Image# 12961344641				PAGE 1 / 16
FEC FORM 3X	REPORT OF I AND DISBUR For Other Than An Auth	SEMENT	s	Office Lise Only
1. NAME OF	TYPE OR PRINT ▼	Example: If typin	ng, type 12FE4M5	Office Use Only
COMMITTEE (in full)		over the lines.		·
St Jude Medical Politi	cal Action Committee			
ADDRESS (number and street)	One Lillehei Plaza			
Check if different				
than previously reported. (ACC)	St Paul		MN	55117
2. FEC IDENTIFICATION N		∕▲	STATE 🔺	ZIP CODE
C C00305029	3. IS RE		NEW AN (A	/ENDED)
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (July 15 Quarterly Report (October 15 Quarterly Report (January 31 Year-End Report (July 31 Mid-Year Report (Non-electi Year Only) (MY) Termination Report (TER) 	Q1) (c) 12-Day PRE-Election Report Due On: Mar 2 (c) 12-Day PRE-Election Report for the: Q3) YE) Election (d) 30-Day POST-Election Report for the:	20 (M3)	Jun 20 (M6) Sep Jul 20 (M7) Oct 2) General (12C) Special Contemporal (12C) Contemporal Contemporal (12C) Contemporal (12C) Contemporal (12	(12S) in the State of
5. Covering Period	Election 0 / 18 2012		06 2012	State of
I certify that I have examined to Type or Print Name of Treasur Signature of Treasurer	-	ny knowledge and [Electronicall	M	
NOTE: Submission of false, erro	neous, or incomplete information	may subject the per	son signing this Report to t	he penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

12/05/2012 10 : 06

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8.

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SUMMARY PAGE

Y

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS		Page 2
	or Type Committee Name ude Medical Political Action C	Committee		
Repor	t Covering the Period: From:	10 / D D / Y Y Y Y 10 18 2012	To: 11 / 26	/ Y Y Y 2012
		COLUMN A This Period	COLUMN Calendar Year-	
. (a)	Cash on Hand January 1, 2012			59687.10
(b)	Cash on Hand at Beginning of Reporting Period	32786.25]	
(c)	Total Receipts (from Line 19)	3910.74		87840.96
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	36696.99		147528.06
. Tota	al Disbursements (from Line 31)	-4500.00		106331.07
Rep	sh on Hand at Close of porting Period btract Line 7 from Line 6(d))	41196.99		41196.99
the	ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D)	0.00]	

10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

0.00

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

St Jude Medical Political Action Committee

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contrib	utions (other than loans) From:		
(a) In	dividuals/Persons Other		
Tł	an Political Committees		00054.00
(i)	Itemized (use Schedule A)	3425.64	69054.36
•	Unitemized	, 485.00	18786.50
(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)	3910.64	87840.80
<i>(</i>) –		0.00	0.00
	blitical Party Committees	0.00	7 7
()	her Political Committees	0.00	0.0
	uch as PACs)	7	0.0
	tal Contributions (add Lines		
	(a)(iii), (b), and (c)) (Carry	3910.64	87840.86
	tals to Line 33, page 5)▶	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	ers From Affiliated/Other	0.00	0.00
Farty	Committees	0.00	7 7
	ns Received	0.00	0.00
5. All Luc		/5. /5. /5.	7 7
		0.00	
	Repayments Received	0.00	0.00
	To Operating Expenditures		
	ds, Rebates, etc.)	0.10	0.10
	Totals to Line 37, page 5)		0.10
	s of Contributions Made		
	eral Candidates and Other	0.00	0.00
	I Committees	0.00	7 7
	Federal Receipts	0.00	
	nds, Interest, etc.)	0.00	0.00
	ers from Non-Federal and Levin Funds		
. ,	n-Federal Account	0.00	
(11	om Schedule H3)	0.00	0.00
		0.00	
(b) Lev	in Funds (from Schedule H5)	0.00	0.00
() - -		0.00	
(C) Iota	al Transfers (add 18(a) and 18(b))	0.00	0.00
	eceipts (add Lines 11(d),		
12, 13	14, 15, 16, 17, and 18(c))▶	3910.74	87840.9
	ederal Receipts		
(subtra	ct Line 18(c) from Line 19)▶	3910.74	87840.9

