FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		instructions)	N		ffice use only
1. NAME OF COMMITTEE (in	(Check if such ange		mple: If typying, type the lines	12FE4M5	
Guidant Corpo	pration PAC	<u> </u>	<u> </u>	<u> </u>	
		11111	11111	1 1 1 1 1 1	
ADDRESS (number and	street) 111 Monume	nt Circle	1 1 1 1 1 1	<u> </u>	
(Check if address is changed)	29th Floor			LIN L	46204   5129
		CITY▲		STATE	ZIP CODE ▲
COMMITTEE'S E-MAI					
KSHEHIIAH@gu					
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
COMMITTEE'S FAX N	IUMBER				
عا لينا					
2. DATE 0 4		, Y			
3. FEC IDENTIFICA	TION NUMBER	C Coo	307769		
4. IS THIS STATEM	NEW (N)	OR X	AMENDED (A)		
I certify that I have exami	ned this Statement and to the best	of my knowledge ar	d belief it is true, correct a	nd complete	
Type or Print Name of	Treasurer Keith Bra	auer			
Signature of Treasurer	Electronically Filed by <b>K</b> 6	eith Brauer		Date 0 4	21 / 2006
NOTE: Submission of fa	lse, erroneous, or incomplete inform		he person signing this Sta		of 2 U.S.C. S437g.
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2003)

	FECForm 1 (Revised 02/2003)	Page 2
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 car information below.)	ndidate
	Name of Candidate	
	Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		nocratic, iblican,etc.) Party.
6. 	Name of Any Connected Organization or Affiliated Committee  Guidant Corporation	1
L		
	Mailing Address PO Box 44906	
	Indianapolis IN 4620	04 _ 0906
	CITY▲ STATE ▲ ZI	P CODE A
	Relationship Connected	
	Type of Connected Organization:	
	X Corporation Corporation w/o Capital Stock Labor Organization	1
	Membership Organization Trade Association Cooperative	

FEC Form 1 (Revised 02/2	003)		Page <b>3</b>		
Write or Type Committee Name					
<b>Guidant Corporation PAC</b>	:				
Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.					
Full Name Keith Brauer					
Mailing Address	111 Monument Circle, 29th Floor				
-	Indianapolis	IN	46204 _		
Title or Position ▼	CITY A	STATE	ZIP CODE A		
Custodian o	f Records	Telephone number	971 2003		
Full Name					
of Treasurer  Mailing Address	111 Monument Circle, 29	th Floor			
of Treasurer Keith Bra		th Floor	46204		
of Treasurer Keith Bra	111 Monument Circle, 29		46204		
of Treasurer  Mailing Address	111 Monument Circle, 29	IN			
of Treasurer  Mailing Address  —  Title or Position ♥	111 Monument Circle, 29	IN_ STATE▲	ZIP CODE ▲		
of Treasurer  Mailing Address  Title or Position  Treasurer  Full Name of Designated	111 Monument Circle, 29	IN_ STATE▲	ZIP CODE ▲		
of Treasurer  Mailing Address  Title or Position  Treasurer  Full Name of Designated Agent  Meith Bra  Keith Bra	111 Monument Circle, 29	IN_ STATE▲	ZIP CODE A		

	FEC Form 1 (Revised 0	2/2003)	Page 4
9.	Banks or Other Depositories safety deposit boxes or maintai	·	s, rents
	Name of Bank, Depository, etc		
	Nation	al Bank of Indianapolis	
	Mailing Address	107 N. Pennsylvania Street	
		Indianapolis IN 4620	4
		CITY A STATE A ZIP (	CODE A

FEC Form 1 (Revise	:d 1/2001)			Page <b>5</b> / <b>6</b>
Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository,	ntains funds.	r other depositories in which the comm		s accounts, rents
Mailing Address				
		OITV	OTATE -	710.0005
		CITY △	STATE △	ZIP CODE 🛆
Name of Any Connected	Organization or Affili	ated Committee	ſ	ADDITIONAL ]
Boston Scientific Cor	poration Political /	Action Committee		
	One Boston	Scientific Place		
Mailing Address				
	Natick		MA	01760
		CITY	STATE A	ZIP CODE A
Relationship Affi	liated Committee			
Type of Connected Organi	zation:			
Corporation		Corporation w/o Capital Stock	Labor Org	ganization
Membership Orga	anization	Trade Association	Cooperati	ve

Designated Agent	[ ADDITIONAL ]	
Full Name		
Title or Position ♥	CITY A	
	т	Telephone number = =