

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 ST PAUL MN 55117

2. FEC IDENTIFICATION NUMBER C00305029 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2014 through 03 / 31 / 2014

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 ROBERT G. FRENZ

Signature of Treasurer ROBERT G. FRENZ [Electronically Filed] Date 04 / 11 / 2014

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

**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"/>	<input type="text" value="50321.10"/>	<input type="text" value="50321.10"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="50321.10"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="71935.50"/>	<input type="text" value="71935.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="122256.60"/>	<input type="text" value="122256.60"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23500.00"/>	<input type="text" value="23500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="98756.60"/>	<input type="text" value="98756.60"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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).....	60868.00	60868.00
(ii) Unitemized	11067.50	11067.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	71935.50	71935.50
(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)	71935.50	71935.50
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))..... ▶	71935.50	71935.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	71935.50	71935.50

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.....	21000.00	21000.00
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	2500.00	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)) ..	23500.00	23500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23500.00	23500.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	71935.50	71935.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	71935.50	71935.50
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 28
(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. William Little			Date of Receipt MM / DD / YYYY 01 / 23 / 2014 Transaction ID : 5695782		
Mailing Address 635 Brockton Lane N.			Amount of Each Receipt this Period 1500.00		
City Plymouth	State MN	Zip Code 55447-3338			
FEC ID number of contributing federal political committee. C					
Name of Employer St. Jude Medical		Occupation VP, Marketing			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

Full Name (Last, First, Middle Initial) B. John Veasey			Date of Receipt MM / DD / YYYY 01 / 23 / 2014 Transaction ID : 5695921		
Mailing Address 305 Cowal Dr N			Amount of Each Receipt this Period 500.00		
City Spicewood	State TX	Zip Code 78669-2044			
FEC ID number of contributing federal political committee. C					
Name of Employer St. Jude Medical		Occupation Mgr, Contract Operations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) C. Mark Murphy			Date of Receipt MM / DD / YYYY 01 / 23 / 2014 Transaction ID : 5695928		
Mailing Address 3743 Mount Vernon Lane			Amount of Each Receipt this Period 500.00		
City Woodbury	State MN	Zip Code 55129-5010			
FEC ID number of contributing federal political committee. C					
Name of Employer St. Jude Medical		Occupation Sr Dir Enterprise Application Solution			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 7 OF 28
(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

Full Name (Last, First, Middle Initial)
A. Yoheng Chang

Mailing Address 749 W. Camino Real, #E

City State Zip Code
 Arcadia CA 91007-7883

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

Name of Employer Occupation
 St Jude Medical Mgr., Program Mgmt.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2014
Transaction ID : 5696638

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2537 Kipling Avenue S

City State Zip Code
 Saint Louis Park MN 55416-3951

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

Name of Employer Occupation
 St Jude Medical Dir. Sales & Support SAP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2014
Transaction ID : 5696727

Amount of Each Receipt this Period
 300.00

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

Mailing Address 3427 Col. Vanderhorst Circle

City State Zip Code
 Mt Pleasant SC 29466-8031

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

Name of Employer Occupation
 St. Jude Medical Sales Representative, Sr.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2014
Transaction ID : 5696737

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **800.00**

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 28
	<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. Scott Simon

Mailing Address 2225 Tree Lane

City Billings State MT Zip Code 59102-2560

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

Name of Employer St. Jude Medical Occupation Dir, Field Clinical Engineering

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 25 / 2014

Transaction ID : 5726197

Amount of Each Receipt this Period
700.00

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

Mailing Address 14415 Greenleaf Street

City Sherman Oaks State CA Zip Code 91423-4015

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

Name of Employer St. Jude Medical Occupation VP, Hardware Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 27 / 2014

Transaction ID : 5730776

Amount of Each Receipt this Period
1000.00

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

Mailing Address 36 Sundown Parkway

City Austin State TX Zip Code 78746-5258

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

Name of Employer St. Jude Medical Occupation Sr. VP, Strategic Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 28 / 2014

Transaction ID : 5731671

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **2700.00**

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 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<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

Full Name (Last, First, Middle Initial) A. Lupe Rivera		Date of Receipt
Mailing Address 17628 Camino De Yatasto		<input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City State Zip Code Pacific Palisades CA 90272-2014		Transaction ID : 5735806
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="249.00"/>
Name of Employer St. Jude Medical	Occupation Leader, HR Business Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="249.00"/>	

Full Name (Last, First, Middle Initial) B. Michael Rocca		Date of Receipt
Mailing Address 28930 Sommers Dr		<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City State Zip Code Naples FL 34119-0916		Transaction ID : 5739122
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="2000.00"/>
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) C. Jay Speelhofer		Date of Receipt
Mailing Address 309 Timber Lake Dr		<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City State Zip Code Southlake TX 76092-7207		Transaction ID : 5739371
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
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 ▼ <input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2499.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 OF 28
(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

Full Name (Last, First, Middle Initial)
A. Stuart Essig Ph.D.