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
. 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)) ► Transfers to Affiliated/Other Party	0.00	331.07
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	-4500.00	106000.00
Independent Expenditures (use Schedule E)	0.00	0.00
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
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
		0.00
Other Disbursements	0.00	
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	-4500.00	106331.0
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	-4500.00	106331.07

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	3910.64	87840.86
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3910.64	87840.86
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	0.00	331.07
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.10	0.10
3. Net Operating Expenditures (subtract Line 37 from Line 36)	-0.10	330.97

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

16

MIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c		12				
				or the		pose o	f solicitir		ntribut				
AME OF COMMITTEE (In Full)													
II Name (Last, First, Middle Initial) Satish Amancharla ailing Address 3761 121st Ave NW ty oon Rapids EC ID number of contributing deral political committee. ame of Employer Jude Medical eccipt For: Primary General Other (specify) ▼			11 01 2012 Transaction ID : SA11AI.6385 Amount of Each Receipt this Period Payroll Bi-weekly										
II Name (Last, First, Middle Initial) Lichard Cadic ailing Address 2141 Azalea Circle ty ecatur EC ID number of contributing deral political committee. ame of Employer Jude Medical eceipt For: Primary General Other (specify) ▼				11 Trans	sact it of	23 ion ID Each	3 : SA11A	20 1 .638 9)12 9	.00			
II Name (Last, First, Middle Initial) Frank Callaghan ailing Address 10712 Sanctuary Drive NE ty laine EC ID number of contributing deral political committee. ame of Employer Jude Medical eceipt For: Primary General Other (specify) ▼	State MN C Occupation President, C			11 Trans	sac it of	tion ID Each	3 : SA11A	20 I.639	012 0				
	commercial purposes, other than using ME OF COMMITTEE (In Full) t Jude Medical Political Action II Name (Last, First, Middle Initial) atish Amancharla ailing Address 3761 121st Ave NW y y con Rapids C ID number of contributing leral political committee. me of Employer Jude Medical ceipt For: Primary General Other (specify) ▼ II Name (Last, First, Middle Initial) ichard Cadic atiling Address 2141 Azalea Circle y ecatur C ID number of contributing deral political committee. me of Employer Jude Medical ceipt For: Primary General Other (specify) ▼ II Name (Last, First, Middle Initial) transformative (Last, First, Middle Initial) transformative (C ID number of contributing deral political committee. me of Employer Jude Medical ceipt For: Primary General Other (specify) ▼ II Name (Last, First, Middle Initial) transformative (C ID number of contributing deral political committee. me of Employer Jude Medical ceipt For: To D number of contributing deral political committee. me of Employer Jude Medical ceipt For: Primary General Other (specify) ▼ II Name (Last, First, Middle Initial) transformative (C ID number of contributing deral political committee. me of Employer Jude Medical ceipt For: Primary General Other (specify) ▼	commercial purposes, other than using the name and additionant of the committee of the committee. II Name (Last, First, Middle Initial) atish Amancharla atish Address 2141 Azalea Circle	nformation copied from such Reports and Statements may not be sold or used by any p commercial purposes, other than using the name and address of any political committee ME OF COMMITTEE (In Full) t Jude Medical Political Action Committee II Name (Last, First, Middle Initial) atish Amancharla illing Address 3761 121st Ave NW y y State Zip Code MN 55433 C ID number of contributing leral political committee. Me of Employer Jude Medical ceipt For: primary General Other (specify) ▼ II Name (Last, First, Middle Initial) ichard Cadic willing Address 10712 Sanctuary Drive NE y state Zip Code State Z	Information copied from such Reports and Statements may not be sold or used by any person in commercial purposes, other than using the name and address of any political committee to so IME OF COMMITTEE (In Full) t Jude Medical Political Action Committee II Name (Last, First, Middle Initial) atish Amancharla Iilling Address 3761 121st Ave NW y State y State C Image: State C ID number of contributing Ieral political committee. Primary General Other (specify) Quertable Initial) It Name (Last, First, Middle Initial) ichard Cadic Illing Address 2141 Azalea Circle y State Zip Code y State Zip Code Quertable Vear-to-Date y State Zip Code	Detailed Summary Page 13 Information copied from such Reports and Statements may not be sold or used by any person for the commercial purposes, other than using the name and address of any political committee to solid to committee to solid to used by any person for the commercial purposes, other than using the name and address of any political committee to solid to used by any person for the commercial purpose, other