

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
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** 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 Quarterly 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 (12G)
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 01 01 2011 through 03 31 2011

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 Robert G Frenz

Signature of Treasurer Electronically Filed by Robert G Frenz Date 04 15 2011

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)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
St Jude Medical Political Action Committee

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2011"/>		36148.04
(b) Cash on Hand at Beginning of Reporting Period	36148.04	
(c) Total Receipts (from Line 19)	41242.11	41242.11
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	77390.15	77390.15
7. Total Disbursements (from Line 31)	7009.52	7009.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	70380.63	70380.63
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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**

Write or Type Committee Name
St Jude Medical Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	33798.37	33798.37
(ii) Unitemized	7443.74	7443.74
(iii) TOTAL (add Lines 11(a)(i) and (ii)	41242.11	41242.11
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	41242.11	41242.11
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	41242.11	41242.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	41242.11	41242.11

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.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	7009.52	7009.52
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7009.52	7009.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7009.52	7009.52

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)	41242.11	41242.11
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41242.11	41242.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 6 / 17
	<input checked="" 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

A.

Full Name (Last, First, Middle Initial)
Paul Bae

Mailing Address One Lillehei Plaza

City State Zip Code
St. Paul MN 55117

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

Name of Employer St Jude Medical Occupation VP - Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2011

Transaction ID: SA11AI.5097

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Avi Bilu

Mailing Address 358 W California Blvd Apt 101

City State Zip Code
Pasadena CA 91105

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

Name of Employer SJM Occupation Mgr New Product Dev.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.69

Date of Receipt
MM / DD / YYYY
03 / 17 / 2011

Transaction ID: SA11AI.5343

Amount of Each Receipt this Period
249.69

PayPal

C.

Full Name (Last, First, Middle Initial)
John W Brown

Mailing Address 750 Trade Centre

City State Zip Code
Portage MI 49002

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

Name of Employer Stryker Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2011

Transaction ID: SA11AI.5099

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ▶ **5749.69**

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

**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 7 / 17
	<input checked="" 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) Frank Callaghan		Date of Receipt
	Mailing Address 10712 Sanctuary Drive NE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2011
	City	State	Zip Code
	Blaine	MN	55449
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5077
Name of Employer St Jude Medical		Occupation President, G & A Admin.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1500.00

B.	Full Name (Last, First, Middle Initial) Mark D Carlson		Date of Receipt
	Mailing Address 5411 Villawood Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 24 / 2011
	City	State	Zip Code
	Calabasas	CA	91302-3106
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5271
Name of Employer St Jude Medical		Occupation Chief/Med Officer -CRMD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 999.52
			PayPal

C.	Full Name (Last, First, Middle Initial) Jeffrey J Chateau		Date of Receipt
	Mailing Address 24376 Mira Vista Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 28 / 2011
	City	State	Zip Code
	Valencia	CA	91355
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5265
Name of Employer St Jude Medical-CRM		Occupation V.P. Supply Line	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 499.76
			PayPal

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2999.28
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 17
(check only one)

<input checked="" 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)
Lynne Eilerman

Mailing Address 2136 Datura Street

City State Zip Code
Sarasota FL 34239

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

Name of Employer St Jude Medical Occupation Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2011

Transaction ID: SA11AI.5143

Amount of Each Receipt this Period
300.00

One time payroll

B. Full Name (Last, First, Middle Initial)
Eric S Fain

Mailing Address 10 Princeton Road

City State Zip Code
Menlo Park CA 94025

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 ▼
2000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2011

Transaction ID: SA11AI.5076

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Thomas Garrett

Mailing Address 540 Wentworth Ave. W

City State Zip Code
St Paul MN 55118

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

Name of Employer Retired Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2011

Transaction ID: SA11AI.5088

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ▶ **7300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
St Jude Medical Political Action Committee

A.

Full Name (Last, First, Middle Initial)
John C Heinmiller

Mailing Address 7317 Auto Club Road

City State Zip Code
Bloomington MN 55538

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

Name of Employer St Jude Medical Occupation Executive VP and CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.5091

Amount of Each Receipt this Period
3000.00

B.

Full Name (Last, First, Middle Initial)
Barbara B Hill

Mailing Address 212 Lambeth Road

City State Zip Code
Baltimore MD 21218

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

Name of Employer Valveoptions, Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.5086

Amount of Each Receipt this Period
2500.00

C.

Full Name (Last, First, Middle Initial)
Behzad khosraui

Mailing Address 690 Breckenridge Place

City State Zip Code
Simi Valley CA 93065

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

Name of Employer St Jude Medical Occupation Exec. VP Product Dev. - CRMD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.5083

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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

**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 10 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)
Jill Mason

Mailing Address 3110 Thomas Ave #327

City State Zip Code
Dallas TX 75204

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

Name of Employer St Jude Medical NMD Occupation Compliance Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2011

Transaction ID: SA11AI.5084

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
James W Reynolds

Mailing Address 16301 Sundancer Lane

City State Zip Code
Huntington Beach CA 92649

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

Name of Employer St Jude Medical Occupation Manager - CRMD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 999.52

Date of Receipt
MM / DD / YYYY
03 / 18 / 2011

Transaction ID: SA11AI.5332

Amount of Each Receipt this Period
999.52

PayPal

C.

