 175.00
 \$25.00 Bi-weekly Payroll

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00
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 OF 12
(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. Pamela Holly

Mailing Address 635 Dougherty Oaks Ct

City State Zip Code
 Ballwin MO 63021

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

Name of Employer Occupation
 St Jude Medical Cardiovascular Sales Rep.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 09 / 30 / 2011
Transaction ID : SA11AI.5573

Amount of Each Receipt this Period
 175.00

\$25.00 Bi-weekly Payroll

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 ▼
 700.00

Date of Receipt
 09 / 30 / 2011
Transaction ID : SA11AI.5576

Amount of Each Receipt this Period
 350.00

\$50.00 Bi-weekly Payroll

Full Name (Last, First, Middle Initial)
C. Pamela S Krop

Mailing Address 3357 Calhoun Parkway

City State Zip Code
 Minneapolis MN 55408

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

Name of Employer Occupation
 St Jude Medical VP & General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 09 / 30 / 2011
Transaction ID : SA11AI.5577

Amount of Each Receipt this Period
 350.00

\$50.00 Bi-weekly Payroll

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

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

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

A. Christopher Lucero
Full Name (Last, First, Middle Initial)

Mailing Address 21947 Wakefield Ct

City Santa Clarita State CA Zip Code 91350

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

Name of Employer St Jude Medical CRM Occupation Engineer, Sr Design Assur

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **995.25**

Date of Receipt **09 / 30 / 2011**

Transaction ID : SA11AI.5579

Amount of Each Receipt this Period **464.45**

\$66.35 Bi-weekly Payroll

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 ▼ **1440.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : SA11AI.5580

Amount of Each Receipt this Period **672.00**

\$96.00 Bi-weekly Payroll

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

Mailing Address N8817 1047th Street

City River Falls State WI Zip Code 54022

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

Name of Employer St Jude Medical - Corporate Occupation Sr. Dir., Applications & Infrast.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **08 / 05 / 2011**

Transaction ID : SA11AI.5581

Amount of Each Receipt this Period **75.00**

\$25.00 Bi-weekly Payroll

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1211.45 |
| 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 12 |
| <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

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Steven Robertson | | Date of Receipt 09 / 30 / 2011 Transaction ID : SA11AI.5583 |
| Mailing Address 3340 Castlewood Blvd | | Amount of Each Receipt this Period 175.00 |
| City Highland Village | State TX | Zip Code 75077 |
| FEC ID number of contributing federal political committee. C | | \$25.00 Bi-weekly Payroll |
| Name of Employer St Jude Medical NMD | Occupation VP Quality Assurance | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Robert R Shue | | Date of Receipt 07 / 07 / 2011 Transaction ID : SA11AI.5592 |
| Mailing Address 113 Devon Ct. | | Amount of Each Receipt this Period 500.00 |
| City Easley | State SC | Zip Code 29640 |
| FEC ID number of contributing federal political committee. C | | Ck#1331 |
| Name of Employer St Jude Medical | Occupation Dir., Quality Assurance CRMD | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Mark Trebilcock | | Date of Receipt 09 / 30 / 2011 Transaction ID : SA11AI.5586 |
| Mailing Address 22135 Crestline Trail | | Amount of Each Receipt this Period 105.00 |
| City Santa Clarita | State CA | Zip Code 91390 |
| FEC ID number of contributing federal political committee. C | | \$15.00 Bi-weekly Payroll |
| Name of Employer St Jude Medical CRM | Occupation Mgr., SBU Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 780.00 |
| 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 12
(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. 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 ▼
 225.00

Date of Receipt
 09 / 30 / 2011
Transaction ID : SA11AI.5587

Amount of Each Receipt this Period
 105.00

\$15.00 Bi-weekly Payroll

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 09 / 30 / 2011
Transaction ID : SA11AI.5588

Amount of Each Receipt this Period
 175.00

\$25.00 Bi-weekly Payroll

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

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 ▼
 700.00

Date of Receipt
 09 / 30 / 2011
Transaction ID : SA11AI.5590

Amount of Each Receipt this Period
 350.00

\$50.00 Bi-weekly Payroll

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 630.00 |
| TOTAL This Period (last page this line number only).....▶ | 6191.45 |