than using the name and address of any political committee to solid to used by any person for the commercial purpose, other than using the name and address of any political committee to solid to used by any person for the commercial purpose, other than using the name and address of any political committee. If Mame (Last, First, Middle Initial) Date of the polyce Occupation Occupation Modelcal Mgr., II APD Integrated Systems Coli D number of contributing Date of the polyce Other (specify) ▼ Qeneral Other (specify) ▼ Qeneral Other (specify) ▼ Qeneral Other (specify) ▼ Qeneral Other (specify) ▼ Occupation Payroll I Name (Last, First, Middle Initial) Intame (Last, First, Middle Initial) Date of the polyce Other (specify) ▼ Occupation Beatur GA State Zip Code Milling Address 10712 Sanctuary Drive NE Zip Code Milling Address 10712 Sanctuary Drive NE Zip Code Milling Address 1	Detailed Summary Page 13 Information copied from such Reports and Statements may not be sold or used by any person for the purcose, other than using the name and address of any political committee to solicit contributing 13 IN Jame (Last, First, Middle Initial) atlish Amancharla Date of Reinformation Illing Address 3761 121st Ave NW 9 State Zip Code y State Zip Code Amount of oon Rapids MN 55433 Amount of Y State Zip Code Amount of y State Zip Code Amount of y State Zip Code Amount of Y General Occupation Amount of Udde Medical Mgr., II APD Integrated Systems Aggregate Year-to-Date ▼ Payroll Bi-w Other (specify) ▼ State Zip Code Amount of II Name (Last, First, Middle Initial) C Transact infar Address 10712 Sanctuary Drive NE Y Zip Code Amount of y State Zip Code Amount of y State Zip Code Amount of y State Zip Code Amount of Udde Medical Sales Rep., CRM Amount of General Occupation	Detended outlinitial y rage 13 14 information copied from such Reports and Statements may not be sold or used by any person for the purpose of commercial purposes, other than using the name and address of any political committee to solicit contributions 10 ME OF COMMITTEE (in Full) t Jude Medical Political Action Committee Date of Receipt Il Name (Last, First, Middle Initial) 11 0 y State Zip Code point Rapids MN 55433 C ID number of contributing leral political committee. Occupation me of Employer Occupation Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Il Name (Last, First, Middle Initial) Date of Receipt ichard Cadic Mgr., II APD Integrated Systems other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Cocupation Magregate Year-to-Date ▼ Payroll Bi-weekly Pinnary General Other (specify) ▼ Cocupation State State, CRM Sales Rep., CRM ceipt For: Payroll Bi-weekly Pinnary General Other (specify) ▼ State II Name (Last, First, Middle Initial)	Detailed outliniting yr age 13 14 15 nformation copied from such Reports and Statements may not be sold or used by any person for the purposes of solekitm commercial purposes, other than using the name and address of any political committee to solicit contributions from sur ME OF COMMITTEE (In Full) t Jude Medical Political Action Committee II Name (Last, First, Middle Initial) atish Amancharla uling Address 3761 121st Ave NW y State C Interpret Mark Statements Y State C Interpret Mark Statements G ID number of contributing feral political committee. C Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Payroll Bi-weekly Payroll Bi-weekly II Name (Last, First, Middle Initial) tailing Address 2141 Azalea Circle Date of Receipt Y State Zip Code State Zip Code Transaction ID: SA11A Aggregate Year-to-Date ▼ Payroll Bi-weekly Date of Receipt It 23 II Name (Last, First, Middle Initial) C Date of Receipt II and Cast General Other (specify) ▼ 270.00 II Name (La	Defailed durinitity rege 13 14 15 normation copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting concommercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial political committee. 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CRM Primary General Other (specify) ▼ Occupation Medical Committee Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ <	Defailed duffinitiary rege 13 14 15 16 information copied from such Reports and Statements any not be sold or used by any person for the purpose of soliciting contributions from such committe 13 14 15 16 information copied from such Reports and Statements any not be sold or used by any person for the purpose of soliciting contributions from such committe 14 15 16 information copied from such Reports and Statements any not be sold or used by any person for the purpose of solicit contributions from such committe 10 10 2012 information copied from such Reports and Statements any not be sold or used by any person for the purpose of solicit contributions from such committe 11 01 2012 information copied from such Reports and Statements any not be sold or used by any person for the purpose of solicit contributions from such committe 11 01 2012 information copied from such Reports and Statements and address of any political committee. 0 11 01 2012 information committee. 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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 7

