

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**St. Jude Medical, Inc. Political Action Committee**

ADDRESS (number and street)  Check if different than previously reported  
**One Lillehei Plaza**

CITY, STATE and ZIP CODE  
**St. Paul, MN 55117**

Dec 6 1 30 PM '98

2. FEC IDENTIFICATION NUMBER  
**C00305029**

3.  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
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on  
**November 3, 1998** in the State of **Minnesota**

(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A	COLUMN B
Covering Period <u>09/30/98</u> through <u>11/23/98</u>		This Period	Calendar Year-to-Date
5.	Cash on Hand January 1, 19 <u>98</u>		\$ 2,287.61
6.	(a) Cash on Hand at Beginning of Reporting Period		
	(b) Total Receipts (from Line 1B)	\$ 2,945.00	\$ 2,945.00
	(c) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 3,232.61	\$ 5,232.61
7.	Total Disbursements (from Line 3D)	\$ 3,000.00	\$ 5,000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 232.61	\$ 232.61
9.	Debt 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 20469 Toll Free 800-424-9633 Local 202-219-5420
10.	Debt and Obligations Owed BY the Committee (Itemize all on Schedule G 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 Gove**

Signature of Treasurer



Date

12/03/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 8437g.

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FEC FORM 3X

(revised 9/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <b>St. Jude Medical, Inc. Political Action Committee</b>	REPORT COVERING PERIOD	
	FROM	TO
	<b>9/30/98</b>	<b>11/23/98</b>
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A) .....	2,945.00	2,945.00
ii. Unitemized .....		
iii. Total: ..... (add i and ii) >	2,945.00	2,945.00
b. Political Party Committees .....		
c. Other Political Committees (such as PACs) .....		
d. Total Contributions ..... (add a ii, b and c) >	2,945.00	2,945.00
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 .....	2,945.00	2,945.00
19. Total Receipts ..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	2,945.00	2,945.00
20. Total Federal Receipts ..... (subtract line 16 from line 19) >	2,945.00	2,945.00
<b>B. Disbursements</b>		
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 ii, b and c) >		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	3,000.00	5,000.00
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. Individual/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) >	3,000.00	5,000.00
31. Total Federal Disbursements ..... (subtract line 21 a ii from line 30) >	3,000.00	5,000.00
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d) .....	- 0 -	- 0 -
33. Total Contribution Refunds (from line 28d) .....		
34. Net Contributions (other than loans)(subtract line 33 from line 32) .....	- 0 -	- 0 -
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 line 35) >		

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER

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
Bayh for Senate One North Capitol Street Indianapolis, IN 46204	Campaign Contribution to U.S. Senator Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/98	1,000.00
Volunteers for Vento P.O. Box 65254 St. Paul, MN 55164	Campaign Contribution to MN Congressman (4th District) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/98	500.00
Minge for Congress Post Office Box 71 Granite Falls, Minnesota 56241	Campaign Contribution to MN Congressman Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/98	500.00
Jim Ramstad Volunteer Committee 103 Cannon House Office Building Washington, D.C. 20515-2303	Campaign Contribution for U.S. Senate (MN) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/98	500.00
Luther for Congress 1399 Geneva Ave. N., Suite 103 Oakdale, MN 55125	Campaign Contribution to MN Congressman (6th District) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/98	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

3,000.00

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

3,000.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

<b>A. Full Name, Mailing Address and ZIP Code</b> Peter Gove 10410 Columbus Road Bloomington, MN 55420-5429	Name of Employer St. Jude Medical, Inc.	Date (month, day, year) 10/12/98	Amount of Each Receipt This Period 500.00
	Occupation V.P., Corp. Relations Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Kevin T. O'Malley 3037 Edgewater Place Woodbury, MN 55125	Name of Employer St. Jude Medical, Inc.	Date (month, day, year) 10/19/98	Amount of Each Receipt This Period 500.00
	Occupation V.P. & General Counsel Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> David B. Stanton 2434 Pesquera Dr. Los Angeles, CA 90049	Name of Employer St. Jude Medical, CRMD	Date (month, day, year) 10/23/98	Amount of Each Receipt This Period 200.00
	Occupation V.P., Western Area Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Terry L. Shepherd 1370 Meadow Avenue Shoreview, MN 55126	Name of Employer St. Jude Medical, HVD	Date (month, day, year) 10/23/98	Amount of Each Receipt This Period 250.00
	Occupation President, Heart Valve Div. Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> Alan Flory 1230 Wills Place Golden Valley, MN 55422	Name of Employer St. Jude Medical, HVD	Date (month, day, year) 10/23/98	Amount of Each Receipt This Period 200.00
	Occupation Director, Clinical Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Buehl Trues 1220 S. Pennsylvania Glendora, CA 91740	Name of Employer St. Jude Medical, CRMD	Date (month, day, year) 10/23/98	Amount of Each Receipt This Period 200.00
	Occupation Director Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> Kelly H. McClure 2148 Heather St. Sun Valley, CA 93065	Name of Employer St. Jude Medical, CRMD	Date (month, day, year) 10/23/98	Amount of Each Receipt This Period 250.00
	Occupation Principal Scientist Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2,100.00
<b>TOTAL</b> This Period (last page the line number only) .....	2,800.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

List separate schedule(s) for each category of this Detailed Summary Page

PAGE 2 OF 2  
FOR LINE NUMBER

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**NAME OF COMMITTEE (In Full)**

**St. Jude Medical, Inc. Political Action Committee**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fred Parks 110 W. Grant #31 A Minneapolis, MN 55403	St. Jude Medical, Inc.	10/26/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>President</b>	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis McFadden 1813 Linner Road Wayzata, MN 55391	St. Jude Medical, Inc.	11/03/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Treasurer</b>	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

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

**TOTAL** This Period (last page this line number only) ..... 2,800.00

Federal Election Commission

**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 <i>17-3-98</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>SLH</i> PREPARER	<i>12-6-98</i> DATE PREPARED