FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		e instructions)	IN		Office use only
NAME OF COMMITTEE (in	full) (Check is chang		mple: If typying, type the lines	12FE4M5	
Aksys, Limite	d PAC (Aksys, Ltd. PAC)	)	1111111	1 1 1 1 1	
			1 1 1 1 1 1 1 1	1 1 1 1 1	
ADDRESS (number and	street) Two Marrio	tt Drive	111111	1 1 1 1 1	
(Check if addr is changed)	ess Lincolnshir	e			60069
		CITY		STATE▲	ZIP CODE 📥
committee's e-ma					ı
					<u></u>
COMMITTEE'S WEB	DACE ADDRESS (URL)				
COMMITTEES WEB	PAGE ADDRESS (URL)				
8472292235	NUMBER				
2. DATE <b>M</b> 1.0	1 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	6 Y			
3. FEC IDENTIFICATION NUMBER C C00403899					
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)					
I certify that I have exam	ined this Statement and to the be	st of my knowledge a	d belief it is true, correct an	d complete	
Type or Print Name of	Treasurer Ms Kare	en R. Krumeich			
Type of Time rame of					
Signature of Treasurer	Electronically Filed by	ls Karen R. Kru	neich	Date 10	20 / Y Y Y O 6
NOTE: Submission of fa	lse, erroneous, or incomplete info		he person signing this State	·	s of 2 U.S.C. S437g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check	:k One)				
	(a) This committee	e is a principal campaig	gn committee. (Complete the c	andidate information below	<i>r</i> .)	
	(b) This committee information below		mittee, and is NOT a principal	campaign committee. (Cor	mplete the candidate	
	Name of Candidate					
	Candidate Party Affiliation	Office Sought:	House	Senate Pres	State ident District	
	(c) This committee	supports/opposes only	one candidate, and is NOT a	an authorized committee.		
	Name of Candidate					
	(d) This committee	is a	(National, State (or subordinate) comm	ittee of the	(Democratic, Republican,etc.) Party.	
	(e) X This committee	is a separate segregate	ed fund			
	(f) This committee committee.	supports/opposes mor	re than one Federal candidate	, and is NOT a separate se	gregated fund or party	
6.	Name of Any Connected Org	janization or Affiliate	d Committee			
	Aksys, Ltd.					
L						
	Mailing Address	Two I	Marriott Drive			
		Linco	olnshire	<b></b>	60069	
			CITY	STATE A	ZIP CODE 🛦	
	Relationship Coni	nected Organiz.				
	Type of Connected Organization:					
	X Corporation		Corporation w/o Capital Stoo	ck Labo	r Organization	
	Membership Organiza	ation	Trade Association	Соор	perative	

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Write or Type Committee Name							
Aksys, Limited PAC (Aks	sys, Ltd. PAC)						
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Full Name Ms Kare	en R. Krumeich						
Mailing Address	2 Deerfield Street						
	Bergenfield	NJ	07621 _				
Title or Position ▼	CITY A	STATE	ZIP CODE A				
Treasurer		Telephone number _	847 229 2168				
8. <b>Treasurer:</b> List the name a name and address of any c	nd address (phone number optional) designated agent (e.g., assistant treasu	) of the treasurer of the (	committee; and the				
Full Name of Treasurer  Ms Kare	en R. Krumeich						
Mailing Address	2 Deerfield Street						
	Bergenfield	NJ_	07621				
Title or Position ♥	CITY A	STATE	ZIP CODE A				
Treasurer		Telephone number	<u> </u>				
Full Name of Designated Agent  Ms Kare	n R. Krumeich						
Mailing Address	2 Deerfield Street						
	Bergenfield	NJ_	07621				
Title or Position ♥	CITY A	STATE	ZIP CODE A				
Assistant T	reasurer	Telephone number _					

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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.						
		Bank Financial				
	Mailing Address	One Marriott Drive	1 1 1 1			
		Lincolnshire IL 60069	_			

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$ 

CITY 🗷