

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

257

USE FEC MAILING LABEL
OR
TYPE OR PRINT

| | | |
|---|--|---|
| 1. NAME OF COMMITTEE (in full) St. Jude Medical, Inc. Political Action Committee | | RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM May 26 11 46 AM '96 [Signature] |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported One Lillehei Plaza | 2. FEC IDENTIFICATION NUMBER C00305029 | |
| CITY, STATE and ZIP CODE St. Paul, MN 55117 | | <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) |

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____
- Thirtieth day report following the General Election on
Nov 5 in the State of Minnesota

(b) Is this Report an Amendment? YES NO **306**

| SUMMARY | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|-------------------------|-----------------------------------|
| 5. Covering Period | <u>10/17/96</u> through <u>11/25/96</u> | | |
| 6. (a) Cash on Hand January 1, 19 <u>96</u> | | | \$ 12,824.00 |
| (b) Cash on Hand at Beginning of Reporting Period | | \$ 7,619.00 | |
| (c) Total Receipts (from Line 1B) | | \$ 2,500.00 | \$ 11,245.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | | \$ 10,119.00 | \$ 24,069.00 |
| 7. Total Disbursements (from Line 3C) | | \$ 3,961.39 | \$ 17,911.39 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | | \$ 6,157.61 | \$ 6,157.61 |
| 9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) | | \$ | |
| 10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) | | \$ | |

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

Type or Print Name of Treasurer
Peter Gove

Signature of Treasurer
[Signature]

Date
11/22/96

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

| | | | | | | | |
|----------|----|-------|--|--|--|--|--|
| 11/27/96 | EM | 11/29 | | | | | |
|----------|----|-------|--|--|--|--|--|

FEC FORM 3X
(revised 9/93)

96-036-1129-0682

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

| NAME OF COMMITTEE St. Jude Medical, Inc. Political Action Committee | | REPORT COVERING PERIOD FROM 10/17/96 TO 11/25/96 | |
|---|----------|---|---------------------------|
| | | COLUMN A Total This Period | COLUMN B Calendar Year |
| I. Receipts | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) | 2,350.00 | 9,655.00 | F1(a)(i) |
| ii. Unitemized | 150.00 | 1,590.00 | F1(a)(ii) |
| iii. Total (add i and ii) | 2,500.00 | 11,245.00 | F1(b) |
| b. Political Party Committees | | | F1(c) |
| c. Other Political Committees (such as PACs) | | | F1(d) |
| d. Total Contributions (add a ii, b and c) | 2,500.00 | 11,245.00 | F2 |
| 12. Transfers From Affiliated/Other Party Committees | | | F3 |
| 13. All Loans Received | | | F4 |
| 14. Loan Repayments Received | | | F5 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | | F6 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | | F7 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | | | F8 |
| 18. Transfers from Nonfederal Account for Joint Activity | | | F9 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) | 2,500.00 | 11,245.00 | F10 |
| 20. Total Federal Receipts (subtract line 16 from line 19) | 2,500.00 | 11,245.00 | F11 |
| II. Disbursements | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H): | | | |
| i. Federal Share | | | F12(a) |
| ii. Non-Federal Share | | | F12(b) |
| b. Other Federal Operating Expenditures | | | F12(c) |
| c. Total Operating Expenditures (add a i, a ii, and b) | | | F12(d) |
| 22. Transfers to Affiliated/Other Party Committees | | | F13 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 3,961.39 | 17,811.39 | F14 |
| 24. Independent Expenditures (use Schedule E) | | | F15 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | | | F16 |
| 26. Loan Repayments Made | | | F17 |
| 27. Loans Made | | | F18 |
| 28. Refunds of Contributions To: | | | |
| a. Individual/Persons Other Than Political Committees | | | F19(a) |
| b. Political Party Committees | | | F19(b) |
| c. Other Political Committees (such as PACs) | | | F19(c) |
| d. Total Contribution Refunds (add a, b and c) | | | F19(d) |
| 29. Other Disbursements | | 100.00 | F20 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) | | 17,911.39 | F21 |
| 31. Total Federal Disbursements (subtract line 21 a, ii from line 30) | | 17,911.39 | F22 |
| III. Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans) (from line 11d) | 2,500.00 | 11,245.00 | F23 |
| 33. Total Contribution Refunds (from line 28d) | | | F24 |
| 34. Net Contributions (other than loans) (subtract line 33 from 32) | 2,500.00 | 11,245.00 | F25 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) | | | F26 |
| 36. Offsets to Operating Expenditures (from line 15) | | | F27 |
| 37. Net Operating Expenditures (subtract line 36 from 35) | | | F28 |

