

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL ROOM
2002 APR 18 P 1:50

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5

ST. JUDE 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

00030529

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 07/01/2002 through 03/31/2002

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 L. Gove

Signature of Treasurer [Signature] Date 04/09/2002

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 (Revised 1/01)

Page 2

Write or Type Committee Name

ST. JUDE MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

01 01 2002

To:

03 31 2002

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

6. (a) Cash on Hand January 1, 2002

1,591.85

(b) Cash on Hand at Beginning of Reporting Period

1,591.85

(c) Total Receipts (from Line 19)

15,600.-

15,600.-

(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)

17,191.85

17,191.85

7. Total Disbursements (from Line 20)

3,000.-

3,000.-

8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))

14,191.85

14,191.85

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

ST. JUDE Medical Political Action Committee

Report Covering the Period:

From:

01 01 2002

To:

03 31 2002

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)	<i>15,600</i>	
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	<i>15,600</i>	<i>15,600</i>
(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 32, page 4)	<i>15,600</i>	<i>15,600</i>
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 36, page 4)		
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 Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	<i>15,600</i>	<i>15,600</i>
20. Total Federal Receipts (subtract Line 18 from Line 19)		

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,000-	3,000-
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) 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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	3,000-	3,000-
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	15,600-	15,600-
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	15,600-	15,600-
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35)		

**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 / OF 4	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purposes 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. Full Name (Last, First, Middle Initial)
LOSE, Jeri L

Mailing Address
2432 LAKE LUCY ROAD

City *Chanhassen* State *MN* Zip Code *55317*

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

Name of Employer: *St. Jude Medical* Occupation: *IT/IO-Information Technology*

Receipt For:
 Primary General Other (specify) _____

Aggregate Year-to-Date: *1,500.-*

Date of Receipt: *02 26 2002*

Amount of Each Receipt this Period: *1,500.00*

B. Full Name (Last, First, Middle Initial)
Gove, Peter L

Mailing Address
10410 Columbus Road

City *Bloomington* State *MN* Zip Code *56420*

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: *1,500.-*

Date of Receipt: *02 26 2002*

Amount of Each Receipt this Period: *1,500.-*

C. Full Name (Last, First, Middle Initial)
STARKS Daniel J

Mailing Address
2301 Tanadoona Drive

City *Chanhassen* State *MN* Zip Code *55331*

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

Name of Employer: *St. Jude Medical* Occupation: *President & COO*

Receipt For:
 Primary General Other (specify) _____

Aggregate Year-to-Date: *2,000.00*

Date of Receipt: *02 26 2002*

Amount of Each Receipt this Period: *2,000.-*

SUBTOTAL of Receipts This Page (optional) _____

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

5,000.-

**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 4
(check only one)

<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"/>

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NAME OF COMMITTEE (In Full)

ST. JUDE MEDICAL Political Action Committee

A. Full Name (Last, First, Middle Initial)
COHEN, Robert

Mailing Address
18683 Bearpath Trail

City Eden Prairie State MN Zip Code 55347

FEC ID number of contributing federal political committee. C

Name of Employer ST. JUDE MEDICAL Occupation VP - BUS & Tech Development

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date
100.00

Date of Receipt
03 07 2002

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Heinmiller, John

Mailing Address
10796 Purdey Road

City Eden Prairie State MN Zip Code 55347

FEC ID number of contributing federal political committee. C

Name of Employer ST. JUDE MEDICAL Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date
1500.00

Date of Receipt
03 07 2002

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
GARRETT, THOMAS H

Mailing Address
16686 E. Brilliant Sky DR.

