

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.
ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 07 / 01 / 2015 through 09 / 30 / 2015

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 10 / 13 / 2015

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="2015"/>	<input type="text" value="46176.60"/>	<input type="text" value="46176.60"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="61095.53"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8087.00"/>	<input type="text" value="95505.93"/>
(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="69182.53"/>	<input type="text" value="141682.53"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30500.00"/>	<input type="text" value="103000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="38682.53"/>	<input type="text" value="38682.53"/>
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

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	6090.00	74600.00
(ii) Unitemized	1997.00	20905.93
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8087.00	95505.93
(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)	8087.00	95505.93
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))..... ▶	8087.00	95505.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8087.00	95505.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	30500.00	103000.00
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	0.00	0.00
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)) ..	30500.00	103000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30500.00	103000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	8087.00	95505.93
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8087.00	95505.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
	<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Curt Deno
Full Name (Last, First, Middle Initial)
Mailing Address 409 137th Lane NW
City Andover State MN Zip Code 55304-4164
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Jude Medical Occupation Scientist Sr Pr, Research
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **425.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR537486815260
Amount of Each Receipt this Period **175.00**
P/R Deduction (\$25.00 Bi-Weekly)

B. 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 **640.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR537507815260
Amount of Each Receipt this Period **280.00**
P/R Deduction (\$40.00 Bi-Weekly)

C. Bradley Roberts
Full Name (Last, First, Middle Initial)
Mailing Address 1553 Sherman Lake Ct
City Lino Lakes State MN Zip Code 55038-9630
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Jude Medical Occupation Vice President, Operations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **340.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR537546115260
Amount of Each Receipt this Period **140.00**
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **595.00**
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 19 (check only one)
<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"/>	<input type="checkbox"/> 17

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

A. Brenda Inman
Full Name (Last, First, Middle Initial)

Mailing Address 4260 Lynfield Lane

City San Jose State CA Zip Code 95136-1622

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

Name of Employer St. Jude Medical Occupation Manager, Localization

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR537552615260

Amount of Each Receipt this Period
175.00

P/R Deduction (\$25.00 Bi-Weekly)

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

Mailing Address 10375 E. Texas Sage Ln.

City Scottsdale State AZ Zip Code 85255-8505

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

Name of Employer St. Jude Medical Occupation Director/Plant Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR537608015260

Amount of Each Receipt this Period
140.00

P/R Deduction (\$20.00 Bi-Weekly)

c. Jeff Dallager
Full Name (Last, First, Middle Initial)

Mailing Address 6918 132nd Street

City Hugo State MN Zip Code 55038-5410

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

Name of Employer St. Jude Medical Occupation Sr. Vice President Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR537647415260

Amount of Each Receipt this Period
140.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	455.00
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 19
<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. Donald Zurbay
Full Name (Last, First, Middle Initial)

Mailing Address 10457 Scott Ave N

City State Zip Code
Brooklyn Park MN 55443-5428

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

Name of Employer Occupation
St. Jude Medical VP, Finance & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
09 / 30 / 2015
Transaction ID : PR537673915260

Amount of Each Receipt this Period
350.00

P/R Deduction (\$50.00 Bi-Weekly)

B. Jeff Fecho
Full Name (Last, First, Middle Initial)

Mailing Address 6165 Fernbrook Lane N

City State Zip Code
Plymouth MN 55446-3742

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

Name of Employer Occupation
St. Jude Medical VP, Global Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt
09 / 30 / 2015
Transaction ID : PR537674015260

Amount of Each Receipt this Period
210.00

P/R Deduction (\$30.00 Bi-Weekly)

C. Jason Zellers
Full Name (Last, First, Middle Initial)

Mailing Address 3561 Settlers Way

City State Zip Code
Stillwater MN 55082-3453

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

Name of Employer Occupation
St. Jude Medical VP Gen Counsel and Corp Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1600.00**

Date of Receipt
09 / 30 / 2015
Transaction ID : PR537674115260

Amount of Each Receipt this Period
700.00

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

SUBTOTAL of Receipts This Page (optional)..... **1260.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
<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. 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, Global Communications