OF

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		Detailed Summary Page		-		11b	11c	12						
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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and a	ddress of any political committ	tee to so	licit cor	ntrib	utions 1	from such	1 comm	litte	e.				
ightarrow St Jude Medical Political Act	ion Committ	ee												
Full Name (Last, First, Middle Initial) A. Angela Craig				Date of	Re	ceipt								
Mailing Address 1966 Princeton Ave.				M M	/	23		2012		ſ				
City	State	Zip Code		Trans	acti	on ID :	SA11AI.	6392						
St. Paul	MN	55105		Amount	t of	Each F	Receipt th	is Perio	bc					
FEC ID number of contributing federal political committee.	C				_	,		2	70.0	00				
Name of Employer	Occupation	1	P	ayroll E	3i-we	eekly								
St Jude Meidical	VP, Corpora	ate Relations												
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify)		1760.00												
Full Name (Last, First, Middle Initial)														
B. John Davis				Date of	Re	·	_							
Mailing Address 10375 E Texas Sage Lan	e			M M	1	23		2012						
City	State	Zip Code	Transaction ID : SA11AI.6394											
Scottsdale	AZ	85255		Amount	t of	Each F	Receipt th	is Perio	bc					
FEC ID number of contributing federal political committee.	C					,		4	45.0	0				
Name of Employer	Occupation			ayroll B	si-we	ekly								
St Jude Medical	Director/Pla	nt Manager												
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify) V		, 295.00												
Full Name (Last, First, Middle Initial) C. Todd De Baker				Date of	Re	ceipt								
Mailing Address 1332 126th Ave NW				M M	/	23		y y 2012						
City	State	Zip Code		Trans	acti	ion ID :	SA11AI.	6395						
Coon Rapids	MN	55448		Amount	t of	Each F	Receipt th	is Perio	bc					
FEC ID number of contributing federal political committee.	C					7			45.0	00				
Name of Employer	Occupation		F	Payroll E	3I-W	eekiy								
St Jude Medical - AF	Director, Q	4												
Receipt For: Primary General	Aggregate	Year-to-Date ▼												
Other (specify)		310.00												
SUBTOTAL of Receipts This Page (optiona	l)					7		36	60.0	0				