City Scottsdale State AZ Zip Code 85262-7226

FEC ID number of contributing federal political committee. C

Name of Employer Self-employed Occupation Business Consultant

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date
1500.00

Date of Receipt
03 11 2002

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) _____

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

3100.00

**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 3 OF 4

<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"/> 16	<input type="checkbox"/> 15
			<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. *ESSIG, Stuart M*

Mailing Address *113 Willow Street*

City *Brooklyn* State *NY* Zip Code *11201-2201*

FEC ID number of contributing federal political committee. C

Date of Receipt

03 11 2002

Amount of Each Receipt this Period

1500-

Name of Employer

Integra Life Sciences Occupation *President & CEO*

Receipt For:

Primary General
 Other (specify) _____

Aggregate Year-to-Date

1500-

Full Name (Last, First, Middle Initial)

B. *Adinolfi, David W*

Mailing Address *18779 Bearpath Trail*

City *Eden Prairie* State *MN* Zip Code *55347*

FEC ID number of contributing federal political committee. C

Date of Receipt

03 11 2002

Amount of Each Receipt this Period

1000-

Name of Employer

St. Jude Medical Occupation *President - Surg*

Receipt For:

Primary General
 Other (specify) _____

Aggregate Year-to-Date

1000-

Full Name (Last, First, Middle Initial)

C. *O'Malley, Kevin*

Mailing Address *3037 Edgewater Place*

City *Woodbury* State *MN* Zip Code *55125*

FEC ID number of contributing federal political committee. C

Date of Receipt

03 19 2002

Amount of Each Receipt this Period

1500-

Name of Employer

St. Jude Medical Occupation *VP & General Counsel*

Receipt For:

Primary General
 Other (specify) _____

Aggregate Year-to-Date

1500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

4000-

**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 4	
<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

A. Full Name (Last, First, Middle Initial)
Shepherd, Terry

Mailing Address
1370 Meadow Ave.

City *Shoreview* State *MN* Zip Code *55124*

FEC ID number of contributing federal political committee. C

Name of Employer
ST. Jude Medical Occupation *President & CEO*

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date
2,000

Date of Receipt
03 29 2004

Amount of Each Receipt this Period
2,000

B. Full Name (Last, First, Middle Initial)
Healy, Steven J

Mailing Address
4155 Primrose Path

City *Vadnais Heights* State *MN* Zip Code *55127*

FEC ID number of contributing federal political committee. C

Name of Employer
ST. Jude Medical Occupation *President - Cardiac Surgery Dr.*

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date
500

Date of Receipt
03 29 2004

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Rousseau, Michael T

Mailing Address
11 Marlboro Lane

City *Bell Canyon* State *CA* Zip Code *91301-1020*

FEC ID number of contributing federal political committee. C

Name of Employer
ST. Jude Medical Occupation *President - US Sales*

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date
1,000

Date of Receipt
03 29 2004

Amount of Each Receipt this Period
1,000

SUBTOTAL of Receipts This Page (optional) *3,500*

TOTAL This Period (last page this line number only) *15,600*

**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 / OF /

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

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NAME OF COMMITTEE (in Full)

ST. JOE Medical Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Dingell For Congress

Date of Disbursement

02 11 2002

Mailing Address

P.O. Box 75214

Amount of Each Disbursement this Period

500.00

City

Washington

State

DC

Zip Code

20013

Purpose of Disbursement

Fundraiser

011

Candidate Name

John Dingell

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: ME

District: 16

Full Name (Last, First, Middle Initial)

B. Esthoo For Congress

Date of Disbursement

02 11 2002

Mailing Address

P.O. Box 636

Amount of Each Disbursement this Period

500.00

City

Annandale

State

Virginia

Zip Code

22003

Purpose of Disbursement

Fundraiser

011

Candidate Name

Anna Esthoo

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: CA

District: 14th

Full Name (Last, First, Middle Initial)

C. AdvAMED PAC

Date of Disbursement

03 15 2002

Mailing Address

1200 G Street NW, Suite 400

Amount of Each Disbursement this Period

2000

City

Washington

State

DC

Zip Code

20005-3814

Purpose of Disbursement

PAC Support

011

Candidate Name

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

3000

3000

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 (R/C) <i>4-8-02</i>
<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	
<i>jes</i> PREPARER	<i>4-18-02</i> DATE PREPARED