

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

SEP 9 1 05 PM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) St. Jude Medical, Inc. Political Action Committee	
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	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FED FORM 1M)

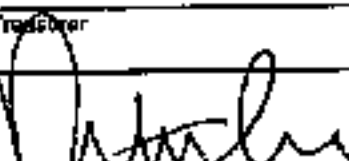
4. TYPE OF REPORT

- (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 **MN**

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <u>10/17/96</u> through <u>11/25/96</u>		This Period	Calendar Year-to-Date
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 19)	\$ 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 30)	\$ 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)	\$	For further information contact: Federal Election Commission 699 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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		Date 8/21/97
Signature of Treasurer		

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

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FEC FORM 3X
(revised 9/93)

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
ii. Unitemized		150.00	1,590.00
iii. Total	(add i and ii) >	2,500.00	11,245.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions	(add a ii, b and c) >	2,500.00	11,245.00
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	2,500.00	11,245.00
20. Total Federal Receipts	(subtract line 18 from line 19) >	2,500.00	11,245.00
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4):			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures	(add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		3,961.39	17,811.39
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds	(add a, b and c) >	0.00	100.00
29. Other Disbursements		3,961.39	17,911.39
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3,961.39	17,911.39
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	3,961.39	17,911.39
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		2,500.00	11,245.00
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)		2,500.00	11,245.00
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures	(subtract line 36 from 35) >		

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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	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)	10/25/96	1,000.00
B. Full Name, Mailing Address and ZIP Code Minneapolis Club 729 Second Ave. S. Minneapolis, MN 55440	Purpose of Disbursement 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
C. Full Name, Mailing Address and ZIP Code People for Rudy Boschwitz 507 Capitol Court NE, Suite 100 Washington, D.C. 20002	Purpose of Disbursement 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
D. Full Name, Mailing Address and ZIP Code Upton For All of Us P.O. Box 490 St. Joseph, MI 49085	Purpose of Disbursement Contribution to Congressman Fred Upton (MI-6th District) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/96	1,000.00
E. Full Name, Mailing Address and ZIP Code St. Jude Medical, Inc. One Lillehel Plaza St. Paul, MN 55117	Purpose of Disbursement In-Kind Contribution Cong. Jim Ramstad (MN-3rd Dist) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/22/96	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)

3961.39

TOTAL This Period (last page this line number only)

3961.39

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

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED
9-24-97

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

9-9-97
DATE PREPARED