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1360.00**

Date of Receipt **09 / 30 / 2015**

Transaction ID : PR537674215260

Amount of Each Receipt this Period **560.00**

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

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

Mailing Address 305 Cowal Dr N

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **09 / 30 / 2015**

Transaction ID : PR537686715260

Amount of Each Receipt this Period **140.00**

P/R Deduction (\$20.00 Bi-Weekly)

C. Ellen Rick
Full Name (Last, First, Middle Initial)

Mailing Address 1520 Highland Rd

City Winter Park State FL Zip Code 32789-5743

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

Name of Employer St. Jude Medical Occupation Director, National Accounts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **09 / 30 / 2015**

Transaction ID : PR537695615260

Amount of Each Receipt this Period **105.00**

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	805.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Matthew Hardie
 Full Name (Last, First, Middle Initial)
 Mailing Address 3177 Hwy 15
 City Calhoun State LA Zip Code 71225-8137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Sr. Director, Corporate Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR537718515260
 Amount of Each Receipt this Period 140.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Michael Diverde
 Full Name (Last, First, Middle Initial)
 Mailing Address 933 Angels Camp Court
 City Las Vegas State NV Zip Code 89138-4503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Dir, Regional Sales, EP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR537719515260
 Amount of Each Receipt this Period 140.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Melissa Davidian
 Full Name (Last, First, Middle Initial)
 Mailing Address 79550 St. Margaret's Bay
 City Bermuda Dunes State CA Zip Code 92203-1700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Territory Mgr III, NMD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR537734215260
 Amount of Each Receipt this Period 140.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	420.00
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 11 OF 19
	(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. Steven Allen
Full Name (Last, First, Middle Initial)

Mailing Address 408 Gregan Court

City State Zip Code
Matthews NC 28104-7000

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

Name of Employer Occupation
St. Jude Medical Territory Mgr, Structural Heart

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
09 / 30 / 2015
Transaction ID : PR537788215260

Amount of Each Receipt this Period
105.00

P/R Deduction (\$15.00 Bi-Weekly)

B. Marcus Gonzales
Full Name (Last, First, Middle Initial)

Mailing Address 313 Pelican Avenue

City State Zip Code
McAllen TX 78504-1730

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt
09 / 30 / 2015
Transaction ID : PR537810415260

Amount of Each Receipt this Period
140.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Keith Boettiger
Full Name (Last, First, Middle Initial)

Mailing Address 18 Ehrlich Rd

City State Zip Code
Austin TX 78746-3109

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
09 / 30 / 2015
Transaction ID : PR537825015260

Amount of Each Receipt this Period
140.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **385.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John Sieckhaus
 Full Name (Last, First, Middle Initial)
 Mailing Address 3702 81st Avenue SE
 City Mercer Island State WA Zip Code 98040-3531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation DVP, CRM/AF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR537825315260
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. Dave Hendrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 2204 Demona Dr
 City Austin State TX Zip Code 78733-1689
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Sr VP, Sales Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR537827215260
 Amount of Each Receipt this Period 280.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. David Krahe
 Full Name (Last, First, Middle Initial)
 Mailing Address 3003 Niagara Dr
 City Austin State TX Zip Code 78733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Jude Medical Occupation Director Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR766879715260
 Amount of Each Receipt this Period 140.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	490.00
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 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Michael Bryant
 Full Name (Last, First, Middle Initial)
 Mailing Address 4125 Purdue St.
 City Houston State TX Zip Code 77005-1039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **SJM** Occupation **Sales**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **680.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR766929315260
 Amount of Each Receipt this Period **280.00**
 P/R Deduction (\$40.00 Bi-Weekly)

B. Scott MacPherson
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Scenic Hills CT
 City Belle Mead State NJ Zip Code 08502-5137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **St Jude Medical** Occupation **Sales**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **640.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR766940115260
 Amount of Each Receipt this Period **280.00**
 P/R Deduction (\$40.00 Bi-Weekly)