Mailing Address 311-C Enterprise Drive

City State Zip Code
 Plainsboro NJ 08536-3344

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

Name of Employer Occupation
 Integra LifeSciences Holdings Corporat President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : 5740268

Amount of Each Receipt this Period
 3500.00

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

Mailing Address 750 Trade Centre
 Suite 145

City State Zip Code
 Portage MI 49002-0485

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

Name of Employer Occupation
 Stryker Corporation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : 5740362

Amount of Each Receipt this Period
 5000.00

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

Mailing Address 212 Lambeth Road

City State Zip Code
 Baltimore MD 21218-1108

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

Name of Employer Occupation
 Valveoptions, Inc. CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : 5744940

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 11000.00

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 28
	<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. Justin Madder
Full Name (Last, First, Middle Initial)

Mailing Address 203 Cashmere Ct

City Cranberry Township State PA Zip Code 16066-3853

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

Name of Employer St. Jude Medical Occupation Mgr, Regional Sales, EP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : 5747805

Amount of Each Receipt this Period
 250.00

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

Mailing Address 620 Brandon Way

City Austin State TX Zip Code 78733-3263

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

Name of Employer St. Jude Medical Occupation Group President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2014
Transaction ID : 5762249

Amount of Each Receipt this Period
 5000.00

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

Mailing Address 623 Mint Hill Lane

City Lexington State KY Zip Code 40509-1918

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

Name of Employer St Jude Medical Occupation Sales CRM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2014
Transaction ID : 5763183

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
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 12 OF 28
(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

Full Name (Last, First, Middle Initial)
A. Robert Berset

Mailing Address 6601 Charing Bend

City Chanhassen State MN Zip Code 55317-7510

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

Name of Employer St. Jude Medical Occupation Director Sr, Supply Chain

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 07 / 2014
Transaction ID : 5769508

Amount of Each Receipt this Period
 250.00

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

Mailing Address 10 Princeton Rd.

City Menlo Park State CA Zip Code 94025-5327

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

Name of Employer St. Jude Medical Occupation President, IESD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 08 / 2014
Transaction ID : 5769566

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 15177 NW Sweetgale Lane

City Portland State OR Zip Code 97229-1570

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

Name of Employer St Jude Medical Occupation IV Quality Assurance Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 10 / 2014
Transaction ID : 5771467

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3250.00

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 28
	<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. Lisa Andrade
Full Name (Last, First, Middle Initial)

Mailing Address 6300 Bee Cave Parkway
Building 2, Suite 100

City Austin State TX Zip Code 78746-5832

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

Name of Employer St. Jude Medical Occupation Sr. VP, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
02 / 11 / 2014
Transaction ID : 5782305

Amount of Each Receipt this Period
2250.00

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

Mailing Address 1314 Ashwood Court

City San Mateo State CA Zip Code 94402-3318

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

Name of Employer St. Jude Medical Occupation Dir, Sr Clinical Studies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
02 / 12 / 2014
Transaction ID : 5783312

Amount of Each Receipt this Period
300.00

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

Mailing Address 2039 Crestlake Ave

City South Pasadena State CA Zip Code 91030-4502

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

Name of Employer St. Jude Medical Occupation Mgr, Prog Mgmt Process and Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 12 / 2014
Transaction ID : 5783314

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3050.00

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 28
	<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. Mark Neal		Date of Receipt
Mailing Address 8992 Preston Rd #110-720		<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City Frisco	State TX	Zip Code 75034-3965
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 5784057
Name of Employer St. Jude Medical		Amount of Each Receipt this Period
Occupation VP Quality Assurance		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. Gary Thompson		Date of Receipt
Mailing Address 109 Summerwalk Place		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Simpsonville	State SC	Zip Code 29681-4649
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 5785639
Name of Employer St. Jude Medical		Amount of Each Receipt this Period
Occupation Dir, SBU Operations		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Raul Garcia		Date of Receipt
Mailing Address 10508 Prickly Poppy Cv		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Austin	State TX	Zip Code 78733-5739
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 5785826
Name of Employer St Jude Medical		Amount of Each Receipt this Period
Occupation Sr. Mgr., Field Finance Latin America		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
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 15 OF 28
	<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. Mark Carlson
Full Name (Last, First, Middle Initial)

Mailing Address 5411 Villawood Circle

City Calabasas State CA Zip Code 91302-3106

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

Name of Employer St. Jude Medical Occupation VP, Sr Clin Aff & ChiefMedOff(CMO)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2014
Transaction ID : 5787738

Amount of Each Receipt this Period
 2000.00

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

Mailing Address 5006 29th Ave. S

City Minneapolis State MN Zip Code 55417-1329

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

Name of Employer St. Jude Medical Occupation Director Info and Process Innovation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2014
Transaction ID : 5791317

Amount of Each Receipt this Period
 300.00

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

Mailing Address 9838 Nevada Ave.

