

# 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**  
Check if different than previously reported. (ACC) **ST PAUL MN 55117**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00305029** 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 **11 / 08 / 2016** 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 **10 / 01 / 2016** through **10 / 19 / 2016**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
FRENZ, ROBERT G., , ,  
Type or Print Name of Treasurer

Signature of Treasurer **FRENZ, ROBERT G., , ,** [Electronically Filed] Date **10 / 26 / 2016**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2016"/>	<input type="text" value="31468.53"/>	<input type="text" value="31468.53"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2114.53"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="981.00"/>	<input type="text" value="74627.00"/>
(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="3095.53"/>	<input type="text" value="106095.53"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<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="3095.53"/>	<input type="text" value="3095.53"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	824.00	57666.00
(ii) Unitemized .....	157.00	16961.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	981.00	74627.00
(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) .....	981.00	74627.00
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)).....▶	981.00	74627.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	981.00	74627.00

**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.....	0.00	103000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	0.00	103000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	103000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	981.00	74627.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	981.00	74627.00
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 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

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. Pilling, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3005 Brighton Blvd  
 City Mound State MN Zip Code 55364-9280  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) Senior Supply Chain Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR53748519669**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Deno, Don, Curtis, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) St. Jude Medical Occupation (for Individual) Scientist Sr Pr, Research  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR537486819669**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Graves, Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) St. Jude Medical Occupation (for Individual) VP, Regulatory  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR537507819669**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<b>TOTAL</b> 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 OF 13
	<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. Little, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 635 Brockton Lane N.  
 City Plymouth State MN Zip Code 55447-3338  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) VP, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR537508519669**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$60.00 Bi-Weekly)

**B. Engeman, Maja, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6500 Welsley Court  
 City Chanhassen State MN Zip Code 55317-7505  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) Program Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR537531519669**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Roberts, Bradley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) St. Jude Medical Occupation (for Individual) Vice President, Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR537546119669**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> 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 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. Inman, Brenda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) St. Jude Medical Occupation (for Individual) Manager, Localization  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR537552619669**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Davis, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) St. Jude Medical Occupation (for Individual) Director/Operations Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR537608019669**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Dallager, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) St. Jude Medical Occupation (for Individual) Sr. Vice President Finance  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR537647419669**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> 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 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. Zurbay, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10457 Scott Ave N  
 City Brooklyn Park State MN Zip Code 55443-5428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) VP, Finance & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR537673919669**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Fecho, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6165 Fernbrook Lane N  
 City Plymouth State MN Zip Code 55446-3742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) VP, Global Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR537674019669**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Zellers, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) St. Jude Medical Occupation (for Individual) VP Gen Counsel and Corp Secretary  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR537674119669**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<b>TOTAL</b> 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 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. Ellingson, Rachel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) St. Jude Medical Occupation (for Individual) VP, Global Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1440.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR537674219669**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$80.00 Bi-Weekly)

**B. Douglas, Ashli, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 615 25th St. S  
 City Arlington State VA Zip Code 22202-2529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) Sr Director Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR537714519669**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$80.00 Bi-Weekly)

**C. Gonzales, Marcus, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 313 Pelican Avenue  
 City McAllen State TX Zip Code 78504-1730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) Direct Sales Rep, CRM  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR537810419669**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<b>TOTAL</b> 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 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. Hendrick, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) St. Jude Medical Occupation (for Individual) Sr VP, Sales Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR537827219669**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Aguero, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) St Jude Medical Occupation (for Individual) Sr. Dir. Finance Plan & Reporting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR644462219669**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Quesada, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26837 Maris Court  
 City Sun City State CA Zip Code 92585-8927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) Territory Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR767110219669**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<b>TOTAL</b> 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 13
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<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. Steele Flippin, Candace, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 10th Street #736  
 City Minneapolis State MN Zip Code 55415-2106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Jude Medical Occupation (for Individual) VP, External Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 795.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR767137519669**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 P/R Deduction (\$45.00 Bi-Weekly)

**B. Cadwallader, Carl, Eugene, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16998 81st Ave N  
 City Maple Grove State MN Zip Code 55311-1769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SJM Occupation (for Individual) VP Supply Chain and PDI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR855273319669**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Skelly, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4312 W Roland St  
 City Tampa State FL Zip Code 33609-3840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Jude Mecial Occupation (for Individual) RSD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR855480919669**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 124.00  
**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 13 OF 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 of Individual (Last, First, Middle Initial) or Full Organization Name  
Trubeck, William, , ,

Mailing Address 17333 62nd Ave N

City Maple Grove	State MN	Zip Code 55311-6405
---------------------	-------------	------------------------

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

Name of Employer (for Individual) St. Jude Medical	Occupation (for Individual) VP, Info Technology
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2016

**Transaction ID : PR855494819669**

Amount of Each Receipt this Period  
40.00

Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	40.00
<b>TOTAL</b> This Period (last page this line number only).....	824.00