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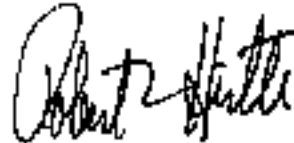
March 21, 2002

Federal Election Commission
999 E Street, NW
Washington D.C. 20463

Gentlemen:

Please find enclosed a Statement of Organization for Familymcds, Inc. PAC.

Very truly yours,



Robert L. Hirtle

RLH/fm

Enc:

cc Connecticut Secretary of State

2002 APR -1 PM 3:12
RECEIVED
FEC MAIL ROOM

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED FEC MAIL ROOM 2002 APR -1 P 3 13

Office Use Only

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

12FE4M5

Family Meds, Inc., P.A.C.

ADDRESS (number and street)

312 Farmington Avenue

(Check if address is changed)

Farmington, CT 06032

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

ribaudod@familymeds.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 11/13/2001

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT X 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 Dale Ribaudo

Signature of Treasurer Dale Ribaudo

Date 11/13/2001

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.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 1/01)

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

Family Medis, Inc. _____

Mailing Address 312 Farmington Avenue _____

Farmington CT 06032
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected Organization _____

Type of Connected Organization:

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

Write or Type Committee Name

Familymeds, Inc., PAC

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 Peter Evans

Mailing Address 312 Farmington Avenue

Farmington CT 06103-2122

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 860-676-1222

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 Dale Ribaud

Mailing Address 312 Farmington Avenue

Farmington CT 06103-2122

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 860-676-1222

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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.

Fleet Bank

Mailing Address

777 Main Street

Hartford CT 06103

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

