

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Specialized medicine and Responsible Treatment PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2017 To: M M / D D / Y Y Y Y 12 / 31 / 2017

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).....	1,180.-	1,180.-
(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).....▶	1,180.-	1,180.-
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, <u>Interest</u> , etc.).....	16	16
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)).....▶	1,180.16	1,180.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1,180.16	1,180.16

2025 RELEASE UNDER E.O. 14176

DETAILED SUMMARY PAGE
of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	1807	1807
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1807	1807
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements (Including Non-Federal Donations)		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1807	1807
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		

UNIVERSITY MICROFILMS

**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 checked="" 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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<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 AND RESPONSIBLE TREATMENT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. GROTE, Annabel L		Date of Receipt MM / DD / YYYY 07 / 03 / 2017
Mailing Address 1035 LEOPARD ROAD		Amount of Each Receipt this Period 500.00
City RYDAL	State PA	
Zip Code 19046		<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) UNK		Aggregate Year-to-Date 500.00
Occupation (for Individual) UNK		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MOLLO, Kimberly S		Date of Receipt MM / DD / YYYY 07 / 04 / 2017
Mailing Address 12 W Windmere Ter		Amount of Each Receipt this Period 150.00
City LANSDowne	State PA	
Zip Code 19050		<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) UNK		Aggregate Year-to-Date 150.00
Occupation (for Individual) UNK		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. WHITMONT, RONALD D.		Date of Receipt MM / DD / YYYY 07 / 08 / 2017
Mailing Address 2 Reeder ROAD		Amount of Each Receipt this Period 100.00
City Rhinebeck	State NY	
Zip Code 12572		<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF		Aggregate Year-to-Date 100.00
Occupation (for Individual) PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:		PAGE	OF
(check only one)			
<input checked="" 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	

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NAME OF COMMITTEE (In Full)
SPECIALIZED MEDICINE AND RESPONSIBLE TREATMENT PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name HILTNER, RICHARD			Date of Receipt MM/DD/YYYY 07/16/2017
Mailing Address 169 E EL RABIA DR.			Amount of Each Receipt this Period , 100.00
City OJAI	State CA	Zip Code 93203	
FEC ID number of contributing federal political committee. C			Memo Item
Name of Employer (for Individual) SELF		Occupation (for Individual) PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , 100.00	

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Shevin, William			Date of Receipt MM/DD/YYYY 07/27/2017
Mailing Address 50 Applewood Drive			Amount of Each Receipt this Period , 100.00
City WOODSTOCK	State CT	Zip Code 06281	
FEC ID number of contributing federal political committee. C			Memo Item
Name of Employer (for Individual) SELF		Occupation (for Individual) PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , 100.00	

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name CANNON, KATHLEEN			Date of Receipt MM/DD/YYYY 07/27/2017
Mailing Address Kathleen.cannon@gmail.com			Amount of Each Receipt this Period , 10.00
City UNKNOWN	State VN	Zip Code VN	
FEC ID number of contributing federal political committee. C			Memo Item
Name of Employer (for Individual) UNKNOWN		Occupation (for Individual) UNKNOWN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , 10.00	

SUBTOTAL of Receipts This Page (optional).....▶	, 210.00
TOTAL This Period (last page this line number only).....▶	, 210.00

20170606 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: (check only one)		PAGE	OF
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIALIZED medicine and RESPONSIBLE Treatment PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ETIENNE, GIADIA				Date of Receipt MM / DD / YYYY 07 / 27 / 2017	
Mailing Address eaklim@hotmail.com					
City unk	State unk	Zip Code unk		Amount of Each Receipt this Period , , 50.-	
FEC ID number of contributing federal political committee. C				Memo Item	
Name of Employer (for Individual) unk		Occupation (for Individual) unk			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , , 50.-			

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Fleisher, mitchell A				Date of Receipt MM / DD / YYYY 08 / 04 / 2017	
Mailing Address POB 860, Rockfish center, suite 1, SR 664					
City Nellysford	State VA	Zip Code 22958		Amount of Each Receipt this Period , , 100.-	
FEC ID number of contributing federal political committee. C				Memo Item	
Name of Employer (for Individual) SELF		Occupation (for Individual) PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , , 100.-			

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Nelson, Nancy				Date of Receipt MM / DD / YYYY 10 / 29 / 2017	
Mailing Address nnelsonanp@Alaska.net					
City unk	State unk	Zip Code unk		Amount of Each Receipt this Period , , 10.-	
FEC ID number of contributing federal political committee. C				Memo Item	
Name of Employer (for Individual) unk		Occupation (for Individual) unk			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , , 10.-			

SUBTOTAL of Receipts This Page (optional).....▶	, , 160.-
TOTAL This Period (last page this line number only).....▶	, , .

**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 checked="" 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

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NAME OF COMMITTEE (In Full)
SPECIALIZED MEDICINE AND RESPONSIBLE TREATMENT PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wagner, Debera

Mailing Address
DebbieW579@gmail.com

City **unk** State **unk** Zip Code **unk**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **unk** Occupation (for Individual) **unk**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.-

Date of Receipt
M M / D D / Y Y Y Y
11 12 2017

Amount of Each Receipt this Period
50.-

Memo Item

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

Mailing Address
ZAPACKAS@me.com

City **un** State **unk** Zip Code **unk**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **unk** Occupation (for Individual) **unk**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10.-

Date of Receipt
M M / D D / Y Y Y Y
12 16 2017

Amount of Each Receipt this Period
10.-

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
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

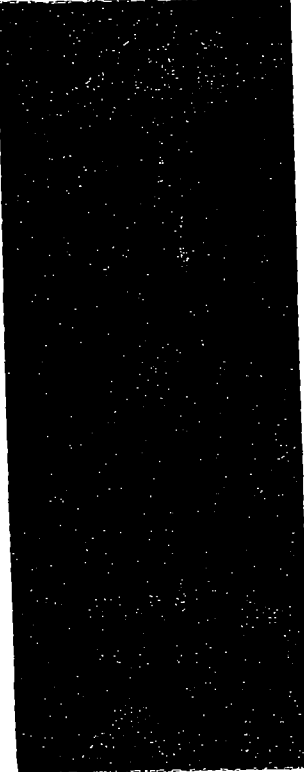
SUBTOTAL of Receipts This Page (optional)..... **60 -**

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

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<input type="checkbox"/> USPS Priority Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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