

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. 12FE4M5
St Jude Medical Political Action Committee

ADDRESS (number and street) One Lillehei Plaza
Check if different than previously reported. (ACC) St Paul MN 55117

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00305029 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 [10] / [01] / [2011] through [12] / [31] / [2011]

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] / [25] / [2012]

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)

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="2011"/>	<input type="text" value="36148.04"/>	<input type="text" value="36148.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="78597.90"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4589.20"/>	<input type="text" value="75548.58"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="83187.10"/>	<input type="text" value="111696.62"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23500.00"/>	<input type="text" value="52009.52"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="59687.10"/>	<input type="text" value="59687.10"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

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).....	4011.75	60832.71
(ii) Unitemized	577.45	14715.87
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	4589.20	75548.58
(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)	4589.20	75548.58
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))..... ▶	4589.20	75548.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4589.20	75548.58

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.....	23500.00	52009.52
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	0.00
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)) ..	23500.00	52009.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23500.00	52009.52

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)	4589.20	75548.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4589.20	75548.58
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: (check only one)	PAGE 6 OF 17
<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

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

A. Angela Craig
Full Name (Last, First, Middle Initial)
Mailing Address 1966 Princeton Ave.
City St. Paul State MN Zip Code 55105
FEC ID number of contributing federal political committee. **C**
Name of Employer St Jude Meidical Occupation VP, Corporate Relations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.5603
Amount of Each Receipt this Period **250.00**
Payroll 50.00 bi weekly

B. John Davis
Full Name (Last, First, Middle Initial)
Mailing Address 10375 E Texas Sage Lane
City Scottsdale State AZ Zip Code 85255
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 **500.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.5604
Amount of Each Receipt this Period **125.00**
Payroll 25.00 bi-weekly

C. Michael Diverde
Full Name (Last, First, Middle Initial)
Mailing Address 933 Angels Camp Court
City Las Vegas State NV Zip Code 89138
FEC ID number of contributing federal political committee. **C**
Name of Employer St Jude Medical Sales Occupation Dr., Regional Sales EP
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : SA11AI.5607
Amount of Each Receipt this Period **125.00**
Payroll 25.00 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: PAGE 7 OF 17
(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. Ashli J Douglas
 Mailing Address 615 25th Street S
 City State Zip Code
 Arlington VA 22202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Jude Medical Sr. Dir., Gov. Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2424.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.5610
 Amount of Each Receipt this Period
 625.00
 Payroll \$125 bi-weekly

Full Name (Last, First, Middle Initial)
B. Jeff Fecho
 Mailing Address 213 Birch Ave NW
 City State Zip Code
 St Michael MN 55376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Jude Medical VP, Quality
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.5611
 Amount of Each Receipt this Period
 125.00
 Payroll \$25 bi-weekly

Full Name (Last, First, Middle Initial)
C. Ann Graves
 Mailing Address 1455 Clippership Ct.
 City State Zip Code
 Woodbury MN 55125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Jude Medical - Cardiovascul Director, Sr. Regulatory
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1140.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.5613
 Amount of Each Receipt this Period
 300.00
 Payroll \$60.00 bi-weekly

SUBTOTAL of Receipts This Page (optional)..... ► 1050.00
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 8 OF 17
	<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. Bert Gruber
Full Name (Last, First, Middle Initial)

Mailing Address 19661 Dorado Drive

City State Zip Code
Trabuco CA 92679

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

Name of Employer Occupation
St Jude Medical - AF Director Product Training and Transfer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
12 / 09 / 2011
Transaction ID : SA11AI.5614

Amount of Each Receipt this Period
125.00

Payroll \$25 bi-weekly

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

Mailing Address 2204 Demona Drive

City State Zip Code
Austin TX 78733

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

Name of Employer Occupation
St Jude Medical VP., Corporate Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 09 / 2011
Transaction ID : SA11AI.5615

Amount of Each Receipt this Period
125.00

Payroll \$25 bi-weekly

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

Mailing Address 28234 N Infinity Circle

City State Zip Code
Santa Clarita CA 91390

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

Name of Employer Occupation
St Jude Medical Sr. VP - Human Resources - CRMD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 09 / 2011
Transaction ID : SA11AI.5616

Amount of Each Receipt this Period
125.00

Payroll \$25.00 bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶	375.00
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 17
<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. Pamela Holly		Date of Receipt 12 / 09 / 2011 Transaction ID : SA11AI.5617
Mailing Address 635 Dougherty Oaks Ct		Amount of Each Receipt this Period 125.00
City Ballwin	State MO	Zip Code 63021
FEC ID number of contributing federal political committee. C	Payroll \$25 b-weekly	
Name of Employer St Jude Medical	Occupation Cardiovascular Sales Rep.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) B. John Knighten		Date of Receipt 12 / 09 / 2011 Transaction ID : SA11AI.5620
Mailing Address 214 Knox		Amount of Each Receipt this Period 250.00
City Houston	State TX	Zip Code 77007
FEC ID number of contributing federal political committee. C	Payroll 50.00 bi-weekly	
Name of Employer St Jude Medical - USD	Occupation VP, Corporate Accounts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) C. Pamela S Krop		Date of Receipt 12 / 09 / 2011 Transaction ID : SA11AI.5621
Mailing Address 3357 Calhoun Parkway		Amount of Each Receipt this Period 250.00
City Minneapolis	State MN	Zip Code 55408
FEC ID number of contributing federal political committee. C	Payroll \$50.00 bi-weekly	
Name of Employer St Jude Medical	Occupation VP & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