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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TIEWIZED RECEIPTS		Detailed Summary Page		11a 13		11b 14	11c	12		17
Any information copied from such Reports or for commercial purposes, other than us	and Statements ma sing the name and a	y not be sold or used by any p ddress of any political committe	erson e to so	for the licit co	pur ntrib	pose o outions	f soliciting	g contril	outio	ons
NAME OF COMMITTEE (In Full) St Jude Medical Political A	ction Committe	ee								
Full Name (Last, First, Middle Initial) Michael Diverde Mailing Address 933 Angels Camp Cou City Las Vegas FEC ID number of contributing federal political committee. Name of Employer St Jude Medical Sales Receipt For: Primary General	State NV C Occupation Dr., Regiona	Zip Code 89138 al Sales EP Year-to-Date ▼ 525.00			act	23 ion ID Each F		his Perio		00
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Brent Doehring		Date of	f Re	eceipt						
Mailing Address 5005 Foxfire Ct. City Springfield FEC ID number of contributing federal political committee. Name of Employer St Jude Medical Receipt For: Primary General Other (specify) ▼	State IL Occupation CRM Sales Aggregate	Zip Code 62711 Manager Year-to-Date ▼ 210.00			t of	Each I		his Perio	-	10
Full Name (Last, First, Middle Initial) C. Doug Domeier Mailing Address 34095 Iris Ave City Stacy FEC ID number of contributing federal political committee. Name of Employer St Jude Medical Receipt For: Primary General Other (specify) ▼	State MN C Occupation Sr. Program Aggregate	Zip Code 55079 mmer Year-to-Date ▼ 210.00			sact	23 ion ID Each I		his Perio		
SUBTOTAL of Receipts This Page (option	nal)		•		1	7		1:	35.0	0

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full) St Jude Medical Political Action Commit	tee	
Full Name (Last, First, Middle Initial) A. Ashli J Douglas Mailing Address 615 25th Street S City State Arlington VA FEC ID number of contributing C federal political committee. Occupation Name of Employer Occupation St Jude Medical Sr. Dir., Go Receipt For: Aggregate Other (specify) ▼ Image: Content of the specify in the specific tent of t		Date of Receipt
Poppint For:	Comm. & Investor Relations e Year-to-Date ▼	Date of Receipt 11 23 2012 Transaction ID : SA11AI.6400 Amount of Each Receipt this Period Payroll Bi-weekly
Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Jeff Fecho Mailing Address 213 Birch Ave NW City State St Michael MN FEC ID number of contributing C federal political committee. Occupation VP, Quality Pagaint For:		Date of Receipt 11 23 2012 Transaction ID : SA11AI.6402 Amount of Each Receipt this Period 75.00 Payroll Bi-weekly
SUBTOTAL of Receipts This Page (optional)	•	405.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16 17	
	y information copied from such Reports and St for commercial purposes, other than using the					
\rangle	NAME OF COMMITTEE (In Full) St Jude Medical Political Action	Committ	ee			-
A .	Full Name (Last, First, Middle Initial) Ann Graves Mailing Address 1455 Clippership Ct. City Woodbury FEC ID number of contributing federal political committee. Name of Employer St Jude Medical - Cardiovascul Receipt For: Primary General Other (specify) ▼		Zip Code 55125 . Regulatory Year-to-Date ▼ 1860.00	0	Date of Receipt 11 23 2012 Transaction ID : SA11AI.6403 Amount of Each Receipt this Period 300.00 Payroll Bi-weekly	
в.	Full Name (Last, First, Middle Initial) David Hendrick Mailing Address 2204 Demona Drive City Austin FEC ID number of contributing federal political committee. Name of Employer St Jude Medical Receipt For: Primary General Other (specify) ▼		Zip Code 78733 ate Accounts Year-to-Date ▼ 500.00	_	Date of Receipt	
C.	Full Name (Last, First, Middle Initial) Richard Hoare Mailing Address 6131 Northwood Road City Dallas FEC ID number of contributing federal political committee. Name of Employer St Jude Medical Receipt For: Primary General Other (specify) ▼	State TX C Occupation President - Aggregate		10	Date of Receipt 11 23 2012 Transaction ID : SA11AI.6409 Amount of Each Receipt this Period 150.00 Payroll Bi-weekly	
S	UBTOTAL of Receipts This Page (optional)			····· >	525.00	

