



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

SPECIALIZED MEDICINE & RESPONSIBLE TREATMENT PAC

Report Covering the Period:

From:

01 / 01 / 2024

To:

03 / 31 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2024</u>		<u>5957.67</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>5957.67</u>	
(c) Total Receipts (from Line 19).....	<u>288.58</u>	<u>288.58</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>6246.25</u>	<u>6246.25</u>
7. Total Disbursements (from Line 31).....	<u>463.41</u>	<u>463.41</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>6199.91</u>	<u>6199.91</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

700055400 - WD - 01 - 40 - 1A202

**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

MM / DD / YYYY

To:

MM / DD / YYYY

**I. Receipts**

**COLUMN A  
Total This Period**

**COLUMN B  
Calendar Year-to-Date**

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A) *(Contrib)*

*0.14*

*0.14*

(ii) Unitemized

(iii) TOTAL (add

Lines 11(a)(i) and (ii) ▶

(b) Political Party Committees

(c) Other Political Committees (such as PACs)

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c) (Carry Totals to Line 33, page 5) ▶

12. Transfers From Affiliated/Other Party Committees

13. All Loans Received

14. Loan Repayments Received

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees

17. Other Federal Receipts (Dividends, Interest, etc.) *(Non Contrib)*

*288.44*

*288.44*

18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)

(b) Levin Funds (from Schedule H5)

(c) Total Transfers (add 18(a) and 18(b))

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶

*288.58*

*288.58*

20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶

*288.58*

*288.58*

NON-FEDERAL RECEIPTS



**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....		
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

01-06-2016 10:00:00 AM

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SPECIALIZED medicine & Responsible Treatment PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Furzyner, Susan

Mailing Address  
214 NYER GRIMES ROAD

City: Algood      State: TN      Zip Code: 38501-4399

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual):      Occupation (for Individual):

Receipt For:  
 Primary     General  
 Other (specify) ▼  
*of expenses*

Aggregate Year-to-Date ▼  
288.06

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2024

Amount of Each Receipt this Period  
96.02

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City      State      Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual):      Occupation (for Individual):

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City      State      Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual):      Occupation (for Individual):

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

Empty boxes for subtotal and total amounts.

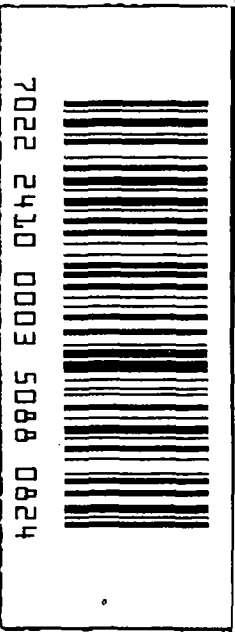
20240418100540040

RECEIVED  
FEC MAIL CENTER

2024 APR 18 AM 11:10

RETURN RECEIPT  
REQUESTED

Ronald D. Whitmont, MD  
6250 Route 9  
Rhinebeck, NY 12572



Federal Election Commission  
1050 1st St. NE  
Washington, DC 20463



RDC 99



20483

U.S. POSTAGE PAID  
FCM LG ENV.  
RHINEBECK, NY 12572  
APR 10, 2024


\$9.68

R2305K141298-10

RETURN RECEIPT  
REQUESTED

NONPROFIT ORGANIZATION

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <b>04/10/2024</b>
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date      Date of Receipt Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	<b>04/18/2024</b> DATE PREPARED

(4/2023)

11-00000000-0000-0000-0000-000000000000