



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-3

August 23, 2001

Pete Gove, Treasurer  
St. Jude Medical Inc. Political Action Committee  
One Lillehei Plaza  
St. Paul, MN 55117

Identification Number: C00305029

Reference: Amended October Quarterly Report (7/1/00-9/30/00), received 12/6/00

Dear Mr. Gove:

This letter is to inform you that as of August 22, 2001 the Commission has not received your response to our request for additional information, dated August 1, 2001. This notice requests information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to this request (copy enclosed).

An adequate response must be received at the Commission by September 12, 2001. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

If you should have any questions regarding this matter, please contact Andrea Needles on our toll-free number (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division) or our local number (202) 694-1130.

Sincerely,

A handwritten signature in black ink, appearing to read "John D. Gibson".

John D. Gibson  
Assistant Staff Director  
Reports Analysis Division

Enclosure



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

Peter Gove, Treasurer  
St. Jude Medical Inc. Political Action Committee  
One Lillehei Plaza  
St. Paul, MN 55117

AUG 1 2001

Identification Number: C00305029

Reference: Amended October Quarterly Report (7/1/00-9/30/00), received 12/6/00

Dear Mr. Gove:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B supporting Line 23 of your report discloses a contribution(s) to a candidate(s) for the Primary election; however, the funds were disbursed after the election date(s) (pertinent portion(s) attached). Please note that contributions may not be designated for an election which has already occurred unless the funds are to be used to reduce a candidate committee's debts incurred during that election campaign.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an impermissible contribution, you should notify the recipient and request a refund and/or notify the recipient in writing of your redesignation of the contribution. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution(s).


Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund or redesignation request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during

which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding this impermissible activity, your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Andrea S. Needles  
Senior Reports Analyst  
Reports Analysis Division

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER

23

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
Ben Cardin for Congress P.O. Box 65056 Baltimore, MD 21209	Campaign Contribution U.S. House of Representatives 3rd District, Maryland	7/11/00 Primary date: 3/7/00	\$500.00
Bob Matsui for Congress Committee 724 15th Street, NW, 3rd Floor Washington, DC 20005	Campaign Contribution 5th District - CA	7/11/00 Primary date: 3/7/00	\$500.00
Frist for Senate 2000 Glen Echo Road, Suite 107 Nashville, TN 37215	Campaign Contribution U.S. Senate - Tenn	9/11/00 Primary date: 9/3/00	\$1,000.00
Anna Eshoo for Congress 555 Bryant Street Oakland, CA 94612	Campaign Contribution 14th District - CA	9/26/00 Primary date: 3/7/00	\$500.00
AdvaMed PAC 1200 G Street NW, Suite 400 Washington, DC 20005-3814	PAC Support	9/27/00	\$2,500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

GUBTOTAL of Disbursements This Page (optional)

5,000.00

TOTAL This Period (last page this line number only)

\$5,000.00