SCHEDULE A

ITEMIZED RECEIPTS

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, Inc. Political Action Committee

| | | | |
|--|--|--|--|
| A. Full Name, Mailing Address and ZIP Code Buehl Truex 1220 S. Pennsylvania Ave. Glendora, CA 91740 | Name of Employer Pacesetter, Inc. | Date (month, day, year) 11/01/96 | Amount of Each Receipt this Period 200 |
| | Occupation Director of Mech. Dev. Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 200 | |
| B. Full Name, Mailing Address and ZIP Code David Stanton 2434 Pasquena Drive Los Angeles, CA 90043 | Name of Employer Pacesetter, Inc. | Date (month, day, year) 11/01/96 | Amount of Each Receipt this Period 250 |
| | Occupation Regional Sales Director Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 250 | |
| C. Full Name, Mailing Address and ZIP Code Robert Helbling 11 Canterbury Road Windham, NH 03087 | Name of Employer St. Jude Medical, Inc. | Date (month, day, year) 11/01/96 | Amount of Each Receipt this Period 400 |
| | Occupation Vice President Distribution Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 400 | |
| D. Full Name, Mailing Address and ZIP Code Maria Teresa Ajamil 15232 Wild Wines Minnetonka, MN 55343 | Name of Employer St. Jude Medical, Inc. | Date (month, day, year) 11/01/96 | Amount of Each Receipt this Period 250 |
| | Occupation VP of Operations-Asia-Pacific Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 250 | |
| E. Full Name, Mailing Address and ZIP Code Thomas Hopson 22107 Unicorn Horn Lane Katy, TX 77449 | Name of Employer St. Jude Medical, Inc. | Date (month, day, year) 11/01/96 | Amount of Each Receipt this Period 500 |
| | Occupation Territory Manager Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 500 | |
| F. Full Name, Mailing Address and ZIP Code Allan Miyoshi 6493 Ellenview Ave. West Hills, CA 91307 | Name of Employer Pacesetter, Inc. | Date (month, day, year) 11/01/96 | Amount of Each Receipt this Period 250 |
| | Occupation Director-R&D Standards Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 250 | |
| G. Full Name, Mailing Address and ZIP Code Timothy Chase 4299 Dartmouth Ct. Eagan, MN 55123 | Name of Employer St. Jude Medical, Inc. | Date (month, day, year) 11/01/96 | Amount of Each Receipt this Period 250 |
| | Occupation Senior Marketing Manager Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 250 | |

| | |
|---|--------------|
| SUBTOTAL of Receipts This Page (optional) | 2,100 |
| TOTAL This Period (last page has line number only) | 2,350 |

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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, Inc. Political Action Committee

| | | | |
|--|--|-------------------------------------|---|
| A. Full Name, Mailing Address and ZIP Code Donald Karl 18832 Vicci St. Canyon Country, CA 91351 | Name of Employer Pacesetter, Inc. | Date (month, day, year) 11/22/96 | Amount of Each Receipt this Period 250 |
| | Occupation Sr. Dir. - Cost Improvement Aggregate Year-to-Date > \$ 250 | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Aggregate Year-to-Date > \$ | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Aggregate Year-to-Date > \$ | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Aggregate Year-to-Date > \$ | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Aggregate Year-to-Date > \$ | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Aggregate Year-to-Date > \$ | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Aggregate Year-to-Date > \$ | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional) | 250 |
| TOTAL This Period (last page this line number only) | 2,350 |

996 - 033 - 11.02.93 - 01.05.93

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

St. Jude Medical, Inc. Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| Wellstone For Senate 2309 University Ave. N. St. Paul, MN 55114 | Fundraiser event for (Senator-MN) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/7/96 | 1,000.00 |
| Minneapolis Club 729 Second Ave. S. Minneapolis, MN 5540 | In-Kind Contribution to Cong. Jim Ramstad (MN-3rd Dist) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/30/96 | 1,308.11 |
| People for Rudy Boschwitz 507 Capitol Court NE, Suite 100 Washington D.C. 20002 | Contribution for Candidate for U.S. Senate (MN) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/31/96 | 500.00 |
| Upton For All of Us P.O. Box 490 St. Joseph, MI 49085 | Contribution to Congressman Fred Upton (MI-6th District) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/01/96 | 1,000.00 |
| St. Jude Medical, Inc. One Lillchzi Plaza St. Paul, MN 55117 | In-Kind Contribution to Cong. Jim Ramstad (MN-3rd Dist) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/21/96 | 153.28 |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional)

3,961.39

TOTAL This Period (last page this line number only)

3,961.39

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.



Hand Delivered

DATE OF RECEIPT

11-26-96



First Class Mail

POSTMARKED



Registered/Certified Mail

POSTMARKED



No Postmark



Postmark Illegible



Received from the House Office of Records
and Registration

DATE OF RECEIPT



Received from the Senate Office of Public
Records

DATE OF RECEIPT



Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

SES

PREPARER

11-27-96

DATE PREPARED