SUBTOTAL of Receipts This Page (optional).....▶	625.00
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 17
(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. Christopher Lucero
 Mailing Address 21947 Wakefield Ct
 City State Zip Code
 Santa Clarita CA 91350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Jude Medical CRM Engineer, Sr Design Assur
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1327.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.5623
 Amount of Each Receipt this Period
 331.75
 Payroll \$66.35 bi-weekly

Full Name (Last, First, Middle Initial)
B. Tom Northenscold
 Mailing Address 1215 Oakview Lane N
 City State Zip Code
 Plymouth MN 55441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Jude Medical VP., IT & CIO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.5624
 Amount of Each Receipt this Period
 480.00
 Payroll \$96 bi-weekly

Full Name (Last, First, Middle Initial)
C. Steven Robertson
 Mailing Address 3340 Castlewood Blvd
 City State Zip Code
 Highland Village TX 75077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Jude Medical NMD VP Quality Assurance
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.5626
 Amount of Each Receipt this Period
 125.00
 Payroll 25.00 bi-weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 936.75
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 17
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
St Jude Medical Political Action Committee

A. Mark Trebilcock
Full Name (Last, First, Middle Initial)

Mailing Address 22135 Crestline Trail

City Santa Clarita State CA Zip Code 91390

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

Name of Employer St Jude Medical CRM Occupation Mgr., SBU Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
12 / 09 / 2011
Transaction ID : SA11AI.5629

Amount of Each Receipt this Period
75.00

Payroll \$15 bi-weekly

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

Mailing Address 11602 Claymont Circle

City Windermere State FL Zip Code 34786

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

Name of Employer St Jude Medical Occupation Director Regional Sales - CRM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
12 / 09 / 2011
Transaction ID : SA11AI.5630

Amount of Each Receipt this Period
75.00

Payroll \$15 bi-weekly

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

Mailing Address 3248 Holmes Ave S

City Minneapolis State MN Zip Code 55408

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

Name of Employer St Jude Medical - Cardio Occupation VP., BVusiness Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt
12 / 09 / 2011
Transaction ID : SA11AI.5631

Amount of Each Receipt this Period
125.00

Payroll \$25 bi-weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ **275.00**

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 12 OF 17
(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. Full Name (Last, First, Middle Initial)
Donald Zurbay

Mailing Address 10457 Scott Ave. N

City State Zip Code
Brooklyn Park MN 55443

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

Name of Employer Occupation
St Jude Medical VP & Corporate Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.5633

Amount of Each Receipt this Period
250.00

Payroll \$50.00 bi-weekly

B. 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
M M M / D D D / Y Y Y Y Y Y

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
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	4011.75

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
St Jude Medical Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bennet for Colorado

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

Michael Bennet

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2011

Transaction ID : SB23.5669

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Boustany for Congress

Mailing Address 217 Third Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

Charles Boustany

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2011

Transaction ID : SB23.5653

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bucshon for Congress Committee

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement
Contribution

011

Candidate Name

Larry Bucshon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2011

Transaction ID : SB23.5640

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
St Jude Medical Political Action Committee

Full Name (Last, First, Middle Initial)

A. Feinstein for Senate

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

Diane Feinstein

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CA District:

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2011

Transaction ID : **SB23.5665**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

Erik Paulsen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2011

Transaction ID : **SB23.5661**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Jeff Duncan for Congress

Mailing Address 499 S Capital Street SW, Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

Jeff Duncan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: SC District: 03

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2011

Transaction ID : **SB23.5662**

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
St Jude Medical Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kay Hagan for U.S. Senate

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name
Kay Hagan

Category/
Type

Office Sought: House
 Senate
 President
State: NC District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2011

Transaction ID : **SB23.5650**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KLOBUCHAR FOR MINNESOTA

Mailing Address PO BOX 4146
PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name
Amy Klobuchar

Category/
Type

Office Sought: House
 Senate
 President
State: MN District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2011

Transaction ID : **SB23.5658**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Matheson for Congress

Mailing Address P.O. Box 636

City Annandale State VA Zip Code 22003

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name
Jim Matheson

Category/
Type

Office Sought: House
 Senate
 President
State: UT District: 02

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2011

Transaction ID : **SB23.5656**

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
St Jude Medical Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matheson for Congress

Mailing Address P.O. Box 636

City Annandale State VA Zip Code 22003

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

Jim Matheson

Category/
Type

Office Sought: House
 Senate
 President
State: UT District: 02

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2011			

Transaction ID : **SB23.5672**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
Contribution

011

Candidate Name

Michael Burgess

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2011			

Transaction ID : **SB23.5637**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mike Thompson for Congress

Mailing Address 236 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

Mike Thompson

Category/
Type

Office Sought: House
 Senate
 President
State: CA District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2011			

Transaction ID : **SB23.5668**

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
St Jude Medical Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROGERS FOR CONGRESS

Mailing Address PO Box 581
Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name
Mike Rodgers

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 08

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2011

Transaction ID : **SB23.5659**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. The Richard Burr Committee

Mailing Address P.O. Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name
Richard Burr

Category/
Type

Office Sought: House
 Senate
 President
State: NC District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2011

Transaction ID : **SB23.5646**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Upton for All of US

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name
Fred Upton

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 06

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2011

Transaction ID : **SB23.5649**

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

23500.00