

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Oct 25 3 00 PM '96

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) <input type="checkbox"/> Check if different than previously reported One Lillehei Plaza	2. FEC IDENTIFICATION NUMBER CM03U5029
CITY, STATE and ZIP CODE St. Paul, MN 55117	3. <input checked="" type="checkbox"/> 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 General (Type of Election)
election on Nov 5 in the State of MN

Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period: <u>10/01/96</u> through <u>10/16/96</u>			
6. (a)	Cash on Hand January 1, 19 <u>96</u>		\$ <u>12,824</u>
(b)	Cash on Hand at Beginning of Reporting Period	\$ <u>8,969</u>	
(c)	Total Receipts (from Line 19)	\$ <u>0</u>	\$ <u>8,745</u>
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(e) and 6(c) for Column B)	\$ <u>8,969</u>	\$ <u>21,569</u>
7.	Total Disbursements (from Line 30)	\$ <u>1,350</u>	\$ <u>13,950</u>
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>7,619</u>	\$ <u>7,619</u>
9.	Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 889 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C 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 <u>Peter Gove</u>			
Signature of Treasurer 		Date <u>10/16/96</u>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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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 St. Jude Medical, Inc. Political Action Committee	REPORT COVERING PERIOD FROM 10/01/96 TO: 10/16/96	
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Remized (use Schedule A)	0	7,305
ii. Unremized	0	1,440
iii. Total (add i and ii) >	0	8,745
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) >		
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	0	8,745
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	0	8,745
20. Total Federal Receipts (subtract line 18 from line 19) >	0	8,745
II. Disbursements		
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 i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees	1,330	13,850
23. Contributions to Federal Candidates/Committees and Other Political Committees		
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) >	0	100
29. Other Disbursements	0	
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		13,950
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	0	8,745
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans) (subtract line 33 from line 32)	0	8,745
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
Volunteers for Vento P.O. Box 65254 St. Paul, MN 55164	Fundraiser for Congressman Bruce Vento (MN-4th District) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/7/96	\$600
Gutfnecht for Congress P.O. Box 6428 Rochester, MN 55903	Fundraiser for Congressman Gutfnecht Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/96	\$250
Jude for Congress 1656 Hastings Ave. Newport, MN 55055	Fundraiser for Tad Jude Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/96	\$500
D. 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
E. 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
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)	\$1,350
TOTAL This Period (last page this line number only)	\$1,350

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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

10/17/96

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

JAC
PREPARER

10/25/96
DATE PREPARED