

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines 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 C00305029 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 23 2010 through 12 31 2010

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 Electronically Filed by Robert G Frenz Date 01 25 2011

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

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
St Jude Medical Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		9575.01
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	35394.75									
(c) Total Receipts (from Line 19)	1753.29	53573.03								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	37148.04	63148.04								
7. Total Disbursements (from Line 31)	1000.00	27000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	36148.04	36148.04								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
St Jude Medical Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	1681.29	47586.43
(ii) Unitemized	72.00	5986.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1753.29	53573.03
(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)	1753.29	53573.03
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 Transfer (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))	1753.29	53573.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1753.29	53573.03

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	1000.00	27000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	1000.00	27000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	27000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	1753.29	53573.03
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1753.29	53573.03
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 / 13
(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. Full Name (Last, First, Middle Initial)
Scott Brown

Mailing Address 2031 E Coconino Ct.

City State Zip Code
Gilbert AZ 85297

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
St Jude Medical Sales - Cardiovascular

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 346.50

Date of Receipt M M / D D / Y Y Y Y
12 / 24 / 2010

Transaction ID: SA11AI.5039

Amount of Each Receipt this Period 49.50

Payroll \$16.50 Bi-weekly

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

Mailing Address 3567 E. Weatherby Drive

City State Zip Code
Sulphur LA 70665

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
St Jude Medical USD Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt M M / D D / Y Y Y Y
12 / 24 / 2010

Transaction ID: SA11AI.5040

Amount of Each Receipt this Period 30.00

Payroll \$10.00 Bi-weekly

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

Mailing Address 605 Johnstone Drive

City State Zip Code
Madison MS 39110

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
St Jude Medical VP, Area Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt M M / D D / Y Y Y Y
12 / 24 / 2010

Transaction ID: SA11AI.5041

Amount of Each Receipt this Period 270.00

Payroll \$90.00 Bi-weekly

SUBTOTAL of Receipts This Page (optional) 349.50

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 / 13
	<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.	Full Name (Last, First, Middle Initial) Angela Craig		Date of Receipt MM / DD / YYYY 12 / 24 / 2010		
	Mailing Address 1966 Princeton Ave.		Transaction ID: SA11AI.5042		
	City St. Paul	State MN	Zip Code 55105	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		Payroll \$50.00 Bi-weekly		
	Name of Employer St Jude Meidical		Occupation VP, Corporate Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00			

B.	Full Name (Last, First, Middle Initial) Melissa Davidian		Date of Receipt MM / DD / YYYY 12 / 24 / 2010		
	Mailing Address 79550 St Margarets Bay		Transaction ID: SA11AI.5043		
	City Bermuda Dunes	State CA	Zip Code 92203	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C		Payroll \$10.00 Bi-weekly		
	Name of Employer St Jude Medical		Occupation NMD Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

C.	Full Name (Last, First, Middle Initial) Brent Doehring		Date of Receipt MM / DD / YYYY 12 / 24 / 2010		
	Mailing Address 5005 Foxfire Ct.		Transaction ID: SA11AI.5044		
	City Springfield	State IL	Zip Code 62711	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C		Payroll \$10.00 Bi weekly		
	Name of Employer St Jude Medical		Occupation CRM Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

SUBTOTAL of Receipts This Page (optional)	▶	210.00
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 / 13
	<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.	Full Name (Last, First, Middle Initial) Lynne Eilerman	Date of Receipt MM / DD / YYYY 12 / 24 / 2010
	Mailing Address 2136 Datura Street	Transaction ID: SA11AI.5045
	City State Zip Code Sarasota FL 34239	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	Payroll \$25.00 Bi-weekly
	Name of Employer St Jude Medical Occupation Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Marc Gauthier	Date of Receipt MM / DD / YYYY 12 / 24 / 2010
	Mailing Address 414 Stonebridge Crichel	Transaction ID: SA11AI.5046
	City State Zip Code Allen TX 75013	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	Payroll \$20.00 Bi-weekly
	Name of Employer St Jude Medical Occupation NMD Dir. Software Engineering Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	

C.	Full Name (Last, First, Middle Initial) Matt Hardie	Date of Receipt MM / DD / YYYY 12 / 24 / 2010
	Mailing Address 235 St Andrews	Transaction ID: SA11AI.5048
	City State Zip Code Calhoun LA 71225	Amount of Each Receipt this Period 142.86
	FEC ID number of contributing federal political committee. C	Payroll \$47.62 bi-weekly
	Name of Employer St Jude Medical Occupation Director Regional Sales - CRM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.02	