Full Name (Last, First, Middle Initial)
Michael A Rocca

Mailing Address 28930 Sommers Dr

City State Zip Code
Naples FL 34119

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

Name of Employer Retired Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2011

Transaction ID: SA11AI.5078

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **3499.52**

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

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 11 / 17
	<input checked="" 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) Cory Rogers	Date of Receipt MM / DD / YYYY 03 / 18 / 2011
	Mailing Address 1238 Fuggles Drive	Transaction ID: SA11AI.5132
	City State Zip Code Sparks NV 89441	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	One time payroll
	Name of Employer Occupation St Jude Medical Sales Rep. US Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Michael Rousseau	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 620 Brandon Way	Transaction ID: SA11AI.5096
	City State Zip Code Austin TX 78733	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation St Jude Medical Group President - Corporate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Jane J Song	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 700 S 2nd Street #22	Transaction ID: SA11AI.5098
	City State Zip Code Minneapolis MN 55401	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation St Jude Medical President - AFD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	4250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 12 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
St Jude Medical Political Action Committee

A. Full Name (Last, First, Middle Initial)
William M Sutton
 Mailing Address 18819 Kingswood Terrace
 City State Zip Code
 Minnetonka MN 55345
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2011
Transaction ID: SA11AI.5087
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Jude Medical Occupation VP Research & Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

B. Full Name (Last, First, Middle Initial)
Gary Thompson
 Mailing Address 109 Summerwalk Place
 City State Zip Code
 Simpsonville SC 29681
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2011
Transaction ID: SA11AI.5165
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Jude Medical Occupation Dir., SBU Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 One time Payroll

C. Full Name (Last, First, Middle Initial)
James Ufford
 Mailing Address 14210 Dehnsfield Rd
 City State Zip Code
 Rogers MN 55374
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2011
Transaction ID: SA11AI.5318
 Amount of Each Receipt this Period
 249.88
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SJM Occupation VP Supply Chain
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.88
 PayPal

SUBTOTAL of Receipts This Page (optional) ► 1249.88
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 13 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
St Jude Medical Political Action Committee

A. Full Name (Last, First, Middle Initial)
Lawrence A Voeller

Mailing Address 469 Woodhill Drive

City State Zip Code
Roseville MN 55113

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

Name of Employer St Jude Medical Occupation Director - Talent Mgmt.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.5090

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Holly A Welborn

Mailing Address 15895 Yellow Pine Street NW

City State Zip Code
Andover MN 55304

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

Name of Employer St Jude Medical Occupation Tax Director - Corporate

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.5081

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Wendy L Yarno

Mailing Address 8 Hay Barrick Road

City State Zip Code
Whitehorse Station NJ 08889

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

Name of Employer Merck & Co. Occupation Chief Marketing Officer

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.5082

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

TOTAL This Period (last page this line number only) ► **33798.37**

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

<p>A. Full Name (Last, First, Middle Initial) Brian Bilbray for Congress</p> <p>Mailing Address PO Box 455</p> <p>City Rancho Santa Fe State CA Zip Code 92067</p> <p>Purpose of Disbursement Fundraiser</p> <p>Candidate Name Brian Bilbray</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 50</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5256</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Corker for Senate</p> <p>Mailing Address PO Box 848</p> <p>City Chattanooga State TN Zip Code 37401</p> <p>Purpose of Disbursement Fundraiser</p> <p>Candidate Name Bob Corker</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5252</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Erik Paulsen for Congress</p> <p>Mailing Address 250 Prairie Center Drive Suite 120</p> <p>City Eden Prairie State MN Zip Code 55347</p> <p>Purpose of Disbursement Fundraiser</p> <p>Candidate Name Erik Paulsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 03</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5228</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>011 Category/ Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3000.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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 15 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. Full Name (Last, First, Middle Initial) Freinds of Kent Conrad Mailing Address 426 C Street NE City Washington State DC Zip Code 20002 Purpose of Disbursement Voided ck #1588 reported 4th qtr 2010 Candidate Name Kent Conrad Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5262 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 1 1
	Amount of Each Disbursement this Period -1000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. Full Name (Last, First, Middle Initial) Friends of Joe Pitts Mailing Address 1707 Prince St #5 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Fundraiser Candidate Name Joe Pitts Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5222 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C. Full Name (Last, First, Middle Initial) Gingrey for Congress Mailing Address 700 12th Ave NW, Ste 700 City Washington State DC Zip Code 20005 Purpose of Disbursement Fundraiser Candidate Name Phil Gingrey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5231 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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.	Full Name (Last, First, Middle Initial) Issa for Congress	Transaction ID: SB23.5218 Date of Disbursement																			
	Mailing Address P.O. Box 368	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	1												
	City Falls Church State VA Zip Code 22040	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Fundraiser	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Darrell Issa	011 Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 49	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Nelson 2012	Transaction ID: SB23.5248 Date of Disbursement																			
	Mailing Address 420 C Street NE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	1												
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Fundraiser	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Ben Nelson	011 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Roskam for Congress	Transaction ID: SB23.5244 Date of Disbursement																			
	Mailing Address PO Box 713	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	1												
	City Wheaton State IL Zip Code 60189	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Fundraiser	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Peter Roskam	011 Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00
3000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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.

Full Name (Last, First, Middle Initial)

Wells Fargo

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Fees for testing PayPal at Wells Fargo

Candidate Name

001
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Transaction ID: SB23.5350

Date of Disbursement

03 / 17 / 2011

Amount of Each Disbursement this Period

9.52

SUBTOTAL of Disbursements This Page (optional)

9.52

TOTAL This Period (last page this line number only)

7009.52