



RECEIVED
FEC MAIL
OPERATIONS CENTER

St. Jude Medical, Inc.
One Lillehei Plaza
St. Paul, MN 55117
800 328-9634
651 483-2000
651 482-8318 Fax

August 10, 2006

2006 AUG 11 A 9:54

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

Dear Sir/Madame:

I am writing to inform you that I will no longer be serving as the St. Jude Medical Political Action Committee Treasurer. Robert Frenz, Director/Treasury for St. Jude Medical, Inc., will be taking over as Treasurer of this PAC effective immediately.

Enclosed with this letter is FEC Form 1 amended to reflect this change, and accordingly, we have enclosed all relevant information for Mr. Frenz. We have also included all relevant information for Donna Stewart, Corporate Accountant, who is the Assistant Treasurer for this PAC.

If you have any questions, please do not hesitate to contact me at 651-490-4312.

Sincerely,

ST. JUDE MEDICAL, INC.

Kevin O'Malley
Vice President and General Counsel

26039163660

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

ONE LILLEHEI PLAZA

(Check if address is changed)

ST PAUL

MN

55117

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

08 / 11 / 2006

3. FEC IDENTIFICATION NUMBER ▶

C00305029

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

KEVIN O' MALLEY

Signature of Treasurer

[Handwritten Signature]

Date

08 / 11 / 2006

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

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Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name _____
 Mailing Address _____

 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 _____ Telephone number _____

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer ROBERT FRENZ
 Mailing Address ONE LILLEHEI PLAZA

ST PAUL _____ MINN 55117
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
DIRECTOR/TREASURY _____ Telephone number 651-481-7661

Full Name of Designated Agent DONNA F STEWART
 Mailing Address ONE LILLEHEI PLAZA

ST PAUL _____ MINN 55117
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
CORPORATE ACCOUNTANT _____ Telephone number 651-415-7023

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9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed. Exp* Shipping Date
8-10-05
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jm N
 PREPARER

8-11-05
 DATE PREPARED

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