

**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="2012"/>	<input type="text" value="59687.10"/>	<input type="text" value="59687.10"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="31447.93"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1338.32"/>	<input type="text" value="83930.22"/>
(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="32786.25"/>	<input type="text" value="143617.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="110831.07"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="32786.25"/>	<input type="text" value="32786.25"/>
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: 10 / 01 / 2012 To: 10 / 17 / 2012

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).....	1142.32	65628.72
(ii) Unitemized	196.00	18301.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1338.32	83930.22
(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)	1338.32	83930.22
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))..... ▶	1338.32	83930.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1338.32	83930.22

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	331.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	331.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	110500.00
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)) ..	0.00	110831.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	110831.07

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)	1338.32	83930.22
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1338.32	83930.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	331.07
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	331.07

**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 14
	<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. Satish Amancharla
Full Name (Last, First, Middle Initial)

Mailing Address 3761 121st Ave NW

City Coon Rapids State MN Zip Code 55433

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

Name of Employer St Jude Medical Occupation Mgr., II APD Integrated Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2012

Transaction ID : SA11AI.6328

Amount of Each Receipt this Period
25.00

Payroll Bi-weekly

B. Richard Cadic
Full Name (Last, First, Middle Initial)

Mailing Address 2141 Azalea Circle

City Decatur State GA Zip Code 30033

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2012

Transaction ID : SA11AI.6332

Amount of Each Receipt this Period
15.00

Payroll Bi-weekly

c. Frank Callaghan
Full Name (Last, First, Middle Initial)

Mailing Address 10712 Sanctuary Drive NE

City Blaine State MN Zip Code 55449

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

Name of Employer St Jude Medical Occupation President, G & A Admin.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2012

Transaction ID : SA11AI.6333

Amount of Each Receipt this Period
100.00

Payroll Bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶	140.00
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 7 OF 14
	<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. Angela Craig

Mailing Address 1966 Princeton Ave.

City State Zip Code
St. Paul MN 55105

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

Name of Employer Occupation
St Jude Meidical VP, Corporate Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1490.00

Date of Receipt
10 / 12 / 2012

Transaction ID : SA11AI.6335

Amount of Each Receipt this Period
90.00

Payroll Bi-weekly

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

Mailing Address 10375 E Texas Sage Lane

City State Zip Code
Scottsdale AZ 85255

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

Name of Employer Occupation
St Jude Medical Director/Plant Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 12 / 2012

Transaction ID : SA11AI.6337

Amount of Each Receipt this Period
15.00

Payroll Bi-weekly

Full Name (Last, First, Middle Initial)
C. Todd De Baker

Mailing Address 1332 126th Ave NW

City State Zip Code
Coon Rapids MN 55448

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

Name of Employer Occupation
St Jude Medical - AF Director, QA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt
10 / 12 / 2012

Transaction ID : SA11AI.6338

Amount of Each Receipt this Period
15.00

Payroll Bi-weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ **120.00**

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 14
<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

Full Name (Last, First, Middle Initial)
A. Michael Diverde

Mailing Address 933 Angels Camp Court

City Las Vegas State NV Zip Code 89138

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **10 / 12 / 2012**

Transaction ID : SA11AI.6340

Amount of Each Receipt this Period **25.00**

Payroll Bi-weekly

Full Name (Last, First, Middle Initial)
B. Ashli J Douglas

Mailing Address 615 25th Street S

City Arlington State VA Zip Code 22202

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

Name of Employer St Jude Medical Occupation Sr. Dir., Gov. Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1820.00**

Date of Receipt **10 / 12 / 2012**

Transaction ID : SA11AI.6343

Amount of Each Receipt this Period **85.00**

Payroll Bi-weekly

Full Name (Last, First, Middle Initial)
C. Rachel Ellingson

Mailing Address 5019 Arden Ave

City Edina State MN Zip Code 55424

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

Name of Employer St Jude Medical Occupation VP, Corp Comm. & Investor Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **10 / 12 / 2012**

Transaction ID : SA11AI.6344

Amount of Each Receipt this Period **25.00**

Payroll Bi-weekly

SUBTOTAL of Receipts This Page (optional)..... **135.00**

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 14
<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. Jeff Fecho
Full Name (Last, First, Middle Initial)
Mailing Address 213 Birch Ave NW
City St Michael State MN Zip Code 55376
FEC ID number of contributing federal political committee. **C**
Name of Employer St Jude Medical Occupation VP, Quality
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 12 / 2012
Transaction ID : SA11AI.6346
Amount of Each Receipt this Period 25.00
Payroll Bi-weekly

B. Ann Graves
Full Name (Last, First, Middle Initial)
Mailing Address 1455 Clippership Ct.
City Woodbury State MN Zip Code 55125
FEC ID number of contributing federal political committee. **C**
Name of Employer St Jude Medical - Cardiovascul Occupation Director, Sr. Regulatory
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1560.00

Date of Receipt 10 / 12 / 2012
Transaction ID : SA11AI.6347
Amount of Each Receipt this Period 100.00
Payroll Bi-weekly

C. David Hendrick
Full Name (Last, First, Middle Initial)
Mailing Address 2204 Demona Drive
City Austin State TX Zip Code 78733
FEC ID number of contributing federal political committee. **C**
Name of Employer St Jude Medical Occupation VP., Corporate Accounts
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 12 / 2012
Transaction ID : SA11AI.6351
Amount of Each Receipt this Period 25.00
Payroll Bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
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 10 OF 14
(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. Richard Hoare
 Mailing Address 6131 Northwood Road
 City State Zip Code
 Dallas TX 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Jude Medical President - NMD
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2012
Transaction ID : SA11AI.6353
 Amount of Each Receipt this Period
 50.00
 Payroll Bi-weekly

