

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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00305029 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **12** / **07** / **2016** in the State of

5. Covering Period **10** / **20** / **2016** through **11** / **28** / **2016**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
FRENZ, ROBERT G., , ,
Type or Print Name of Treasurer

Signature of Treasurer FRENZ, ROBERT G., , , [Electronically Filed] Date **12** / **08** / **2016**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2016"/>		31468.53
(b) Cash on Hand at Beginning of Reporting Period.....	3095.53	
(c) Total Receipts (from Line 19)	2943.00	77570.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	6038.53	109038.53
7. Total Disbursements (from Line 31).....	0.00	103000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	6038.53	6038.53
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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 20 / 2016 To: M M / D D / Y Y Y Y 11 / 28 / 2016

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).....	2592.00	60258.00
(ii) Unitemized	351.00	17312.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2943.00	77570.00
(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)	2943.00	77570.00
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)).....▶	2943.00	77570.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2943.00	77570.00

DETAILED SUMMARY PAGE
of Disbursements

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	103000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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	103000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	103000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	2943.00	77570.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2943.00	77570.00
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 14
<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

A. Pilling, Sue, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3005 Brighton Blvd
 City Mound State MN Zip Code 55364-9280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) Senior Supply Chain Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR537485120536
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Deno, Don, Curtis, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 409 137th Lane NW
 City Andover State MN Zip Code 55304-4164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) Scientist Sr Pr, Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR537486820536
 Amount of Each Receipt this Period 75.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. Graves, Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1455 Clippership Court
 City Woodbury State MN Zip Code 55125-8564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) VP, Regulatory
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR537507820536
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	255.00
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 14
	<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. Little, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 635 Brockton Lane N.
 City Plymouth State MN Zip Code 55447-3338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) VP, Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR537508520536
 Amount of Each Receipt this Period 180.00
 Memo Item
 P/R Deduction (\$60.00 Bi-Weekly)

B. Engeman, Maja, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6500 Welsley Court
 City Chanhassen State MN Zip Code 55317-7505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR537531520536
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

C. Roberts, Bradley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1553 Sherman Lake Ct
 City Lino Lakes State MN Zip Code 55038-9630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) Vice President, Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR537546120536
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	240.00
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 14
<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. Inman, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) St. Jude Medical Occupation (for Individual) Manager, Localization
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : PR537552620536
 Amount of Each Receipt this Period 75.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. Davis, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) St. Jude Medical Occupation (for Individual) Director/Operations Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : PR537608020536
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Dallager, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6918 132nd Street
 City Hugo State MN Zip Code 55038-5410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) Sr. Vice President Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : PR537647420536
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	165.00
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 9 OF 14
<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. Burton, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1605 Widgeon Circle
 City Centerville State MN Zip Code 55038-3321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) Dir Internal Audit-Intl & Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR537671020536
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. Zurbay, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) St. Jude Medical Occupation (for Individual) VP, Finance & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR537673920536
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Fecho, Jeffry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) St. Jude Medical Occupation (for Individual) VP, Global Quality
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR537674020536
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	270.00
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 14
	<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. Zellers, Jason, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3561 Settlers Way

City Stillwater	State MN	Zip Code 55082-3453
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St. Jude Medical	Occupation (for Individual) VP Gen Counsel and Corp Secretary
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		28		2016

Transaction ID : PR537674120536

Amount of Each Receipt this Period
300.00

Memo Item

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

B. Ellingson, Rachel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5019 Arden Ave

City Edina	State MN	Zip Code 55424-1315
---------------	-------------	------------------------

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

Name of Employer (for Individual) St. Jude Medical	Occupation (for Individual) VP, Global Communications
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1680.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		28		2016

Transaction ID : PR537674220536

Amount of Each Receipt this Period
240.00

Memo Item

P/R Deduction (\$80.00 Bi-Weekly)

C. Janet, Damien, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3108 SW Pergola Park Dr.

City Lees Summit	State MO	Zip Code 64081-8104
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St. Jude Medical	Occupation (for Individual) Field Clinical Engineer II
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		28		2016

Transaction ID : PR537681320536

Amount of Each Receipt this Period
30.00

Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	570.00
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 14
<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. Acuna, Fernando, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13005 SW 110th Avenue
 City Miami State FL Zip Code 33176-6530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) Sr. Dir, Corporate Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR537695720536
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. Douglas, Ashli, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 615 25th St. S
 City Arlington State VA Zip Code 22202-2529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) Sr Director Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1540.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR537714520536
 Amount of Each Receipt this Period 240.00
 Memo Item
 P/R Deduction (\$80.00 Bi-Weekly)

C. Cadic, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2141 Azalea Circle
 City Decatur State GA Zip Code 30033-2609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) Direct Sales Rep, CRM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR537750920536
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	300.00
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 14
<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. Gonzales, Marcus, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 313 Pelican Avenue
 City McAllen State TX Zip Code 78504-1730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) Direct Sales Rep, CRM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR537810420536
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Hendrick, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) St. Jude Medical Occupation (for Individual) Sr VP, Sales Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR537827220536
 Amount of Each Receipt this Period 75.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. Aguero, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28451 Foothill Drive
 City Agoura Hills State CA Zip Code 91301-2241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Jude Medical Occupation (for Individual) Sr. Dir. Finance Plan & Reporting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR644462220536
 Amount of Each Receipt this Period 45.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 180.00
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 13 OF 14
(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. Quesada, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26837 Maris Court
 City Sun City State CA Zip Code 92585-8927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) Territory Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR767110220536
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Steele Flippin, Candace, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 10th Street #736
 City Minneapolis State MN Zip Code 55415-2106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) VP, External Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 930.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR767137520536
 Amount of Each Receipt this Period 135.00
 Memo Item
 P/R Deduction (\$45.00 Bi-Weekly)

C. Cadwallader, Carl, Eugene, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16998 81st Ave N
 City Maple Grove State MN Zip Code 55311-1769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SJM Occupation (for Individual) VP Supply Chain and PDI
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR855273320536
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00
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 14 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

A. Skelly, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4312 W Roland St
 City Tampa State FL Zip Code 33609-3840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Jude Mecial Occupation (for Individual) RSD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR855480920536
 Amount of Each Receipt this Period 117.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

B. Trubeck, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17333 62nd Ave N
 City Maple Grove State MN Zip Code 55311-6405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) VP, Info Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR855494820536
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	237.00
TOTAL This Period (last page this line number only).....	2592.00