C. Angela Morris
 Full Name (Last, First, Middle Initial)
 Mailing Address 1821 Lake Texoma Circle
 City Allen State TX Zip Code 75002-4841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **St. Jude Medical** Occupation **Sr. Manager, Patient Therapy Access**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **680.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR767068915260
 Amount of Each Receipt this Period **280.00**
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	840.00
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 19
	<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. Richard Quesada			Date of Receipt MM / DD / YYYY 09 / 30 / 2015
Mailing Address 26837 Maris Court			Transaction ID : PR767110215260
City Sun City	State CA	Zip Code 92585-8927	Amount of Each Receipt this Period 280.00
FEC ID number of contributing federal political committee. C			
Name of Employer St. Jude Medical	Occupation Territory Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00		P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Candace Steele Flippin			Date of Receipt MM / DD / YYYY 09 / 30 / 2015
Mailing Address 604 River Street			Transaction ID : PR767137515260
City Minneapolis	State MN	Zip Code 55401-2576	Amount of Each Receipt this Period 280.00
FEC ID number of contributing federal political committee. C			
Name of Employer St. Jude Medical	Occupation VP, PR & External Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00		P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. David Stern			Date of Receipt MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1420 Natchez Way			Transaction ID : PR767138215260
City Grayson	State GA	Zip Code 30017-1085	Amount of Each Receipt this Period 280.00
FEC ID number of contributing federal political committee. C			
Name of Employer St. Jude Medical	Occupation VP, R&D		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00		P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	840.00
TOTAL This Period (last page this line number only).....▶	6090.00

**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. Diane Black for Congress

Mailing Address P.O. Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ms. Diane Black

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : 7458902

Amount of Each Disbursement this Period

1000.00

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

Category/
Type

Candidate Name

Rep. Ami Bera MD

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : 7458909

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bucshon for Congress Committee

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Larry Bucshon

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : 7458911

Amount of Each Disbursement this Period

2000.00

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

4000.00

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. Boustany for Congress

Mailing Address 217 Third Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Mr. Charles Boustany

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : 7458912

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Jeff Duncan for Congress

Mailing Address 499 S Capital Street SW, Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Mr. Jeff Duncan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District: 03

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : 7458914

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Scott Peters For Congress

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement

011

Candidate Name

Rep. Scott Peters

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : 7458915

Amount of Each Disbursement this Period

2000.00

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

6500.00

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. Dr. Raul Ruiz For Congress

Mailing Address PO Box 3433

City State Zip Code
Palm Desert CA 92261

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Raul Ruiz MD

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Transaction ID : 7458916

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

1000.00

Full Name (Last, First, Middle Initial)

B. Ryan For Congress, Inc.

Mailing Address PO Box 1488

City State Zip Code
Janesville WI 53547

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Paul Ryan

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Transaction ID : 7458917

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

2000.00

Full Name (Last, First, Middle Initial)

C. Donnelly for Indiana

Mailing Address P.O. Box 891

City State Zip Code
Indianapolis IN 46206

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Joseph Donnelly

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Transaction ID : 7458938

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

2000.00

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

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

5	0	0	0	0	0	0	0	0	0

5000.00

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. Tim Scott For Senate

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement

011

Candidate Name

Sen. Tim Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : 7458939

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Al Franken for Senate 2014

Mailing Address 420 C Street

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

Mr. Al Franken

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MN District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : 7458940

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Mark Warner

Mailing Address 2034 Eisenhower Avenue, Suite 222

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Candidate Name

Sen. Mark Warner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : 7458944

Amount of Each Disbursement this Period

2000.00

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. RICHARD BURR COMMITTEE; THE

Mailing Address POST OFFICE BOX 5928

City WINSTON-SALEM State NC Zip Code 27113

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Richard Burr

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : 7458945

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Chris Murphy

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement

011

Category/
Type

Candidate Name

Christopher Murphy

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CT District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : 7458946

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Angie Craig For Congress

Mailing Address PO Box 22116

City Eagan State MN Zip Code 55122

Purpose of Disbursement

011

Category/
Type

Candidate Name

Angela Craig

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2015

Transaction ID : 7458947

Amount of Each Disbursement this Period

5000.00

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

9000.00

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

30500.00