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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•••			Detailed Summary Page		< 11a		11b	11c		12				
_					13		14	15		16	17			
	ny information copied from such Reports an for commercial purposes, other than using													
\setminus	NAME OF COMMITTEE (In Full)													
	St Jude Medical Political Acti	on Committ	ee											
Α.	Full Name (Last, First, Middle Initial) John Knighten				Date o	of R	eceipt							
	Mailing Address 214 Knox				1.1 23 _ 2012 _									
	City	State	Zip Code		the second se	sac								
	Houston	ТХ	77007		Transaction ID : SA11AI.6411 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
				Payroll Bi-weekly										
	Name of Employer	Occupation												
	St Jude Medical - USD	VP, Corpor	ate Accounts											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		950.00	11.										
в.	Full Name (Last, First, Middle Initial) . Ronald Kuykendall						eceipt							
	Mailing Address 4071 Chama Street				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	City		Trans	sact	tion ID :	SA11AL	641	3						
	Prosper	ТХ	75078		Amour	nt of	Each F	Receipt th	is F	'eriod				
	FEC ID number of contributing federal political committee.	С					л. Л.		_	45.	.00			
	Name of Employer	Occupation	1	F	Payroll I	Bi-w	eekly							
	St Jude Medical	Dir., Organi	zational Dev and Training											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		285.00	1										
_	Full Name (Last, First, Middle Initial) Christopher Lucero				Date o	sf D	oppint							
С.	Mailing Address 21947 Wakefield Ct							о / т	Y	Y	Y			
					11		09	ᆚᆫ	20	012				
	City	State CA	Zip Code					SA11AI.						
	Santa Clarita	CA	91350	_	Amour	nt of	Each F	Receipt th	is F	'eriod				
	FEC ID number of contributing federal political committee.	С				.			_	132	.64			
	Name of Employer	Occupation	1		Payroll	BI-V	veeкiy							
	St Jude Medical CRM	Engineer, S	Sr Design Assur											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1260.11	1										
s	UBTOTAL of Receipts This Page (optional))		•			7		_	327.	64			

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page		X 11a		11b	11c		12										
<u> </u>					13		14	15		16		17								
	y information copied from such Reports and for commercial purposes, other than using the																			
\backslash	NAME OF COMMITTEE (In Full)	a																		
	St Jude Medical Political Action	n Committ	ee																	
	Full Name (Last, First, Middle Initial)																			
Α.					Date o		· · ·													
	Mailing Address 3110 Thomas Ave #327				11	Т	23) / Y) 12	Y									
	City	State	Zip Code			sac		SA11AL												
	Dallas	ТХ	75204	Amount of Each Receipt this Period																
	FEC ID number of contributing federal political committee.	С																		
	Name of Employer	Occupation			Payroll	Bi-v														
	St Jude Medical NMD	Compliance																		
	Receipt For:	·		_																
	Primary General	Aggregate	Year-to-Date ▼																	
	Other (specify)	4																		
В.	Full Name (Last, First, Middle Initial) Tom Northenscold						Date of Receipt													
	Mailing Address 1215 Oakview Lane N			11 23 2012																
	City	State	Zip Code	Transaction ID : SA11AI.6420																
	Plymouth	MN 55441								Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		288.00																
	Name of Employer	Occupation	1		Payroll E	3i-w	eekly													
	St Jude Medical	VP., IT & C	10																	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1920.00]																
с.	Full Name (Last, First, Middle Initial) Lisa Schoening				Date o	f R	eceipt													
	Mailing Address 9902 Jandel Ave. NE				M M	1	23) / Y)12	Y									
	City	State	Zip Code		Trans	sac	tion ID :	SA11AI.	642	1										
	Monticello	MN	55362	_	Amoun	t of	Each R	leceipt thi	is F	Period										
	FEC ID number of contributing federal political committee.	С					7	7		75	.00									
	Name of Employer	Occupation	l		Payroll	0I-V	veekly													
	St Jude Medical	Director, S	r., HR. CVD																	
	Receipt For:	Aggregate	Year-to-Date ▼																	
	Primary General Other (specify) ▼		475.00	0																
s	UBTOTAL of Receipts This Page (optional)	<u> </u>		 ▶	—					513.	00	٦								

