

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER 2006 JUL 15 A 10:54 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4MS

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

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), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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)

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 04 01 2006 through 06 30 2006

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 KEVIN T. O'MALLEY

Signature of Treasurer [Signature] Date 07 14 2006

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

26039122916

**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: MM / DD / YYYY 04 / 01 / 2006 To: MM / DD / YYYY 06 / 30 / 2006

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

6. (a) Cash on Hand January 1, YYYY 2006		4741.85
(b) Cash on Hand at Beginning of Reporting Period.....	27141.85	
(c) Total Receipts (from Line 19)	10050.00	37450.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	37191.85	42191.85
7. Total Disbursements (from Line 31).....	4000.00	9000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	33191.85	33191.85
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	 	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	 	

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

26039122917

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: **04** / **01** / **2006** To: **06** / **30** / **2006**

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).....	10,050.00	37,450.00
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10,050.00	37,450.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	10,050.00	37,450.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	10,050.00	37,450.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶		

26039122913

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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,000.00	9,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4,000.00	9,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		

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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)	10,050.00	37,450.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10,050.00	37,450.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

26039122920

**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 1 OF 5

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. **SUTTON, WILLIAM M**

Mailing Address

18819 KINGSWOOD TERRACE

City

MINNETONKA

State

MN

Zip Code

55345-5023

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

VP R&D AF Div.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 05 / 2006

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. **CALLAGHAN, FRANK**

Mailing Address

10712 SANCTUARY DRIVE NE

City

BLAINE

State

MN

Zip Code

55449

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

V.P., R&D

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 05 / 2006

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. **BIRDWELL, SUZANNE**

Mailing Address

4565 KIMBERLY CT. N

City

PLYMOUTH

State

MN

Zip Code

55446

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

SR. DIR., HUMAN RESOURCES

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 05 / 2006

Amount of Each Receipt this Period

400.00

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

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

1,400.00

1,400.00

26039122921

**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 **2** OF **3**

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. **ALEXANDER, W. DENNIS**

Mailing Address

6286 LONB CT.

City

NEW TRIPOLI

State

PA

Zip Code

18066

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

VP of OPERATIONS ANS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 ' 05 ' 2006

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. **MOCK, ALAN**

Mailing Address

5525 STONE CANYON DRIVE

City

FRISCO

State

TX

Zip Code

75034-2222

FEC ID number of contributing federal political committee.

C

Name of Employer

ANS MEDICAL

Occupation

MANAGER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 ' 05 ' 2006

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. **REYNOLDS, JAMES W.**

Mailing Address

16301 SUNDANCE LANE

City

HUNTINGTON BEACH CA

State

CA

Zip Code

92649

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

MANAGER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 ' 05 ' 2006

Amount of Each Receipt this Period

500.00

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

1,050.00

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

1,050.00

26039122922

**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 **3** OF **5**

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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. CHAVEZ, THOMAS B.

Mailing Address **9601 DEMONA COVE**

City **AUSTIN** State **TX** Zip Code **78733**

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

Name of Employer **ST. JUDE MEDICAL** Occupation **VP, SALES USD**

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt

04 / **25** / **2006**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. ROUSSEAU, MICHAEL

Mailing Address **620 BRANDON WAY**

City **AUSTIN** State **TX** Zip Code **78733**

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

Name of Employer **ST. JUDE MEDICAL** Occupation **PRES. US SALES DIV.**

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2000.00**

Date of Receipt

05 / **31** / **2006**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. SONG, JANE J.

Mailing Address **700 2ND ST. SOUTH #22**

City **MINNEAPOLIS** State **MN** Zip Code **55401**

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

Name of Employer **ST. JUDE MEDICAL** Occupation **PRES. AFD DIVISION**

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2000.00**

Date of Receipt

05 / **31** / **2006**

Amount of Each Receipt this Period

2000.00

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

4500.00

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

4500.00

26039122923

**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 **4** OF **5**

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. GAM, PAUL J.

Mailing Address

1470 ARDEN VISTA COURT

City **ARDEN HILLS**

State **MN**

Zip Code **55112**

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 13 2006

Amount of Each Receipt this Period

100.00

Name of Employer

ST. JUDE MEDICAL

Occupation

VP Business Development

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Full Name (Last, First, Middle Initial)

B. WAGNER, DENNIS

Mailing Address

18572 65th AVE. N

City **MAPLE GROVE**

State **MN**

Zip Code **55311**

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 13 2006

Amount of Each Receipt this Period

500.00

Name of Employer

ST. JUDE MEDICAL

Occupation

FINANCE & ACCOUNTING VP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

C. HOFFMAN, MARK

Mailing Address

28234 N INFINITY CIRCLE

City **SANTA CLARITA**

State **CA**

Zip Code **91390**

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 13 2006

Amount of Each Receipt this Period

500.00

Name of Employer

ST. JUDE MEDICAL

Occupation

H.R. CRMD

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

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

1,100.00

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

1,100.00

26039122924

**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 5 OF 5

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **FERRIER, EDWARD C.**

Mailing Address

24521 PEACHLAND AVE

City

NEWHALL

State

CA

Zip Code

91321-3458

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

FINANCE, V.P.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 13 / 2006

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. **OMILANOWICZ, RICHARD J.**

Mailing Address

199 WILDRIDGE ROAD

City

MAHTOMEDI

State

MN

Zip Code

55115

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

VP MANUFACTURING

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2006

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. **FAZIO, GEORGE J.**

Mailing Address

9 ORIOLE LANE

City

NORTH OAKS

State

MN

Zip Code

55127

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

PRESIDENT, CSD

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

06 / 29 / 2006

Amount of Each Receipt this Period

1,000.00

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

2,000.00

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

10,050.00

26039122925

**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)						PAGE 1 OF 1
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

A: **MARK KENNEDY 06**

Full Name (Last, First, Middle Initial)

Mailing Address: **P.O. BOX 49333**

City: **BLAINE** State: **MN** Zip Code: **55449**

Purpose of Disbursement: **FUNDRAISER** Category/Type: **011**

Candidate Name: **MARK KENNEDY**

Amount of Each Disbursement this Period: **1,000.00**

Date of Disbursement: **04 / 04 / 2006**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: **MN** District:

B: **PEOPLE WITH HART**

Full Name (Last, First, Middle Initial)

Mailing Address: **501 L STREET, NW, #1**

City: **WASHINGTON** State: **DC** Zip Code: **20001**

Purpose of Disbursement: **FUNDRAISER** Category/Type: **011**

Candidate Name: **CONGRESSWOMAN MELISSA HART**

Amount of Each Disbursement this Period: **1,000.00**

Date of Disbursement: **05 / 10 / 2006**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: **PA** District: **4th**

C: **A LOT OF PEOPLE WHO SUPPORT JEFF BINGAMAN**

Full Name (Last, First, Middle Initial)

Mailing Address: **110-B EAST BROAD STREET**

City: **FALLS CHURCH** State: **VA** Zip Code: **22046**

Purpose of Disbursement: **FUNDRAISER** Category/Type: **011**

Candidate Name: **SENATOR JEFF BINGAMAN**

Amount of Each Disbursement this Period: **2,000.00**

Date of Disbursement: **05 / 31 / 2006**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: **NM** District:

SUBTOTAL of Disbursements This Page (optional) **4,000.00**

TOTAL This Period (last page this line number only) **4,000.00**

26039122926

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
FEDEX 7/14/06
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Sti
 PREPARER
 (3/2005)

7/15/06
 DATE PREPARED

26039122927