Full Name (Last, First, Middle Initial)
B. John Knighten
 Mailing Address 214 Knox
 City State Zip Code
 Houston TX 77007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Jude Medical - USD VP, Corporate Accounts
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2012
Transaction ID : SA11AI.6356
 Amount of Each Receipt this Period
 50.00
 Payroll Bi-weekly

Full Name (Last, First, Middle Initial)
C. Ronald Kuykendall
 Mailing Address 4071 Chama Street
 City State Zip Code
 Prosper TX 75078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Jude Medical Dir., Organizational Dev and Training
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2012
Transaction ID : SA11AI.6358
 Amount of Each Receipt this Period
 15.00
 Payroll Bi-weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.00
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 14
	<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. Christopher Lucero
Full Name (Last, First, Middle Initial)

Mailing Address 21947 Wakefield Ct

City Santa Clarita State CA Zip Code 91350

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

Name of Employer St Jude Medical CRM Occupation Engineer, Sr Design Assur

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1127.47**

Date of Receipt **10 / 12 / 2012**

Transaction ID : SA11AI.6361

Amount of Each Receipt this Period **66.32**

Payroll Bi-weekly

B. Jill Mason
Full Name (Last, First, Middle Initial)

Mailing Address 3110 Thomas Ave #327

City Dallas State TX Zip Code 75204

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

Name of Employer St Jude Medical NMD Occupation Compliance Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **10 / 12 / 2012**

Transaction ID : SA11AI.6362

Amount of Each Receipt this Period **50.00**

Payroll Bi-weekly

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

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 ▼ **1632.00**

Date of Receipt **10 / 12 / 2012**

Transaction ID : SA11AI.6365

Amount of Each Receipt this Period **96.00**

Payroll Bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶	212.32
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 14
	<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. Lisa Schoening
Full Name (Last, First, Middle Initial)

Mailing Address 9902 Jandel Ave. NE

City Monticello State MN Zip Code 55362

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

Name of Employer St Jude Medical Occupation Director, Sr., HR. CVD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2012

Transaction ID : SA11AI.6366

Amount of Each Receipt this Period
25.00

Payroll Bi-weekly

B. Al Schwartz
Full Name (Last, First, Middle Initial)

Mailing Address 870 Calle Compo

City Thousand Oaks State CA Zip Code 91360

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

Name of Employer St Jude Medical - CRMD Occupation Engineer, Sr Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2012

Transaction ID : SA11AI.6367

Amount of Each Receipt this Period
25.00

Payroll Bi-weekly

C. Atul Sinha
Full Name (Last, First, Middle Initial)

Mailing Address 1828 113th Court NE

City Blaine State MN Zip Code 55449

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

Name of Employer St Jude Medical Occupation Director, Design Assurance CVD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2012

Transaction ID : SA11AI.6369

Amount of Each Receipt this Period
15.00

Payroll Bi-weekly

SUBTOTAL of Receipts This Page (optional)..... **65.00**

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 14
(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. 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 ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2012
Transaction ID : SA11AI.6373
 Amount of Each Receipt this Period
 15.00
 Payroll Bi-weekly

Full Name (Last, First, Middle Initial)
B. Christopher Volker
 Mailing Address 3248 Holmes Ave S
 City State Zip Code
 Minneapolis MN 55408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Jude Medical - Cardio VP., BUsiness Development
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2012
Transaction ID : SA11AI.6376
 Amount of Each Receipt this Period
 50.00
 Payroll Bi-weekly

Full Name (Last, First, Middle Initial)
C. Jacob Walters
 Mailing Address 14056 Vale Court
 City State Zip Code
 Eden Prairie MN 55346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Jude Medical Direct Sales Rep., AF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2012
Transaction ID : SA11AI.6377
 Amount of Each Receipt this Period
 15.00
 Payroll Bi-weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00
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 14 OF 14
(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. Paul Young
Full Name (Last, First, Middle Initial)
Mailing Address 1601 Resaca Blvd.
City Austin State TX Zip Code 78738
FEC ID number of contributing federal political committee. **C**
Name of Employer St Jude Medical Occupation Sr. VP Finance USD
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 10 / 12 / 2012
Transaction ID : SA11AI.6380
Amount of Each Receipt this Period 25.00
Payroll Bi-weekly

B. Jason Zellers
Full Name (Last, First, Middle Initial)
Mailing Address 3561 Settlers Way
City Stillwater State MN Zip Code 55082
FEC ID number of contributing federal political committee. **C**
Name of Employer St Jude Medical Occupation VP., Gen Counsel & Corp. Secretary
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 850.00

Date of Receipt 10 / 12 / 2012
Transaction ID : SA11AI.6381
Amount of Each Receipt this Period 50.00
Payroll Bi-weekly

C. Donald Zurbay
Full Name (Last, First, Middle Initial)
Mailing Address 10457 Scott Ave. N
City Brooklyn Park State MN Zip Code 55443
FEC ID number of contributing federal political committee. **C**
Name of Employer St Jude Medical Occupation VP & Corporate Controller
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 900.00

Date of Receipt 10 / 12 / 2012
Transaction ID : SA11AI.6382
Amount of Each Receipt this Period 50.00
Payroll Bi-weekly

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	1142.32