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July 11, 2003

Federal Election Commission
 999 E Street, NW
 Washington, DC 20463

Gambro, Inc.
 Legal Department
 10810 West Collins Avenue
 Lakewood, Colorado 80215-4439
 USA

Anna.Norcia@us.gambro.com
 Tel: (303) 232-6800
 Direct Tel: (303) 239-2318
 Fax: (303) 205-2519


Subject: FEC Form 1-Statement of Organization
GAMBRO BCT, INC. PAC

Dear Sir or Madam:

Enclosed for filing is the Statement of Organization for Gambro BCT Inc. PAC. It has been duly executed by the Treasurer of the PAC. Please return confirmation of the filing to my attention in the enclosed self-addressed stamped envelope. Also, please notify us of the ID number that has been assigned to this PAC.

If you have any questions, please call me at (303) 239-2318.

Very truly yours,


 Anna Norcia
 Custodian of Record

/s/
 Encls.

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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 127E4M5

GAMBRO BCT, INC. PAC

ADDRESS (number and street) 10811 W. Collins Ave.

(Check if address is changed) Lakewood CO 80215

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS taras.skibicky@us.gambro.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER 303 - 205 - 2549

2. DATE 07 11 2003

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Taras Skibicky

Signature of Treasurer *Taras Skibicky* Date 07 11 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

2003 07 20 10:58 AM

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

1. GAMBINO ECT, INC.
 2. _____

Mailing Address 10811 W. Collins Ave.

Lakewood CO 80215

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONNECTED

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation _____ Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

GAMBRO HEALTHCARE INC PAC

Mailing Address 10810 W. Collins Ave.

Lakewood CO 80215

CITY STATE ZIP CODE

Relationship: AFFILIATED

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name ANNA NORCIA

Mailing Address GAMBRO, INC.

10810 W. Collins Ave.

Lakewood

CO

80215

Title or Position

CITY

STATE

ZIP CODE

CUSTODIAN OF RECORDS

Telephone number

303

239

2318

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer TARAS SKIBICKY

Mailing Address GAMBRO BCT, INC.

10810 W. Collins Ave.

Lakewood

CO

80215

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

303

299

2044

Full Name of Designated Agent CHRIS CLAYPOOL

Mailing Address GAMBRO BCT, INC.

10810 W. Collins Ave.

Lakewood

CO

80215

Title or Position

CITY

STATE

ZIP CODE

ASSISTANT TREASURER

Telephone number

303

231

4398

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

U.S. Bank

Mailing Address

1919 17th Street

Libervert CO 80202

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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
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<input type="checkbox"/>	Received from the Senate Office of Public Records	Date of Receipt
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<i>me</i> PREPARER		7-20-03 DATE PREPARED