

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.
ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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 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 11 / 25 / 2014 through 12 / 31 / 2014

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 **ROBERT G. FRENZ**

Signature of Treasurer ROBERT G. FRENZ [Electronically Filed] Date 01 / 30 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>		50321.10
(b) Cash on Hand at Beginning of Reporting Period.....	43282.60	
(c) Total Receipts (from Line 19)	2894.00	102966.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	46176.60	153287.85
7. Total Disbursements (from Line 31).....	0.00	107111.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	46176.60	46176.60
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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).....	2506.00	85417.25
(ii) Unitemized	388.00	17549.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2894.00	102966.75
(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)	2894.00	102966.75
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))..... ▶	2894.00	102966.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2894.00	102966.75

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	104500.00
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	2611.25
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	107111.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	107111.25

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)	2894.00	102966.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2894.00	102966.75
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: PAGE 6 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial)
A. Galen Smith

Mailing Address 1214 Brook Dr

City State Zip Code
 Allen TX 75002-5083

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

Name of Employer Occupation
 St. Jude Medical Senior Principal Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : PR53750508144

Amount of Each Receipt this Period
20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Ann Graves

Mailing Address 1455 Clippership Court

City State Zip Code
 Woodbury MN 55125-8564

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

Name of Employer Occupation
 St. Jude Medical VP, Regulatory

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1725.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : PR53750788144

Amount of Each Receipt this Period
150.00

P/R Deduction (\$75.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Robert Herrboldt

Mailing Address 5280 Parell Ave NE

City State Zip Code
 Saint Michael MN 55376-9000

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

Name of Employer Occupation
 St. Jude Medical Engineer Sr, Controls

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : PR53751078144

Amount of Each Receipt this Period
20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **190.00**

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 18
	<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. Bradley Huss		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2014 Transaction ID : PR53753818144
Mailing Address 1501 Heron Drive		Amount of Each Receipt this Period 20.00
City Chanhassen	State MN	Zip Code 55317-8530
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer St. Jude Medical	Occupation Manager Sr, R&D Core Team	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. Atul Sinha		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2014 Transaction ID : PR53754278144
Mailing Address 1828 113th Court NE		Amount of Each Receipt this Period 50.00
City Blaine	State MN	Zip Code 55449-5484
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer St. Jude Medical	Occupation Director, Quality	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) C. Nathan Andrew Richartz		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2014 Transaction ID : PR53754578144
Mailing Address 2305 Point Comfort Road		Amount of Each Receipt this Period 20.00
City Menomonie	State WI	Zip Code 54751-2263
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer St. Jude Medical	Occupation Director, Facilities	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 8 OF 18
(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

A. Bradley Roberts
 Full Name (Last, First, Middle Initial)
 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 St. Jude Medical Occupation Vice President, Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 31 / 2014
Transaction ID : PR53754618144
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. Brenda Inman
 Full Name (Last, First, Middle Initial)
 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 St. Jude Medical Occupation Manager, Localization
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 31 / 2014
Transaction ID : PR53755268144
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. John Davis
 Full Name (Last, First, Middle Initial)
 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 St. Jude Medical Occupation Director/Plant Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 12 / 31 / 2014
Transaction ID : PR53760808144
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 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: (check only one)	PAGE 9 OF 18
	<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. Maria Hernandez		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2014 Transaction ID : PR53762468144
Mailing Address 37735 Grant Court		Amount of Each Receipt this Period 32.00
City Palmdale	State CA	Zip Code 93552-3950
FEC ID number of contributing federal political committee.	C	
Name of Employer St. Jude Medical	Occupation Supv, Sr Production	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 368.00	
		P/R Deduction (\$16.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Jeffrey Dallager		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2014 Transaction ID : PR53764748144
Mailing Address 6918 132nd Street		Amount of Each Receipt this Period 40.00
City Hugo	State MN	Zip Code 55038-5410
FEC ID number of contributing federal political committee.	C	
Name of Employer St. Jude Medical	Occupation Sr. Vice President Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	
		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Steven Hill		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2014 Transaction ID : PR53766378144
Mailing Address 12933 Monticello Lane		Amount of Each Receipt this Period 50.00
City Champlin	State MN	Zip Code 55316-1265
FEC ID number of contributing federal political committee.	C	
Name of Employer St. Jude Medical	Occupation Manager, eDiscovery & Investigations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
		P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	122.00
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 18
(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. Robert Burton

