

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 JAN 10 P 3:58

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>St. Jude Medical, Inc. Political Action Committee</b>		2. FEC IDENTIFICATION NUMBER <b>C00305029</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>One Lillehei Plaza</b>		
CITY, STATE and ZIP CODE <b>St. Paul, MN 55117</b>		
3. <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:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |

Twelfth day report preceding \_\_\_\_\_  
(Type of Election)

election on \_\_\_\_\_ in the State of \_\_\_\_\_

Thirtieth day report following the General Election on \_\_\_\_\_

\_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is the Report an Amendment?  YES  NO

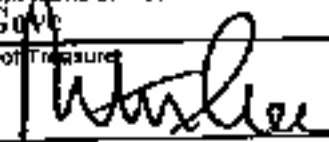
SUMMARY		COLUMN A	COLUMN B
Covering Period <u>07/01/99</u> through <u>12/31/99</u>		This Period	Calendar Year-to-Date
5.	Cash on Hand January 1, 19 <u>99</u>		\$ 32.61
6.	(a) Cash on Hand at Beginning of Reporting Period	\$ 1,782.61	
	(b) Total Receipts (from Line 19)	\$ 2,600.00	\$ 5,100.00
	(c) Subtotal (add Lines 6(b) and 6(d) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 4,382.61	\$ 5,132.61
7.	Total Disbursements (from Line 30)	\$ 3,357.60	\$ 3,357.60
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 1,025.01	\$ 1,025.01
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 888 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 G. Galt**

Signature of Treasurer



Date

01/12/99

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 8/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <b>St. Jude Medical, Inc. Political Action Committee</b>	REPORT COVERING PERIOD FROM <b>07/01/99</b> TO: <b>12/31/99</b>	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A) .....	2,600.00	5,100.00
ii. Unitemized .....		
ii. Total: ..... (add i and ii) >	2,600.00	5,100.00
b. Political Party Committees .....		
c. Other Political Committees (such as PACs) .....		
d. Total Contributions ..... (add a ii, b and c) >	2,600.00	5,100.00
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 .....	2,600.00	5,100.00
19. Total Receipts ..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	2,600.00	5,100.00
20. Total Federal Receipts ..... (subtract line 18 from line 19) >	2,600.00	5,100.00
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 .....	3,250.00	4,000.00
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) >		
29. Other Disbursements .....	107.60	107.60
30. Total Disbursements ..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3,357.60	4,107.60
31. Total Federal Disbursements ..... (subtract line 21 d ii from line 30) >	3,357.60	4,107.60
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d) .....	2,600.00	5,100.00
33. Total Contribution Refunds (from line 28d) .....		
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	2,600.00	5,100.00
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**

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 Contribution to Fundraising Event	Date (month, day, year)	Amount of Each Disbursement This Period
Gutrecht for Congress P.O. Box 490 St. Joseph, MI 49085	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/27/99	\$500.00
B. Full Name, Mailing Address and ZIP Code Luther for Congress 1399 Geneva Avenue North, Suite 103 Oakdale, MN 55125	Purpose of Disbursement Contribution to Fundraising Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/23/99	Amount of Each Disbursement This Period \$500.00
C. Full Name, Mailing Address and ZIP Code Anna Eschou for Congress 103 Cannon House Office Bldg. Washington, D.C. 20515-2303	Purpose of Disbursement Contribution to Fundraising Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/23/99	Amount of Each Disbursement This Period \$500.00
D. Full Name, Mailing Address and ZIP Code Thomas for Congress Box 395 Bakersfield, CA 93302	Purpose of Disbursement Contribution to Fundraising Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/23/99	Amount of Each Disbursement This Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Jim Ramstad Volunteer Committee 2231 Rayburn House Office Bldg. Washington, D.C. 20515	Purpose of Disbursement Contribution to Fundraising Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/25/99	Amount of Each Disbursement This Period \$500.00
F. Full Name, Mailing Address and ZIP Code Luther for Congress 1399 Geneva Avenue North, Suite 103 Oakdale, MN 55125	Purpose of Disbursement Contribution to Fundraising Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/01/99	Amount of Each Disbursement This Period \$250.00
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	
<b>TOTAL</b> This Period (last page the line number only) .....	<b>\$3,250.00</b>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<b>Dan Starks</b> 7880 County Road 26 Minnetrista, MN 55359 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>St. Jude Medical, Inc.</b> Occupation: <b>President, CRM Division</b> Aggregate Year-to-Date > \$ <b>1,000.00</b>	<b>07/23/99</b>	<b>\$1,000.00</b>
<b>Ron Maticaria</b> 62 W. Pleasant Lake Road North Oaks, MN 55127 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>St. Jude Medical, Inc.</b> Occupation: <b>Chairman of the Board</b> Aggregate Year-to-Date > \$ <b>500.00</b>	<b>09/29/99</b>	<b>500.00</b>
<b>Peter Gove</b> 1040 Columbus Road Bloomington, MN 55420 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>St. Jude Medical, Inc.</b> Occupation: <b>VP, Public Relations</b> Aggregate Year-to-Date > \$ <b>600.00</b>	<b>12/09/99</b>	<b>100.00</b>
<b>Terry Shepherd</b> 1370 Meadow Avenue Shoreview, MN 55126 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>St. Jude Medical, Inc.</b> Occupation: <b>President &amp; CEO</b> Aggregate Year-to-Date > \$ <b>2,000.00</b>	<b>12/21/99</b>	<b>1,000.00</b>
<b>E. Full Name, Mailing Address and ZIP Code</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
<b>F. Full Name, Mailing Address and ZIP Code</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
<b>G. Full Name, Mailing Address and ZIP Code</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	
<b>TOTAL</b> This Period (last page this line number only) .....	<b>\$2,600.00</b>

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1/13/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records 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
<input type="checkbox"/> Electronic Filing	
 PREPARER	1/18/00 DATE PREPARED