PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) RADIOLOGICAL SOCIETY OF CONNECTICUT FEDERAL PAC 53 RUSS STREET ADDRESS (number and street) (Check if address is changed) **HARTFORD** 06106-1523 CT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS BWEEKS@THEKOWALSKIGROUP.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2016 C00467373 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT 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. Kowalski, Linda, , , Type or Print Name of Treasurer Kowalski, Linda, , , [Electronically Filed] 03 26 2019 Signature of Treasurer Date 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. FEC FORM 1 (Revised 06/2012)

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

FEC <b>Fc</b>	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF C	OMMITTEE e 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. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliati	on Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee:  (National, State	(Domocratic
(d)	This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political A	ction Committee (PAC):	
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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 Fund	Iraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
(h)	committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	
Corr	mittees Participating in Joint Fundraiser	
1.		
2.	FEC ID number C	
3.		

Title or Position

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٧	Vrite or Type Committee Name				. 3
	RADIOLOGICA	L SOCIETY OF CON	NNECTICUT	ΓFEDERAI	_ PAC
6.		Organization, Affiliated Committee, Join			
Ν	IONE				
L					
L					
	Mailing Address				
		CITY	S	TATE Z	IP CODE
	Relationship: Connected	d Organization Affiliated Committee	Joint Fundraising Rep	presentative Lead	ership PAC Sponsor
<b>'</b> .	Custodian of Records: Ider books and records.	ntify by name, address (phone number	optional) and position of	of the person in posse	ession of committee
	Weeks, Br	ad, , ,			
	Full Name	,53 Russ Street			
	Mailing Address				
		Hartford		CT 06106	
	Title or Position	CITY	STA	ATE ZI	P CODE
			Telephone number		
3.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	the treasurer of the cor	nmittee; and the name	e and address of
	Full Name Kowalski, I of Treasurer	.inda, , ,			
	Mailing Address	53 Russ Street			
		Hartford		CT 06106	
		CITY	STA	ATE ZI	P CODE

860

Telephone number

246

4346

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Full Name of Designated Agent	Hajedemos, Harry, , ,	
Mailing Address	MidState Radiology Associates	
	435 Lewis Ave.	
	Meriden CT 06451  CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Mailing Address	147 Washington Street  Hartford  CT   06106	
	LIIV	7IP CODE
Name of Bank, D	epository, etc.	ZIP CODE
Name of Bank, D		ZIP CODE
Name of Bank, D	epository, etc.	ZIP CODE
	epository, etc.	ZIP CODE
	epository, etc.	ZIP CODE