Mailing Address 1605 Widgeon Circle

City State Zip Code
 Centerville MN 55038-3321

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

Name of Employer Occupation
 St. Jude Medical Dir Internal Audit-Intl & Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : PR53767108144

Amount of Each Receipt this Period
 200.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Lisa Schoening

Mailing Address 9902 Jandel Ave Ne

City State Zip Code
 Monticello MN 55362-4316

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

Name of Employer Occupation
 St. Jude Medical Leader, HR Business Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : PR53767318144

Amount of Each Receipt this Period
 100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Donald Zurbay

Mailing Address 10457 Scott Ave N

City State Zip Code
 Brooklyn Park MN 55443-5428

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

Name of Employer Occupation
 St. Jude Medical VP, Finance & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : PR53767398144

Amount of Each Receipt this Period
 100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 220.00

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 18
	<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. Jeffry Fecho
Full Name (Last, First, Middle Initial)

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 St. Jude Medical Occupation VP, Global Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 12 / 31 / 2014
Transaction ID : PR53767408144

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Bi-Weekly)

B. Jason Zellers
Full Name (Last, First, Middle Initial)

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 St. Jude Medical Occupation VP Gen Counsel and Corp Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 12 / 31 / 2014
Transaction ID : PR53767418144

Amount of Each Receipt this Period 200.00

P/R Deduction (\$100.00 Bi-Weekly)

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

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 St. Jude Medical Occupation VP, Corporate Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 12 / 31 / 2014
Transaction ID : PR53767428144

Amount of Each Receipt this Period 200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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 12 OF 18
<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. Angela Craig		Date of Receipt 12 / 31 / 2014 Transaction ID : PR53767448144
Mailing Address 1580 Blackhawk Lake Drive		Amount of Each Receipt this Period 100.00
City Eagan	State MN	Zip Code 55122-1245
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer St. Jude Medical	Occupation VP, Global Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. Damien Janet		Date of Receipt 12 / 31 / 2014 Transaction ID : PR53768138144
Mailing Address 5145 Baltimore		Amount of Each Receipt this Period 20.00
City Kansas City	State MO	Zip Code 64112-2403
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer St. Jude Medical	Occupation Field Clinical Engineer II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. Christine Roberts		Date of Receipt 12 / 31 / 2014 Transaction ID : PR53769388144
Mailing Address 3005 Harris Blvd		Amount of Each Receipt this Period 20.00
City Austin	State TX	Zip Code 78703-1419
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer St. Jude Medical	Occupation Dir, Compensation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

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 13 OF 18
<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. Ellen Rick
Full Name (Last, First, Middle Initial)
Mailing Address 1520 Highland Rd
City Winter Park State FL Zip Code 32789-5743
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Jude Medical Occupation Director, National Accounts
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **220.00**

Date of Receipt **12 / 31 / 2014**
Transaction ID : PR53769568144
Amount of Each Receipt this Period **20.00**
P/R Deduction (\$10.00 Bi-Weekly)

B. Fernando Acuna
Full Name (Last, First, Middle Initial)
Mailing Address 10830 SW 138th street
City Miami State FL Zip Code 33176-6530
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Jude Medical Occupation Dir, Corporate Accounts
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **230.00**

Date of Receipt **12 / 31 / 2014**
Transaction ID : PR53769578144
Amount of Each Receipt this Period **20.00**
P/R Deduction (\$10.00 Bi-Weekly)

C. Jeffery Donatto
Full Name (Last, First, Middle Initial)
Mailing Address 45482 White Pines Dr
City Novi State MI Zip Code 48374-3719
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Jude Medical Occupation Dir, Sr. CVD Strategic Accounts
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **550.00**

