Image#	10990629161
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FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in f	iull) (Check if name Example: If typying, type over the lines	12FE4M5
	TION COMMITTEE OF CRITICAL CARE SYSTEMS INTERNA	
ADDRESS (number and s	6 Salmon Brook Drive	
X (Check if address x is changed)	Attn: Tom McAndrews	 NH03062
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e-mail address)	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE 0.4	/ D D / Y Y Y 22 / 2010	
3. FEC IDENTIFICA	TION NUMBER C C00272864	
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct and	d complete
Type or Print Name of	Treasurer Thomas John McAndrews	
Signature of Treasurer	Electronically Filed by Thomas John McAndrews	Date 04 / 22 / Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	

Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)
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	I	FEC F	orm 1 (Revised 02/2009)	Page 2
5.	TYPE	OFCC	DMMITTEE (Check One)	
	Cand	idate C	ommittee:	
	(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 information below.)	e candidate
	Name Candi			
	Candi Party	idate Affiliatio	on Office Sought: House Senate President	State
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi	-		
	Party	Comm		
	(d)			(Democratic, Republican,etc.) Party.
	Politi	cal Act	ion Committee (PAC):	
	(e)	Х	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
			X Corporation Corporation w/o Capital Stock Lab	or Organization
			Membership Organization Trade Association Cod	operative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	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 F	Fundrai	sing Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
		Com	nittees Participating in Joint Fundraiser	

1.		FEC ID number
2.		FEC ID number
3.		FEC ID number
4.	[FEC ID number

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

POLITICAL ACTION COMMITTEE OF CRITICAL CARE SYSTEMS INTERNATIONAL INC

6. Name of Any Cor	nnected Org	anization, Affiliated Committee, Joint Fund	draising Representative, or Lead	ership PAC Sponsor
Critical Care Sy	rstems Int	ernational		
Mailing Address		6 Salmon Brook Dr		
		Nashua Nashua		03062
		CITY	STATE 🛦	ZIP CODE
Relationship:	organization	Affiliated Committee Join	nt Fundraising Representative	Leadership PAC Sponsor
	Committee	ntify by name, address, (phone numbe books and records.	r optional), and position of t	he person in
Full Name	Thoma	s John McAndrews		
Mailing Address		6 Salmon Brook Drive		
		Nashua	NH	03062
Title or Position ♥	,		STATE	ZIP CODE <u>&</u> <u>888</u> - <u>4686</u>
		and address (phone number optional designated agent (e.g., assistant treas		ittee; and the
Full Name of Treasurer	Thoma	s John McAndrews		
Mailing Address		6 Salmon Brook Drive		
		Nashua	NH	03062 _
Title or Position	,	СІТУ 🛦	STATE	
			Telephone number	8884686

FEC Form 1 (Revise	sed 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼			
	Telephon	e number	. – –
Banks or Other Deposite safety deposit boxes or ma	aintains funds.	nittee deposits funds, he	dias accounts, rents
safety deposit boxes or ma Name of Bank, Depository	aintains funds.		1
safety deposit boxes or ma Name of Bank, Depository	aintains funds. y, etc.		
safety deposit boxes or ma Name of Bank, Depository	aintains funds. y, etc.		1
safety deposit boxes or ma Name of Bank, Depository	naintains funds. y, etc. ells Fargo		
safety deposit boxes or ma Name of Bank, Depository We Mailing Address	naintains funds. y, etc. ells Fargo 		1
safety deposit boxes or ma Name of Bank, Depository	naintains funds. y, etc. ells Fargo 		
safety deposit boxes or ma Name of Bank, Depository We Mailing Address	naintains funds. y, etc. ells Fargo 		
safety deposit boxes or ma Name of Bank, Depository We Mailing Address	naintains funds. y, etc. ells Fargo ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓		
safety deposit boxes or ma Name of Bank, Depository We Mailing Address	naintains funds. y, etc. ells Fargo 		