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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16

			Detailed Summary Page		(11a		11b	11c		12							
A					13		14	15	<u> </u>	16	17						
	information copied from such Reports and S r commercial purposes, other than using the																
	AME OF COMMITTEE (In Full)																
\rangle S	at Jude Medical Political Action	Committ	ee														
	ull Name (Last, First, Middle Initial) Al Schwartz		Date o	of Re	eceipt												
М	ailing Address 870 Calle Compo		M N	1	23) / Y		012	Y								
Ci	ty	State		Trans	sact	tion ID :	SA11AL	64 <u>2</u> 2	2								
	housand Oaks	CA	91360		Amount of Each Receipt this Period												
	EC ID number of contributing deral political committee.	С			75.00												
Na	ame of Employer	Occupation	1	— F	Payroll bi-weekly												
St	Jude Medical - CRMD																
R	eceipt For:	Aggregate	Year-to-Date ▼														
	Primary General	00 0	11.														
	Other (specify)		450.00														
	ull Name (Last, First, Middle Initial)				Date o	of R	eceint										
	ailing Address 1828 113th Court NE		Date of Receipt														
		11 23 2012															
Ci	ty	State	Zip Code		Transaction ID : SA11AI.6424												
В	laine	MN	55449		Amount of Each Receipt this Period												
	EC ID number of contributing deral political committee.	C			45.00												
Na	ame of Employer	Occupation	I	Payroll bi-weekly													
St	Jude Medical	Director, D	esign Assurance CVD														
R	eceipt For:	Aggregate	Year-to-Date ▼														
Γ	Primary General	riggroguto		11.													
	Other (specify)	L	300.00														
	Full Name (Last, First, Middle Initial)						Date of Receipt										
	ailing Address 11602 Claymont Circle		11 23 _2012 _														
Ci	ty	State	Zip Code			sac		SA11AL									
V	Vindermere	FL	34786		Amount of Each Receipt this Period												
	EC ID number of contributing deral political committee.	С			45.00												
Na	ame of Employer	Occupation		F	Payroll	bi-w	/eekly										
St	t Jude Medical	Director Re	gional Sales - CRM														
R	eceipt For:		Year-to-Date ▼														
Γ	Primary General	, iggi oguto		11.													
	Other (specify)		300.00														
SUE	TOTAL of Receipts This Page (optional)			 ▶					-	165.0	00						
<u> </u>	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		•				7	7									

