

**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="2014"/> | | 50321.10 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 37440.85 | |
| (c) Total Receipts (from Line 19) | 1577.00 | 95696.75 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 39017.85 | 146017.85 |
| 7. Total Disbursements (from Line 31)..... | 0.00 | 107000.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 39017.85 | 39017.85 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 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

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)..... | 1258.00 | 79287.25 |
| (ii) Unitemized | 319.00 | 16409.50 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 1577.00 | 95696.75 |
| (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) | 1577.00 | 95696.75 |
| 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))..... ▶ | 1577.00 | 95696.75 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 1577.00 | 95696.75 |

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 | 104500.00 |
| 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 | 2500.00 |
| 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 | 107000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0.00 | 107000.00 |

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) | 1577.00 | 95696.75 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1577.00 | 95696.75 |
| 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: PAGE 6 OF 15
(check only one)
 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. Ann Graves

Mailing Address 1455 Clippership Court

City State Zip Code
 Woodbury MN 55125-8564

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

Name of Employer Occupation
 St. Jude Medical VP, Regulatory

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR53750788142

Amount of Each Receipt this Period
 75.00

P/R Deduction (\$75.00 Bi-Weekly)

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

Mailing Address 1828 113th Court NE

City State Zip Code
 Blaine MN 55449-5484

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

Name of Employer Occupation
 St. Jude Medical Director, Quality

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR53754278142

Amount of Each Receipt this Period
 25.00

P/R Deduction (\$25.00 Bi-Weekly)

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

Mailing Address 1553 Sherman Lake Ct

City State Zip Code
 Lino Lakes MN 55038-9630

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

Name of Employer Occupation
 St. Jude Medical Vice President, Operations

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR53754618142

Amount of Each Receipt this Period
 25.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00

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

A. Brenda Inman
Full Name (Last, First, Middle Initial)

Mailing Address 4260 Lynfield Lane

City San Jose State CA Zip Code 95136-1622

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

Name of Employer St. Jude Medical Occupation Manager, Localization

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt
10 / 15 / 2014
Transaction ID : PR53755268142

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Bi-Weekly)

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

Mailing Address 10375 E. Texas Sage Ln.

City Scottsdale State AZ Zip Code 85255-8505

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

Name of Employer St. Jude Medical Occupation Director/Plant Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
10 / 15 / 2014
Transaction ID : PR53760808142

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Bi-Weekly)

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

Mailing Address 37735 Grant Court

City Palmdale State CA Zip Code 93552-3950

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

Name of Employer St. Jude Medical Occupation Supv, Sr Production

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.00**

Date of Receipt
10 / 15 / 2014
Transaction ID : PR53762468142

Amount of Each Receipt this Period
16.00

P/R Deduction (\$16.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ **66.00**

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 8 OF 15 |
| <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. Werner Hafelfinger | | Date of Receipt 10 / 15 / 2014 Transaction ID : PR53763278142 |
| Mailing Address 5508 Via Mira Flores | | Amount of Each Receipt this Period 15.00 |
| City Thousand Oaks | State CA | Zip Code 91320-6883 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$15.00 Bi-Weekly) |
| Name of Employer St. Jude Medical | Occupation VP, Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Jeffrey Dallager | | Date of Receipt 10 / 15 / 2014 Transaction ID : PR53764748142 |
| Mailing Address 6918 132nd Street | | Amount of Each Receipt this Period 20.00 |
| City Hugo | State MN | Zip Code 55038-5410 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$20.00 Bi-Weekly) |
| Name of Employer St. Jude Medical | Occupation Sr. Vice President Finance | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 360.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Steven Hill | | Date of Receipt 10 / 15 / 2014 Transaction ID : PR53766378142 |
| Mailing Address 12933 Monticello Lane | | Amount of Each Receipt this Period 25.00 |
| City Champlin | State MN | Zip Code 55316-1265 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$25.00 Bi-Weekly) |
| Name of Employer St. Jude Medical | Occupation Manager, eDiscovery & Investigations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 425.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 60.00 |
| 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 15
(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. Lisa Schoening
 Full Name (Last, First, Middle Initial)
 Mailing Address 9902 Jandel Ave Ne
 City Monticello State MN Zip Code 55362-4316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Leader, HR Business Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR53767318142
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. Donald Zurbay
 Full Name (Last, First, Middle Initial)
 Mailing Address 10457 Scott Ave N
 City Brooklyn Park State MN Zip Code 55443-5428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation VP, Finance & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR53767398142
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. Jeffry Fecho
 Full Name (Last, First, Middle Initial)
 Mailing Address 6165 Fernbrook Lane N
 City Plymouth State MN Zip Code 55446-3742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation VP, Global Quality
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR53767408142
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
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 15 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Jason Zellers | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014 Transaction ID : PR53767418142 |
| Mailing Address 3561 Settlers Way | | Amount of Each Receipt this Period 100.00 |
| City Stillwater | State MN | Zip Code 55082-3453 |
| FEC ID number of contributing federal political committee. C | Name of Employer St. Jude Medical | Occupation VP Gen Counsel and Corp Secretary |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1800.00 | P/R Deduction (\$100.00 Bi-Weekly) |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Rachel Ellingson | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014 Transaction ID : PR53767428142 |
| Mailing Address 5019 Arden Ave | | Amount of Each Receipt this Period 100.00 |
| City Edina | State MN | Zip Code 55424-1315 |
| FEC ID number of contributing federal political committee. C | Name of Employer St. Jude Medical | Occupation VP, Corporate Relations |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1800.00 | P/R Deduction (\$100.00 Bi-Weekly) |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Angela Craig | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014 Transaction ID : PR53767448142 |
| Mailing Address 1580 Blackhawk Lake Drive | | Amount of Each Receipt this Period 50.00 |
| City Eagan | State MN | Zip Code 55122-1245 |
| FEC ID number of contributing federal political committee. C | Name of Employer St. Jude Medical | Occupation VP, Global Human Resources |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 850.00 | P/R Deduction (\$50.00 Bi-Weekly) |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 250.00 |
| 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 11 OF 15 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Jeffery Donatto | | | Date of Receipt 10 / 15 / 2014 Transaction ID : PR53769768142 |
| Mailing Address 45482 White Pines Dr | | | Amount of Each Receipt this Period 25.00 |
| City Novi | State MI | Zip Code 48374-3719 | P/R Deduction (\$25.00 Bi-Weekly) |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer St. Jude Medical | Occupation Dir, Sr. CVD Strategic Accounts | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 425.00 | |