SUBTOTAL of Receipts This Page (optional)	277.86
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 / 13
	<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.	Full Name (Last, First, Middle Initial) William Hautt		Date of Receipt
	Mailing Address 5569 Nakoma		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Dallas	TX	75209
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5049
Name of Employer St Jude Medical		Occupation NMD Regional Sales Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	<input type="text" value="75.00"/>
			Payroll \$25.00 bi-weekly

B.	Full Name (Last, First, Middle Initial) David Hendrick		Date of Receipt
	Mailing Address 2204 Demona Drive		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Austin	TX	78733
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5050
Name of Employer St Jude Medical		Occupation VP., Corporate Accounts	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00	<input type="text" value="150.00"/>
			Payroll \$50.00 bi-weekly

C.	Full Name (Last, First, Middle Initial) Scott Holstine		Date of Receipt
	Mailing Address 6200 Suter Parkway		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Austin	TX	78735
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5051
Name of Employer St Jude Medical USD		Occupation AVP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text" value="75.00"/>
			Payroll \$25.00 bi-weekly

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="300.00"/>
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: PAGE 10 / 13
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
St Jude Medical Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Raymond Leonard

Mailing Address 11830 RiverOaks Drive

City Loveland State OH Zip Code 45140

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

Name of Employer St Jude Medical USD Occupation Sales Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 24 / 2010

Transaction ID: SA11AI.5052

Amount of Each Receipt this Period 75.00

Payroll \$25.00 bi-weekly

B.

Full Name (Last, First, Middle Initial)
Tom Northenscold

Mailing Address 1215 Oakview Lane N

City Plymouth State MN Zip Code 55441

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

Name of Employer St Jude Medical Occupation VP., IT & CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 12 / 24 / 2010

Transaction ID: SA11AI.5054

Amount of Each Receipt this Period 150.00

Payroll \$50.00 bi-weekly

C.

Full Name (Last, First, Middle Initial)
Armotta Porter

Mailing Address 10165 31st Court NE

City St Michael State MN Zip Code 55376

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

Name of Employer St Jude Medical Occupation Dir. Academic Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.01

Date of Receipt 12 / 24 / 2010

Transaction ID: SA11AI.5055

Amount of Each Receipt this Period 71.43

Payroll \$23.81 bi-weekly

SUBTOTAL of Receipts This Page (optional) ► 296.43

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 / 13
	<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.	Full Name (Last, First, Middle Initial) Mary Ruehl		Date of Receipt
	Mailing Address 1732 Woodcreek		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Brighton	MI	48114
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5057
Name of Employer St Jude Medical		Occupation NMD Territory Mgr.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	<input type="text" value="30.00"/>
			Payroll \$10.00 bi-weekly

B.	Full Name (Last, First, Middle Initial) Edward Rush		Date of Receipt
	Mailing Address 1 Stearns Terrace		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Denville	NJ	07834
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5058
Name of Employer St Jude Medical		Occupation NMD Regional Sales Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="262.50"/>	<input type="text" value="37.50"/>
			Payroll \$12.50 bi-weekly

C.	Full Name (Last, First, Middle Initial) Bernadette Sowder		Date of Receipt
	Mailing Address 11665 Log Jump Tr.		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Ellicott	MD	21042
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5059
Name of Employer St Jude Medical USD		Occupation Sales Representative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="425.00"/>	<input type="text" value="75.00"/>
			Payroll \$25.00 bi-weekly

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="142.50"/>
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: PAGE 12 / 13
(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. Full Name (Last, First, Middle Initial)
Michael Tuckerman

Mailing Address 11602 Claymont Circle

City State Zip Code
Windermere FL 34786

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

Name of Employer Occupation
St Jude Medical Director Regional Sales - CRM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.5061

Amount of Each Receipt this Period
75.00

Payroll \$25.00 bi-weekly

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

Mailing Address 3536 Praire Meadow Street

City State Zip Code
Las Vegas NV 89129

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

Name of Employer Occupation
St Jude Medical CRMD FCE Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.5062

Amount of Each Receipt this Period
30.00

Payroll \$10.00 bi-weekly

SUBTOTAL of Receipts This Page (optional) ► **105.00**

TOTAL This Period (last page this line number only) ► **1681.29**

**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)

PAGE 13 / 13

<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

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF KENT CONRAD

Transaction ID: SB23.5071

Date of Disbursement

Mailing Address PO BOX 812

^M <input type="text"/> 1	^M <input type="text"/> 2	/	^D <input type="text"/> 0	^D <input type="text"/> 7	/	^Y <input type="text"/> 2	^Y <input type="text"/> 0	^Y <input type="text"/> 1	^Y <input type="text"/> 0
-------------------------------------	-------------------------------------	---	-------------------------------------	-------------------------------------	---	-------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------

City BISMARCK State ND Zip Code 58502

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Fundraiser

Category/
Type

Candidate Name
Kent Conrad

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: ND District:

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

1000.00