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	NLULIF I S		Detailed Summary Page	-		11b	11c		12	
			ay not be sold or used by any p ddress of any political committee							
	COMMITTEE (In Full) Medical Political A	Action Committe	ee							
A. Christoph Mailing Addu City Minneapolis FEC ID nun federal politi Name of En St Jude Med Receipt For	ress 3248 Holmes Ave S her of contributing ical committee. nployer dical - Cardio :		Zip Code 55408 Ness Development Year-to-Date ▼ 825.00		sact	23 ion ID Each F		20 . 643		.00
B. Jacob W Mailing Addu City Eden Prairie FEC ID nun federal politi Name of En St Jude Med Receipt For	ress 14056 Vale Court be nber of contributing ical committee. nployer lical	State MN C Occupation Direct Sales Aggregate			act t of	23 ion ID : Each I		.6432		.00
C. Staci WI Mailing Add City Gilbert FEC ID nun federal politi Name of En St Jude Med Receipt For	nber of contributing ical committee. nployer dical - USD		Zip Code 85296 s Rep., CRM Year-to-Date ▼ 209.00		sact	ion ID Each I		20 . 643	Period	Y .00
SUBTOTAL o	f Receipts This Page (opt	ional)				7			225.	00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) St Jude Medical Political Actio	n Committ	ee	
Full Name (Last, First, Middle Initial) Paul Young Mailing Address 1601 Resaca Blvd. City Austin FEC ID number of contributing federal political committee. Name of Employer St Jude Medical Receipt For: Primary General Other (specify) ▼	State TX C Occupation Sr. VP Fina Aggregate		Date of Receipt Date of Receipt 11 23 2012 Transaction ID : SA11AI.6435 Amount of Each Receipt this Period 75.00 Payroll bi-weekly
Full Name (Last, First, Middle Initial) B. Jason Zellers Mailing Address 3561 Settlers Way City Stillwater FEC ID number of contributing federal political committee. Name of Employer St Jude Medical Receipt For: Primary General Other (specify) ▼		Zip Code 55082 ounsel & Corp. Secretary Year-to-Date ▼ 1000.00	Date of Receipt 11 23 2012 Transaction ID : SA11AI.6436 Amount of Each Receipt this Period 150.00 Payroll bi-weekly
Full Name (Last, First, Middle Initial) C. Donald Zurbay Mailing Address 10457 Scott Ave. N City Brooklyn Park FEC ID number of contributing federal political committee. Name of Employer St Jude Medical Receipt For: Primary General Other (specify) ▼	·	Zip Code 55443 Dorate Controller Year-to-Date ▼ 1050.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			375.00

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

3425.64

S	CHEDULE B (FEC Form 3X)				OR LINE NUMBER: PAGE 16 OF									16					
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the	(0	hec	k only														
			Summary Page			21b 27	22 28a	×	23 28b	24 28c		25 29		26 30b					
	y information copied from such Reports and Stater for commercial purposes, other than using the nar																		
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	_																	
	St Jude Medical Political Action Co	ommittee	;																
Α.	Full Name (Last, First, Middle Initial) KLOBUCHAR FOR MINNESOTA 							Date of Disbursement											
	Mailing Address PO BOX 4146								10 25 2012										
	ST PAUL	State MN	Zip Code 55104				Transaction ID : SB23.6438												
	Purpose of Disbursement Fundraiser - voided check#1656			(011		Amount of Each Disbursement this Period												
	Candidate Name				ego		-5000.00												
	Amy Klobuchar Office Sought: House Disburser	ment For:			уре				7	7									
	Senate President	Primary Other (spec	General																
	State: MN District:		., .																
в.	Full Name (Last, First, Middle Initial) KLOBUCHAR FOR MINNESOTA						Date of Disbursement												
	Mailing Address PO BOX 4146					10 / D D / Y Y Y Y 25 / 2012													
	City ST PAUL	State Zip Code MN 55104					Transaction ID : SB23.6439												
	Purpose of Disbursement Fundraiser		011					Amount of Each Disbursement this Period											
	Candidate Name			egoi		500.00													
	Amy Klobuchar Office Sought: House Disburser	nent For:							7										
	Senate President	Primary Other (spec																	
	State: MN District:																		
C.	Full Name (Last, First, Middle Initial)						Date	of Di	sburse										
	Mailing Address						M	M /	D	D /	Y Y	Y	Y						
	City	State Zip Code																	
	Purpose of Disbursement			Amount of Each Disbursement this Period															
	Candidate Name	Category/ Type												1					
	Senate President	ment For: Primary Other (spec	General cify) ▼						,		_								
	State: District:						_	_			_	_	_	_					
s	UBTOTAL of Disbursements This Page (optional)					•		-	,			-4500	.00						
т	OTAL This Period (last page this line number only)				. 🕨			7			-4500	.00						