

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 12 P 4:15

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <i>St Jude Medical INC Political Action Committee</i>		2. FEC IDENTIFICATION NUMBER <i>C 0030529</i>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <i>One Lillehei Plaza</i>		
CITY, STATE and ZIP CODE <i>ST. PAUL, MN. 55117</i>		
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 |

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <i>7/1/00</i> through <i>9/30/00</i>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 98 ²⁰⁰⁰		\$ <i>1,025.01</i>
6. (b)	Cash on Hand at Beginning of Reporting Period	\$ <i>1,275.01</i>	
6. (c)	Total Receipts (from Line 19)	\$ <i>12,500.00</i>	\$ <i>16,500.00</i>
6. (d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <i>13,775.01</i>	\$ <i>17,525.01</i>
7.	Total Disbursements (from Line 20)	\$ <i>5,000.00</i>	\$ <i>8,750.00</i>
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <i>8,775.01</i>	\$ <i>8,775.01</i>
9.	Debits and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9630 Local 202-694-1100
10.	Debits 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*
 Signature of Treasurer: *[Signature]* Date: *10/6/2000*

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <i>St. Jude Medical Inc. Political Action Committee</i>		REPORT COVERING PERIOD FROM <i>7/1/00</i> TO <i>9/30/00</i>	
		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)		<i>\$ 12,500.00</i>	<i>\$ 16,500.00</i>
ii. Unitemized			
iii. Total (add i and ii) >		<i>12,500.00</i>	<i>16,500.00</i>
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) >		<i>12,500.00</i>	<i>16,500.00</i>
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) >		<i>12,500.00</i>	<i>16,500.00</i>
20. Total Federal Receipts (subtract line 18 from line 19) >			
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		<i>5,000.00</i>	<i>8,750.00</i>
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(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 a, b and c) >			
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		<i>5,000.00</i>	<i>8,750.00</i>
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		<i>5,000.00</i>	<i>8,750.00</i>
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		<i>12,500.00</i>	<i>16,500.00</i>
33. Total Contribution Refunds (from line 28d)		<i>— 0 —</i>	<i>— 0 —</i>
34. Net Contributions (other than loans) (subtract line 33 from 32)		<i>12,500.00</i>	<i>16,500.00</i>
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 A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
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
Ronald A. Matticario 9167 Happy Hollow Drive Scottsdale, AZ 85262	ST. Jude Medical Inc. Occupation: Chairman of the Board	8/23/00	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry L. Shepherd 1370 Meadow Ave. Shoreview, MN 55126	ST. Jude Medical Inc. Occupation: Chief Executive Officer	8/23/00	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Howell C. Anderson 1775 S. Lexington, No. 12 K. Lydale, MN. 55118	MetLife Insurance Company of North America Occupation: Chairman	8/23/00	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kevin T. O'Malley 3037 Edgewater Place Woodbury, MN. 55125	ST. Jude Medical Inc. Occupation: VP General Counsel	9/8/00	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAN STARKS 189 Dapplegray Road Bell Canyon, CA. 91307	ST. Jude Medical Inc. Occupation: Chief Executive Officer CRM Division	9/8/00	\$ 1,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter L. Gove 10410 Columbus Road Bloomington, MN 55420	ST. Jude Medical Inc. Occupation: VP Corporate Relations	9/8/00	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WALTER J. FRITSCHNER 33 Marlboro Lane Bell Canyon, CA. 91307	ST. Jude Medical Inc. Occupation: VP Finance	9/15/00	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

6,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
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
James E. Kwan 8630 E. San Lucas Drive Scottsdale, AZ 85258	St. Jude Medical Inc. Occupation: Plant Manager	9/25/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David W. Adinolfi 23224 Cuestport Drive Valencia, CA 91354	St. Jude Medical Inc. Occupation: VP Product Planning	9/25/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark W. Kroll, PhD 493 Simaloa Road Simi Valley, CA 93065	St. Jude Medical Inc. Occupation: VP Research	9/25/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Juan Cristiani 3011 Gossex Road Orono, MN 55356	St. Jude Medical Inc. Occupation: Director Sales/Marketing	9/25/00	\$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$300.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Alan R. Flory 1330 Willis Place Golden Valley, MN 55422	St. Jude Medical Inc. Occupation: VP Regulatory HVD	9/25/00	\$700.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$700.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael J. Coyle 12430 Bent Tree Lane Minnetonka, MN 55305-2838	St. Jude Medical Inc. Occupation: President, Diag Division	9/27/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas B. Chavez 14952 Richards Dr. W Minnetonka, MN 55345	St. Jude Medical Inc. Occupation: VP Catheter Sales	9/27/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		

SUBTOTAL of Receipts This Page (optional)

3,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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
THOMAS H. GARRETT 540 WENTWORTH AVE. W MENOTA HEIGHTS, MN. 55118 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation: Retired	9/22/00	\$1,000.00
Aggregate Year-to-Date >		\$ 2,000.00	
B. Full Name, Mailing Address and ZIP Code TIMOTHY J. CHASE 4299 DARTMOUTH COURT EAGAN, MN 55123 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	ST. Jude Medical Inc Occupation: Director Marketing	9/27/00	\$500.00
Aggregate Year-to-Date >		\$ 500.00	
C. Full Name, Mailing Address and ZIP Code PAUL J. VETTER, III 3546 WOODLAND TRAIL EAGAN, MN. 55123 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	ST. Jude Medical Inc Occupation: Director, MVD Finance	9/27/00	\$500.00
Aggregate Year-to-Date >		\$ 500.00	
D. Full Name, Mailing Address and ZIP Code STEVEN J. HEALY 4155 PRIMROSE PATH VADNAIS HEIGHTS, MN 55127 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	ST. Jude Medical Inc Occupation: President, Value Division	9/27/00	\$500.00
Aggregate Year-to-Date >		\$ 500.00	
E. Full Name, Mailing Address and ZIP Code GEORGE J. FAZIO 238 WEST 6TH AVENUE RIDGEWOOD, NJ. 07450-2303 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	ST. Jude Medical Inc. Occupation: President HLTH. Care Svcs.	9/27/00	\$500.00
Aggregate Year-to-Date >		\$ 500.00	
F. Full Name, Mailing Address and ZIP Code 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
G. Full Name, Mailing Address and ZIP Code 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

SUBTOTAL of Receipts This Page (optional)

3,000.00

TOTAL This Period (last page this line number only)

\$12,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE / OF /
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
Ben Cardin for Congress P.O. Box 65056 Baltimore, MD 21209	Fundraising Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/11/00	\$500.00
B. Full Name, Mailing Address and ZIP Code Bob Matsui for Congress Committee 1729 15th Street, NW, 3rd Floor Washington, DC 20005	Fund raising Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/11/00	\$500.00
C. Full Name, Mailing Address and ZIP Code Frist for Senate 200 Glen Echo Road, Suite 107 Nashville, TN 37215	Fund raising Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/11/00	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Anna Eshoo for Congress 555 Bryant Street PALO ALTO, CA 94301	Fund raising Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/00	\$500.00
E. Full Name, Mailing Address and ZIP Code AdvocMed Pac 1200 G Street NW, Suite 400 Washington, DC 20005-3814	PAC Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/00	\$2,500.00
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)

5,000.00

TOTAL This Period (last page this the number only)

\$5,000.00

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) 10/9/00
<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

10/12/00
DATE PREPARED