Date of Receipt **12 / 31 / 2014**
Transaction ID : PR53769768144
Amount of Each Receipt this Period **50.00**
P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **90.00**
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 14 OF 18
<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. Ashli Douglas		Date of Receipt 12 / 31 / 2014 Transaction ID : PR53771458144
Mailing Address 615 25th St. S		Amount of Each Receipt this Period 200.00
City Arlington	State VA	Zip Code 22202-2529
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer St. Jude Medical	Occupation Sr Director Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) B. Michael Diverde		Date of Receipt 12 / 31 / 2014 Transaction ID : PR53771958144
Mailing Address 933 Angels Camp Court		Amount of Each Receipt this Period 50.00
City Las Vegas	State NV	Zip Code 89138-4503
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer St. Jude Medical	Occupation Dir, Regional Sales, EP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) C. Daniel Balkcom		Date of Receipt 12 / 31 / 2014 Transaction ID : PR53772058144
Mailing Address 308 Polo Trail		Amount of Each Receipt this Period 24.00
City Colleyville	State TX	Zip Code 76034-7579
FEC ID number of contributing federal political committee. C		P/R Deduction (\$12.00 Bi-Weekly)
Name of Employer St. Jude Medical	Occupation Dir, Regional Sales, NMD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.00	

SUBTOTAL of Receipts This Page (optional).....▶	274.00
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 15 OF 18
(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

A. Brent Doehring
 Full Name (Last, First, Middle Initial)
 Mailing Address 5005 Foxfire Court
 City Springfield State IL Zip Code 62711-7806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Mgr, Regional Sales, EP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2014
Transaction ID : PR53772238144
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. Scott Reece
 Full Name (Last, First, Middle Initial)
 Mailing Address 502 Anhinga Dr
 City East Lansing State MI Zip Code 48823-8664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Direct Sales Rep, CRM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2014
Transaction ID : PR53776948144
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. Jacob Walters
 Full Name (Last, First, Middle Initial)
 Mailing Address 7309 South Heatherride Ave
 City Sioux Falls State SD Zip Code 57108-3351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Direct Sales Rep, AF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 12 / 31 / 2014
Transaction ID : PR53777068144
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
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 16 OF 18
(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

A. Don Dietz
 Full Name (Last, First, Middle Initial)
 Mailing Address 9509 Greenfield Dr
 City Raleigh State NC Zip Code 27615-2308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Direct Sales Rep, CRM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **315.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : PR53778658144
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$15.00 Bi-Weekly)

B. Steven Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 Gregan Court
 City Matthews State NC Zip Code 28104-7000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Medical Occupation Territory Mgr, Structural Heart
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **345.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : PR53778828144
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$15.00 Bi-Weekly)

C. Marcus Gonzales
 Full Name (Last, First, Middle Initial)
 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 St. Jude Medical Occupation Direct Sales Rep, CRM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1150.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : PR53781048144
 Amount of Each Receipt this Period **100.00**
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► **160.00**
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 17 OF 18
<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. Christopher Johnson			Date of Receipt 12 / 31 / 2014 Transaction ID : PR53782308144
Mailing Address 226 N. Shelmore Blvd			Amount of Each Receipt this Period 100.00
City Mt Pleasant	State SC	Zip Code 29464-6616	P/R Deduction (\$50.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1150.00	
Name of Employer St. Jude Medical	Occupation Dir, Sr. Regional Sales EP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. David Hendrick			Date of Receipt 12 / 31 / 2014 Transaction ID : PR53782728144
Mailing Address 2204 Demona Dr			Amount of Each Receipt this Period 100.00
City Austin	State TX	Zip Code 78733-1689	P/R Deduction (\$50.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1150.00	
Name of Employer St. Jude Medical	Occupation Sr VP, Sales Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Richard Chute II			Date of Receipt 12 / 31 / 2014 Transaction ID : PR64449018144
Mailing Address 62 Perkins St			Amount of Each Receipt this Period 100.00
City Charlestown	State MA	Zip Code 02129-1218	P/R Deduction (\$50.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1150.00	
Name of Employer St. Jude Medical	Occupation Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 18 OF 18
(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. Anne Dougherty
Full Name (Last, First, Middle Initial)

Mailing Address 400 Hessian Drive

City Kennett Square	State PA	Zip Code 19348-2863
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FEC ID number of contributing federal political committee. **C**

Name of Employer St Jude Medical, INC	Occupation FCE II
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2200.00**

Date of Receipt: **12 / 31 / 2014**
Transaction ID : PR64450038144

Amount of Each Receipt this Period: **200.00**

P/R Deduction (\$100.00 Bi-Weekly)

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

Mailing Address

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	2506.00