| | | | |
|---|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Ashli Douglas | | | Date of Receipt 10 / 15 / 2014 Transaction ID : PR53771458142 |
| Mailing Address 615 25th St. S | | | Amount of Each Receipt this Period 100.00 |
| City Arlington | State VA | Zip Code 22202-2529 | P/R Deduction (\$100.00 Bi-Weekly) |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer St. Jude Medical | Occupation Sr Director Government Affairs | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1750.00 | |

| | | | |
|---|---------------------------------------|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Michael Diverde | | | Date of Receipt 10 / 15 / 2014 Transaction ID : PR53771958142 |
| Mailing Address 933 Angels Camp Court | | | Amount of Each Receipt this Period 25.00 |
| City Las Vegas | State NV | Zip Code 89138-4503 | P/R Deduction (\$25.00 Bi-Weekly) |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer St. Jude Medical | Occupation Dir, Regional Sales, EP | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 450.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 150.00 |
| 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 12 OF 15 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <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

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Daniel Balkcom | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014 Transaction ID : PR53772058142 |
| Mailing Address 308 Polo Trail | | Amount of Each Receipt this Period 12.00 |
| City Colleyville | State TX | Zip Code 76034-7579 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$12.00 Bi-Weekly) |
| Name of Employer St. Jude Medical | Occupation Dir, Regional Sales, NMD | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 216.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Jacob Walters | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014 Transaction ID : PR53777068142 |
| Mailing Address 7309 South Heatherride Ave | | Amount of Each Receipt this Period 15.00 |
| City Sioux Falls | State SD | Zip Code 57108-3351 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$15.00 Bi-Weekly) |
| Name of Employer St. Jude Medical | Occupation Direct Sales Rep, AF | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Don Dietz | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014 Transaction ID : PR53778658142 |
| Mailing Address 9509 Greenfield Dr | | Amount of Each Receipt this Period 15.00 |
| City Raleigh | State NC | Zip Code 27615-2308 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$15.00 Bi-Weekly) |
| Name of Employer St. Jude Medical | Occupation Direct Sales Rep, CRM | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 42.00 |
| 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 13 OF 15 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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 Allen | | Date of Receipt |
| Mailing Address 408 Gregan Court | | <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Matthews | NC | 28104-7000 |
| FEC ID number of contributing federal political committee. | | Transaction ID : PR53778828142 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="15.00"/> |
| Name of Employer | Occupation | P/R Deduction (\$15.00 Bi-Weekly) |
| St. Jude Medical | Territory Mgr, Structural Heart | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="270.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Marcus Gonzales | | Date of Receipt |
| Mailing Address 313 Pelican Avenue | | <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| McAllen | TX | 78504-1730 |
| FEC ID number of contributing federal political committee. | | Transaction ID : PR53781048142 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="50.00"/> |
| Name of Employer | Occupation | P/R Deduction (\$50.00 Bi-Weekly) |
| St. Jude Medical | Direct Sales Rep, CRM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="900.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Christopher Johnson | | Date of Receipt |
| Mailing Address 226 N. Shelmore Blvd | | <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Mt Pleasant | SC | 29464-6616 |
| FEC ID number of contributing federal political committee. | | Transaction ID : PR53782308142 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="50.00"/> |
| Name of Employer | Occupation | P/R Deduction (\$50.00 Bi-Weekly) |
| St. Jude Medical | Dir, Sr. Regional Sales EP | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="900.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="115.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**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 14 OF 15 |
| <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

A. Charles DuVall
 Full Name (Last, First, Middle Initial)
 Mailing Address 536 Apperson Cove
 City Marion State AR Zip Code 72364-2654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Direct Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR53782458142
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. David Hendrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 2204 Demona Dr
 City Austin State TX Zip Code 78733-1689
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Sr VP, Sales Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR53782728142
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. Richard Chute II
 Full Name (Last, First, Middle Initial)
 Mailing Address 62 Perkins St
 City Charlestown State MA Zip Code 02129-1218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR64449018142
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 200.00 |
| 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 15 OF 15
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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. Anne Dougherty

Mailing Address 400 Hessian Drive

City State Zip Code
Kennett Square PA 19348-2863

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

Name of Employer Occupation
St Jude Medical, INC FCE II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 15 / 2014
Transaction ID : PR64450038142

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Bi-Weekly)

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

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
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 100.00 |
| TOTAL This Period (last page this line number only).....▶ | 1258.00 |