

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAILCENTER

2024 FEB -5 PM 12:33
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4MS

SPECIALIZED MEDICINE & RESPONSIBLE TREATMENT

PAC

ADDRESS (number and street) 6250 ROUTE 9

Check if different than previously reported. (ACC) Rhinebeck NY 12572

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00648246

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y in the State of

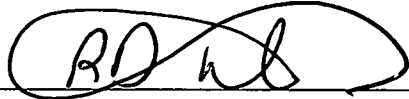
- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y in the State of

5. Covering Period 6.7 / 0.1 / 2023 through 1.2 / 3.1 / 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer RONALD O. WHITMONT

Signature of Treasurer  Date 0.1 / 2.6 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

2025 RELEASE UNDER E.O. 14176

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

Specialized medicine & Responsible Treatment PAC

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		3,950.84
(b) Cash on Hand at Beginning of Reporting Period.....	5,295.49	
(c) Total Receipts (from Line 19).....	1,057.82	3,444.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	6,353.31	6,395.65
7. Total Disbursements (from Line 31).....	3,957.64	4,379.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	5,957.67	5,957.67
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

NON-PROFIT ORGANIZATION

DETAILED SUMMARY PAGE
of Receipts

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Page 3

Write or Type Committee Name

SPECIALIZED MEDICINE & RESPONSIBLE TREATMENT PAC

Report Covering the Period: From: MM / DD / YYYY *07 / 01 / 2023* To: MM / DD / YYYY *12 / 31 / 2023*

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 *(Contrib)*

(i) Itemized (use Schedule A)..... 0.30

(ii) Unitemized..... 0.59

(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 *(Non Contrib)* 1,057.52

18. Transfers from Non-Federal and Levin Funds 3,444.22

(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)).....▶ 1,057.02

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ 1,057.82

BUNNINGS INC INFO@BUNNINGS.COM

DETAILED SUMMARY PAGE
of Disbursements

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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))	395,641	437,988
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	395,641	437,988

NON-PROFIT ORGANIZATION

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE		OF
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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

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

A. FORTNER, SUSAN

Mailing Address

214 Nyer GRIMES RD

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) ∇ OP EXPENSES

Aggregate Year-to-Date ∇

1,443.40

Date of Receipt

1.2 / 3.1 / 2023

Amount of Each Receipt this Period

96.02

Memo Item

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

B.

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

Amount of Each Receipt this Period

Memo Item

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

C.

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

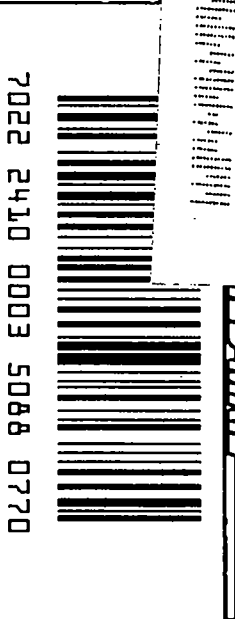
Amount of Each Receipt this Period

Memo Item

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

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

Ronald D. Whitmont, MD
3250 Route 9
Rhinebeck, NY 12572



Retail
UNITED STATES
POSTAL SERVICE
FCM LG ENVY
RHINEBECK, NY 12572
JAN 29, 2024
R2304Y123215-31
\$9.68
20463
RDC 99

RETURN RECEIPT
REQUESTED

Federal Election Commission
1050 1st Street, NE
Washington, DC 20463

RECEIVED
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2024 FEB -5 PM 12:33

NONPROFIT ORGANIZATION