City Chatsworth State CA Zip Code 91311-4040

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

Name of Employer St. Jude Medical Occupation Scientist, Principal Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2014
Transaction ID : 5799814

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2800.00

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 16 OF 28
	<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. Eric Schorsch
Full Name (Last, First, Middle Initial)

Mailing Address 816 McKinley Pointe Lane

City Knoxville State TN Zip Code 37934-1567

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

Name of Employer St. Jude Medical Occupation VP, Field Clinical Engineering

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 20 / 2014
Transaction ID : 5799832

Amount of Each Receipt this Period 250.00

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

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 St Jude Medical Occupation Sr. Dir. Finance Plan & Reporting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 20 / 2014
Transaction ID : 5800231

Amount of Each Receipt this Period 250.00

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

Mailing Address 17 Starlight Isle

City Ladera Ranch State CA Zip Code 92694-1467

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

Name of Employer St. Jude Medical Occupation VP, Area Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 21 / 2014
Transaction ID : 5801908

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1000.00

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 17 OF 28
	<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. Gregory Hernandez		Date of Receipt
Mailing Address 5665 Camerata Way		<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
Saint Louis Park	MN	55416-5269
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
St Jude Medical	Sr. Dir., PCI Optimization	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	
		Transaction ID : 5802392
		Amount of Each Receipt this Period
		<input type="text" value="350.00"/>

Full Name (Last, First, Middle Initial) B. Scott Thome		Date of Receipt
Mailing Address 3604 Lisa Circle		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Saint Cloud	MN	56301-9581
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
St. Jude Medical	VP Sr, Operations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	
		Transaction ID : 5802486
		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) C. Richard Devenuti		Date of Receipt
Mailing Address 6801 Koll Center Parkway		<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
Pleasanton	CA	94566-7047
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
EMC Corporation	SJM Board Member	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4000.00"/>	
		Transaction ID : 5809155
		Amount of Each Receipt this Period
		<input type="text" value="4000.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5350.00"/>
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 18 OF 28
<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. James Niebur
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Dorset Ct

City Bloomington State IL Zip Code 61704-1232

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

Name of Employer St. Jude Medical Occupation Direct Sales Rep, CRM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 5809919

Amount of Each Receipt this Period
 250.00

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

Mailing Address One St. Jude Medical Drive

City Saint Paul State MN Zip Code 55117-1789

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

Name of Employer St. Jude Medical Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2014
Transaction ID : 5878682

Amount of Each Receipt this Period
 5000.00

Check#9984

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

Mailing Address 50 Enchanted Way

City Sedona State AZ Zip Code 86336-6165

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

Name of Employer Merck & Co. Occupation Chief Marketing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2014
Transaction ID : 5878683

Amount of Each Receipt this Period
 2000.00

Check# 301

SUBTOTAL of Receipts This Page (optional).....▶	7250.00
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 19 OF 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Timothy Fayram
Full Name (Last, First, Middle Initial)

Mailing Address 8170 Honeycomb Road

City State Zip Code
Gilroy CA 95020-8850

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

Name of Employer Occupation
St. Jude Medical VP, Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2014
Transaction ID : 5878685

Amount of Each Receipt this Period
250.00

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

Mailing Address 7317 Auto Club Road

City State Zip Code
Bloomington MN 55438-2433

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

Name of Employer Occupation
St. Jude Medical Executive VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2014
Transaction ID : 5878687

Amount of Each Receipt this Period
3000.00

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

Mailing Address 6201 Soter Parkway

City State Zip Code
Austin TX 78735-6135

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

Name of Employer Occupation
St. Jude Medical President, US Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2014
Transaction ID : 5878688

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6250.00

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 20 OF 28
	<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. Ilhan Bae
Full Name (Last, First, Middle Initial)

Mailing Address 2535 Sandycreek Drive

City Westlake Village State CA Zip Code 91361-5545

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

Name of Employer St. Jude Medical Occupation Sr. VP, Administration & Gen Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2014

Transaction ID : 5878689

Amount of Each Receipt this Period
 500.00

Check#4982

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

Mailing Address 24521 Peachland Avenue

City Newhall State CA Zip Code 91321-3458

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

Name of Employer St. Jude Medical Occupation VP, Sr Finance and IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2014

Transaction ID : 5878692

Amount of Each Receipt this Period
 500.00

Check#1615

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

Mailing Address 113 Devon Ct.

