

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2005 Office Use Only 10:56

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

MINN

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

XX

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

01 / 01 / 2005

through

06 / 30 / 2005

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

[Handwritten Signature]

Date

07 / 26 / 2005

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

2508882929

**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: 01 01 2005 To: 06 30 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2005</u>		<u>741.85</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>741.85</u>	
(c) Total Receipts (from Line 19)	<u>12,500.00</u>	<u>12,500.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>13,241.85</u>	<u>13,241.85</u>
7. Total Disbursements (from Line 31).....	<u>6,500.00</u>	<u>6,500.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>6,741.85</u>	<u>6,741.85</u>
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)		

2503882830

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. 02/2003)

Page 3

Write or Type Committee Name

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: **01** ' **01** ' **2005** To: **06** ' **30** ' **2005**

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).....	12,500.00	12,500.00
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12,500.00	12,500.00
(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).....▶	12,500.00	12,500.00
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)).....▶	12,500.00	12,500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶		

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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	6,500.00	6,500.00
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)) ..	6,500.00	6,500.00
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)	12,500.00	12,500.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12,500.00	12,500.00
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)		

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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 3

<input 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

Full Name (Last, First, Middle Initial)

A. GOVE, PETER L.

Mailing Address

14 Pearson Place

City North Oaks

State MN

Zip Code

55127

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

VP Corporate Relations

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 ' 20 ' 2005

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. NORTHEMSCOLD, TOM

Mailing Address

1815 OAKVIEW LANE N.

City PLYMOUTH

State MN

Zip Code

55441

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

VP CORPORATE ADMIN.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03 ' 01 ' 2005

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. BUCKMAN, PAUL R.

Mailing Address

200 WILDHURST ROAD

City TONKA BAY

State MN

Zip Code

55331

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. JUDE MEDICAL

Occupation

Pres. MARKETING Cardiology Div.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03 ' 16 ' 2005

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).....▶

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 2 OF 3

(check only one)

<input 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. STARKS, DANIEL J.

Mailing Address

31 QUINTESSA CIRCLE

City LAS VEGAS

State NV Zip Code 89141-6054

Date of Receipt

03 / 16 / 2005

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

2,000.00

Name of Employer

ST. JUDE MEDICAL

Occupation

CEO & CHAIRMAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,000.00

Full Name (Last, First, Middle Initial)

B. LOSE, JERI L.

Mailing Address

2432 LAKE LUCY ROAD

City CHANHASSEN

State MN Zip Code 55317

Date of Receipt

04 / 19 / 2005

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

2,000.00

Name of Employer

ST. JUDE MEDICAL

Occupation

V.P. & CIO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,000.00

Full Name (Last, First, Middle Initial)

C. FETAH, DAVID C.

Mailing Address

30378 PASEO DEL VALLE

City LAGUNA NIGUEL

State CA Zip Code 92677

Date of Receipt

05 / 02 / 2005

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

1,000.00

Name of Employer

ST. JUDE MEDICAL

Occupation

VP HUMAN RESOURCES

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

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

5,000.00

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

5,000.00

25038862935

**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 <u>3</u> OF <u>3</u>	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
ST JUDE MEDICAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
SONG, JANE

Mailing Address
700 2nd STREET 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 PRESIDENT, AF ADMIN.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1,000.00

Date of Receipt
05 / 02 / 2005

Amount of Each Receipt this Period
 1,000.00

B. Full Name (Last, First, Middle Initial)
COYLE, MICHAEL J.

Mailing Address
100 STAGE COACH ROAD

City BELL CANYON State CA Zip Code 91307-1044

FEC ID number of contributing federal political committee. C

Name of Employer ST. JUDE MEDICAL Occupation PRESIDENT, CRMD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2,000.00

Date of Receipt
05 / 09 / 2005

Amount of Each Receipt this Period
 2,000.00

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 3,000.00

TOTAL This Period (last page this line number only) 12,500.00

25038362335

**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 2

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. THE RAMSTAD VOLUNTEER COMMITTEE

Date of Disbursement

02 / 02 / 2005

Mailing Address

1809 PLYMOUTH ROAD, SUITE 310B

City MINNETONKA State MN Zip Code 55305

Purpose of Disbursement
FUND RAISER

011

Amount of Each Disbursement this Period

1,000.00

Candidate Name
CONGRESSMAN JIM RAMSTAD

Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: MN District: 3

Full Name (Last, First, Middle Initial)

B. DREIER FOR CONGRESS

Date of Disbursement

03 / 01 / 2005

Mailing Address
P.O. BOX 505

City UPLAND State CA Zip Code 91785

Purpose of Disbursement
FUND RAISER

011

Amount of Each Disbursement this Period

2,000.00

Candidate Name
DAVID DREIER

Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: CA District: 26th

Full Name (Last, First, Middle Initial)

C. ADVAMED PAC

Date of Disbursement

03 / 17 / 2005

Mailing Address
1200 G STREET, NW, SUITE 400

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAC SUPPORT

011

Amount of Each Disbursement this Period

2,000.00

Candidate Name

Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

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

5,000.00

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

2003082937

**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 2 OF 2

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE PITTS COMMITTEE

Mailing Address 902 COLUMBIA AVENUE

City LANCASTER State PA Zip Code 17603

Purpose of Disbursement FUNDRAISER

Candidate Name JOSEPH R. PITTS

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: PA District: 16

Date of Disbursement

04 / 19 / 2005

Amount of Each Disbursement this Period

500.00

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 FUNDRAISER

Candidate Name SENATOR RICHARD BURR

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

Date of Disbursement

05 / 09 / 2005

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

1,500.00

6,500.00

25038862938

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
7/28/05
Fedex 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

[Signature]
 PREPARER
 (3/2005)

7/29/05
 DATE PREPARED

25030302000