

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

1. OR NAME OF COMMITTEE IN FULL St. Jude Medical, Inc. Political Action Committee		2. FEC IDENTIFICATION NUMBER C00305029
3. NUMBER AND STREET ADDRESS One Lillehei Plaza		3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input checked="" type="checkbox"/> OTHER
4. CITY, STATE AND ZIP CODE St. Paul, MN 55117		

I certify that one of the following situations is correct (complete line 4 or 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number: _____

5. **STATUS BY QUALIFICATION:**

(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)	Judd Gregg	Senate	New Hampshire	2/13/96
(ii)	Bill Thomas	House	California/21	3/6/96
(iii)	Orrin Hatch	Senate	Utah	6/6/96
(iv)	Trent Lott	Senate	Mississippi	6/6/96
(v)	Jim Ramstad	House	Minnesota/3	6/17/96

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 3/4/96

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 8/3/95

(d) **Qualification:** The committee met the above requirements on: 6/17/96

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 Peter L. Gouh	SIGNATURE OF TREASURER <i>[Signature]</i>	DATE 7/15/96
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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.

				For further information contact: Federal Election Commission, Washington, DC 20463 Toll-free 800-424-9530 Local 902-218-5420
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FEC FORM 1M
(9/95)

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.

<input checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT 7-15-96
<input type="checkbox"/> First Class Mail	POSTMARKED
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records ^x and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT
MRT PREPARER	7-15-96 DATE PREPARED