City Easley State SC Zip Code 29640-7815

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

Name of Employer St. Jude Medical Occupation Dir, Quality Assurance (QA)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2014

Transaction ID : 5922229

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 21 OF 28
(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. Ann Graves
 Full Name (Last, First, Middle Initial)
 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 St. Jude Medical Occupation VP, Regulatory
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2014
Transaction ID : PR53750788139
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$75.00 Bi-Weekly)

B. Jason Zellers
 Full Name (Last, First, Middle Initial)
 Mailing Address 3561 Settlers Way
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 31 / 2014
Transaction ID : PR53767418139
 Amount of Each Receipt this Period 400.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. Rachel Ellingson
 Full Name (Last, First, Middle Initial)
 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 St. Jude Medical Occupation VP, Corporate Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 31 / 2014
Transaction ID : PR53767428139
 Amount of Each Receipt this Period 400.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00
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 22 OF 28
	<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. Ashli Douglas		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 Transaction ID : PR53771458139
Mailing Address 615 25th St. S		Amount of Each Receipt this Period 350.00
City Arlington	State VA	Zip Code 22202-2529
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 ▼ 350.00	P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Robert Hastings		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 Transaction ID : PR53781238139
Mailing Address 1713 Shoal Creek Avenue		Amount of Each Receipt this Period 600.00
City Wichita Falls	State TX	Zip Code 76310-8029
FEC ID number of contributing federal political committee. C	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 ▼ 600.00	P/R Deduction (\$150.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) c. Charles DuVall		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 Transaction ID : PR53782458139
Mailing Address 536 Apperson Cove		Amount of Each Receipt this Period 300.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 23 OF 28
	<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. Scott Holstine
Full Name (Last, First, Middle Initial)

Mailing Address 6200 Soter Pkwy

City Austin State TX Zip Code 78735-6135

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

Name of Employer St. Jude Medical Occupation DVP, Vascular

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 769.00

Date of Receipt 03 / 31 / 2014
Transaction ID : PR53782518139

Amount of Each Receipt this Period 769.00

P/R Deduction (\$192.25 Bi-Weekly)

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

Mailing Address 21055 E. Fort Bowie Drive

City Walnut State CA Zip Code 91789-1364

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

Name of Employer St. Jude Medical Occupation Vice President Customer Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2014
Transaction ID : PR64447548139

Amount of Each Receipt this Period 1000.00

P/R Deduction (\$1000.00 Bi-Weekly)

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

Mailing Address 400 Hessian Drive

City Kennett Square State PA Zip Code 19348-2863

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

Name of Employer St Jude Medical, INC Occupation FCE II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2014
Transaction ID : PR64450038139

Amount of Each Receipt this Period 300.00

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

SUBTOTAL of Receipts This Page (optional).....	2069.00
TOTAL This Period (last page this line number only).....	60868.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. VOLUNTEERS FOR SHIMKUS

Mailing Address 499 S Capital St. SW Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Mr. John Shimkus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 20

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : 5922503

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Kevin McCarthy for Congress

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement

011

Candidate Name

Mr. Kevin McCarthy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : 5922744

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Tom Reed For Congress

Mailing Address PO Box 391

City Geneva State NY Zip Code 14456

Purpose of Disbursement

011

Candidate Name

Rep. Tom Reed

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : 5922750

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Guthrie for Congress

Mailing Address 499 S Capitol Street SW
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Mr. S. Brett Guthrie

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	4

Transaction ID : 5922989

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Bera For Congress

Mailing Address Post Office Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement

011

Candidate Name

Rep. Ami Bera MD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	4

Transaction ID : 5922990

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Friends Of Todd Young, Inc.

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement

011

Candidate Name

Rep. Todd Young

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	4

Transaction ID : 5923227

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KLOBUCHAR FOR MINNESOTA

Mailing Address PO BOX 4146

City State Zip Code
ST PAUL MN 55104

Purpose of Disbursement

011

Candidate Name

Amy Klobuchar

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MN District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : 5923465

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ROBERTS, PAT

Mailing Address PO BOX 15

City State Zip Code
DODGE CITY KS 67801

Purpose of Disbursement

011

Candidate Name

Pat Roberts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : 5923466

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. AdvMed PAC

Mailing Address 701 Pennsylvania Ave. NW Suite 800

City State Zip Code
Washington DC 20004

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : 5923467

Amount of Each Disbursement this Period

3000.00

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

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

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Erik Paulsen

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2014

Transaction ID : 5923468

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Erik Paulsen

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2014

Transaction ID : 5923469

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

3000.00

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

21000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AdvaMed CA PAC

Mailing Address 701 Pennsylvania Ave, NW Suite 800

City Washington State DC Zip Code 20004

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2014

Transaction ID : 5993793

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2500.00

2500.00
