FEC

## STATEMENT OF

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FORM 1		ORGANI	ZATI	NC			٤,	בבר א	AIL CENT
<del></del>		<del></del>				<u> </u>	0	ffice Use Only	MIL OLIVI
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)		mple:If typ r the lines			54M5		
TERUMO	BCT	POLITICAL	ACT	ION	COM	MITT	EE_		
ADDRESS (number a	nd street)	10811 WES	T ÇÇ	ĻĻļŅ	\$ AVE	NUE			<u> </u>
,	•						<u> </u>		<del></del>
(Check if a is changed)		LAKEWOOL	)			CC	8	0215	4440
			CITY			STATE		ZIP C	ODE
COMMITTEE'S E-MA  (Check if is change	address	SS (Please provide only on SCOT, T, LAF	e e-mail ad		RUM!	OBCT	ÇQN	<b>/</b>	
COMMITTEE'S WEB	PAGE AD	DRESS (URL)							
(Check if is change			<u> </u>	<u> </u>			<u>                                     </u>		
2. DATE 04	<b>1</b> 2	2012							
3. FEC IDENTIFIC	CATION N	JMBER C	00388	3652					
4. IS THIS STATE	MENT _	NEW (N) OR	×	AME	NDED (A)				
I certify that I have o	examined th	nis Statement and to the b	nest of my	knowledge	and belief	it is true,	correct and	d complete.	
Type or Print Name	of Treasure	Scott T. Lai	rson			militaria de la companya de la comp	>====p₹♥shamap.Hamaa*4Hb	and the same training to the same training tr	
Signature of Treasure		W. Glebor	1_	•		Date	04"	02"	2012.
NOTE: Submission of	•	eous, or incomplete informati	•	•				penalties of	2 U.S.C. §437
Office Use Only				Federal Ele	r information ection Commis 00-424-9530			FEC FO	

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· ·	COMMITTEE	
Candida	ate Committee:	
(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 t information below.)	he candidate
Name of Candidate		
Candidate Party Affili	ation Sought: House Senate President	ate
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	ommittee:	Name of the second
(d)	(National, State (Demo This committee is a or subordinate) committee of the Repub	cratic, lican, etc.) Party.
Political	Action Committee (PAC):	,
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock	r Organization
	Membership Organization Trade Association Coop	perative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ed fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, none of which is an authorized committee of a federal candidate.	ore political
Co	ommittees Participating in Joint Fundraiser	
1.		
2.		
3.		and the second s
<b>A</b>	I	

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Write or Type Committee N		
TERUMO BC	T POLITICAL ACTION COMMITTEE	<del></del>
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ersHip PAC Sponsor
TERUMO BC	T, ING.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Mailing Address	[1081 1   West   Collins   Avenue	
·		
	Lakewood	215, 1-14440, 1
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: books and records.</li> </ol>	Identify by name, address (phone number optional) and position of the person in	possession of committee
Full Name	ott T. Larson	
Mailing Address	10811 West Collins Avenue	
	Lakewood CO 802	215 _ 4440
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 303	205 <sub>   </sub> _ 2814
8. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	name and address of
Full Name SCO	ott T. Larson	
Mailing Address	10811 West Colllins Avenue	
	Lakewood CO 802	215 4440 _
Title or Position	CITY STATE	ZIP CODE
Treasurer , , ,	Telephone number   303   -	205,  _ 2814 ,

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Full Name of Designated			
Agent			
Mailing Address			
		<u> </u>	
	1	1 . 1	
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone r	number	
			<del></del>
Banks or Other Deposite	orles: List all banks or other depositories in which the comm	mittee deposits	funds, holds accounts, rents
safety deposit boxes or m	aintains funds.		
• •	, etc.		
Name of Bank, Depository			
• •			
Name of Bank, Depository		nal Assoc	iation
Name of Bank, Depository	Bank Westland Branch, U,S, Bank Natio		iation, , , , , , , , , , , , , , , , , , ,
Name of Bank, Depository	Bank Westland Branch, U.S. Bank Natio Branch 1693, 10395 West Colfax A	venue	
Name of Bank, Depository	Bank Westland Branch, U,S, Bank Natio		iation
Name of Bank, Depository	Bank Westland Branch, U.S. Bank Natio Branch 1693, 10395 West Colfax A	venue	
Name of Bank, Depository	Bank Westland Branch, U.S. Bank Natio Branch 1693, 10395 West Colfax A Lakewood	venue CO I	[80215]
Name of Bank, Depository  USE  Mailing Address	Bank Westland Branch, U.S. Bank Natio Branch 1693, 10395 West Colfax A Lakewood	venue CO I	80215,
Name of Bank, Depository  USE  Mailing Address	Bank Westland Branch, U.S. Bank Natio Branch 1693, 10395 West Colfax A Lakewood	venue CO I	80215,
Name of Bank, Depository  USE  Mailing Address	Bank Westland Branch, U.S. Bank Natio Branch 1693, 10395 West Colfax A Lakewood	venue CO I	80215,
Name of Bank, Depository  USE  Mailing Address	Bank, Westland Branch, U.S. Bank Natio Branch, 1693, 10395 West Colfax A Lakewood CITY	venue CO I	80215    -
Name of Bank, Depository  USE  Mailing Address	Bank, Westland Branch, U.S. Bank Natio Branch, 1693, 10395 West Colfax A Lakewood CITY	venue CO I	80215    -

## **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. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** 4/2/12 Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify):