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**FEC** FORM 3X

## REPORT OF RECEIPTS **AND DISBURSEMENTS**For Other Than An Authorized Committee

TYPE OR PRINT ▼

RECEIVED FEC MAIL CENTER

2018 MAR 13 AM 10: 31

Office Use Only

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
	D MEDILLINE	A, N,O, R, E,S,P	0, 7,5,1,1,1,6	E, ITIRIEIAITIMEINIT
RESS (number and street)	6,2,5,0, R10,U,T	<u>E 19                                     </u>		
Check if different than previously reported. (ACC)	RIGHTINEBIEICIK		[Y <sub>1</sub> N] [i	1.25.7.21-
FEC IDENTIFICATION NU	IMBER ▼ CIT	Y <b>A</b>	STATE ▲	ZIP CODE ▲
C 0.6 6 4 82	4 12	· N :		ENDED
TYPE OF REPORT Choose One)	Report			0 (M8) Nov 20 (M11) (Non-Election Year Only)  0 (M9) Dec 20 (M12)
a) Quarterly Reports:				(Non-Election Year Only)
April 15 Quarterly Report (C		E31		
c	PRF-Flection	Convention (12C)	Special (12	
Quarterly Report (C	13)	[	1 . <u>[ </u>	in the
	<u> </u>	n on	<u> </u>	State of
Report (Non-election Year Only) (MY)	POST-Election	General (30G)	Runoff (30	OR) Special (30S)
Termination Report (TER)	·	11 11 11	, , , , , ,	in the State of
Covering Period 6	7 0 1 201	through	' 7_	2017
•	0 ( 4			complete.
ature of Treasurer	ROGO	15. W	Date Date	01/2018
: Submission of false, erron	eous, or incomplete information	may subject the person sign	ning this Report to the	e penalties of 52 U.S.C. § 30109.
Office Use				FEC FORM 3X Rev. 05/2016
	COMMITTEE (in full)  PECLIALISE  RESS (number and street)  Check if different than previously reported. (ACC)  REC IDENTIFICATION NUCCEC IDENTIFICATION IDENTIFICATION IDENTIFICATION NUCCEC IDENTIFICATION IDE	COMMITTEE (in full)  PECINALISED MEDICINE  Check if different than previously reported. (ACC)  Check if different than previously reported. (ACC)  CHEC IDENTIFICATION NUMBER V  CITYPE OF REPORT  Choose One)  a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  Quarterly Report (Q3)  January 31 Year-End Report (YE)  July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report  Covering Period  To Treasurer  Covering Period  To Treasurer  Confice  Co	Check if different than previously reported. (ACC)  Set IDENTIFICATION NUMBER ▼  CITY ▲  CO 6 6 4 9 2 4 6  Set IDENTIFICATION NUMBER ▼  CITY ▲  CO 6 6 4 9 2 4 6  Set IDENTIFICATION NUMBER ▼  CITY ▲  CITY A  CI	OMMITTEE (in full)  Over the lines.    April 13   E   D   ME   D   C   I   N   E   A   N   D   R   E   F   D   N   S   I   B   L   A   M   D   R   E   F   D   N   S   I   B   L   A   M   D   R   E   F   D   N   S   I   B   L   A   M   D   R   E   F   D   N   S   I   B   L   A   M   D   R   E   F   D   N   S   I   B   L   A   M   D   R   E   F   D   N   S   I   B   L   A   M   M   M   M   M   M   M   M   M

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## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

_	Vrite or Type Committee Name		-
_	SpeciacizED MEDICINE	And Responsible	Treatment PAC
F	Report Covering the Period: From:	7 61 2017	To: 12 / 31 / 2017
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2017		ZeRo
	(b) Cash on Hand at Beginning of Reporting Period	ZER	
	(c) Total Receipts (from Line 19)	1, /. 8, 0. i l	1. 1. 1. 1. 8 a 1 6
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		5 [
<b>7</b> .	Total Disbursements (from Line 31)	/.8.0.7	1807
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		1
9.	Debts and Obligations Owed <b>TO</b> 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 multic	andidate committee: (see FEC FORM 1M	)

### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

(subtract Line 18(c) from Line 19) .......▶

of Receipts

Page 3

FEC Form 3X (Rev. 05/2016) Write or Type Committee Name Responsible Treatment medicine and Specialized 0.1 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... (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.)..... 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), 1,180,16 12, 13, 14, 15, 16, 17, and 18(c))........ 20. Total Federal Receipts

1,18016

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B
21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total Hils Pellou	Calendar Year-to-Date
(i) Federal Share		
(i) rederal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating		
	1007	10,7
Expenditures		1.00 +
(c) Total Operating Expenditures	1447	1807
(add 21(a)(i), (a)(ii), and (b))	180+	
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	Land Land Land Land Land Land Land Land	
(add Lines 28(a), (b), and (c)) ▶		
29. Other Disbursements (Including		
Non-Federal Donations)		
00 - 5 - 1 - 1 - 5 - 2 - 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4		
<ol> <li>Federal Election Activity (52 U.S.C. § 30101(2</li> <li>(a) Allocated Federal Election Activity (from Schedule H6)</li> </ol>	0))	
(i) Federal Share		
(7)		
(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))▶		
1111		
31. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1807	1.8.0.7
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)		
non tille org		

## **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)  III. Net Contributions/ Operating Expenditures		or Disbursements	Page <b>5</b>
		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	al Contributions (other than loans) m Line 11(d), page 3)		
34. Tota	al Contribution Refunds		
	m Line 28(d))		
	Contributions (other than loans)		
•	al Federal Operating Expenditures		
(add	d Line 21(a)(i) and Line 21(b))▶		
37. Offs	sets to Operating Expenditures		
(fro	m Line 15, page 3)		
	Operating Expenditures  btract Line 37 from Line 36)		
(Sui	buact line of nom line oo,	[	

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	<b>;</b>	

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE OF
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta			rson for the purpose of soliciting contributions
$\vdash$	for commercial purposes, other than using the r		<u> </u>	
١\	NAME OF COMMITTEE (In Full)	100	and Responsib	ole Treatment PAC
				7, 7, 6, 7, 6, 7, 6, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,
Α.	Full Name of Individual (Last, First, Middle Initia	ıl) or Full C	Organization Name	Date of Receipt
	Mailing Address		. 4	Large of necessit
	1035 Leopard	ROF	· · · · · · · · · · · · · · · · · · ·	07 03 2017
	City RYDAL	State A	Zip Code 19046	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.			,500,-
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	V/) K		Unk	_
	Receipt For:    Primary   General	Aggregate	Year-to-Date ▼	,
	Other (specify) ▼	L	, 500 -	
_	Full Name of Individual (Leas Fires Middle 1999)	N or Call C	Propriestion Name	·
В.	Full Name of Individual (Last, First, Middle Initia	5 S	organization Name	Date of Receipt
	Mailing Address	Ter	•	[MJM] / [DAD] / [AAAAAAA]
	12 W WINDMERE	State	Zip Code	0,1 0,4 201,1
	LAnsdowne	PA	19050	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.		<u> </u>	7.50.
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	Tiggregate		
	Other (specify) ▼	<u></u>	<u>Ληγοντ</u>	
_	Full Name of Individual (Last, First, Middle Initia			
C.	WhiTMONT R Mailing Address	ONA	co D	Date of Receipt
	2 Reeder 1	2000		07 08 2617
	Rhinebealc	State	Zip Code 12572	Amount of Each Receipt this Period
	FEC ID number of contributing	C		
	federal political committee.			106.
	Name of Employer (for Individual)  SELF		eupation (for Individual)	Memo Item
	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify)		1 /2 /4	
	U Office (specify)	<u> </u>	-9 i _ 0_0	
Γ				2.60
Ls	UBTOTAL of Receipts This Page (optional)		<u> </u>	
1	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF
ITEMIZED RECEIPTS	for each category of the	(check only one)
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Any information copied from such Reports and Statemer		son for the purpose of soliciting contributions
or for commercial purposes, other than using the name	· · · · · · · · · · · · · · · · · · ·	
Specialized medicin	e and DOLDING	le Treatment PAC
Full Name of Individual (Last, First, Middle Initial) or A. HILTNER QLO		Date of Receipt
Mailing Address		┪ '
164 E EL RE	OBLAC Dr.	07/16/2017
OJA1 Ste	zip Code C A 932 03	•
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.		, , , , , , -
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
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Receipt For: Aggr	egate Year-to-Date ▼	
Primary General Other (specify) ▼	, , 100 . <del>-</del>	
	·	
Full Name of Individual (Last, First, Middle Initial) or	<del>-</del>	Date of Base'
B. Shevin William Mailing Address		Date of Receipt
50 Applewood	Princ	07/27/2017
City Stack Stack	tte Zip Code C 8 (	
	. 00201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		, , <i>, 1 00</i> . —
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
SELF	PhysiqAN	
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Primary General Other (specify) ▼	100 -	
	, ,100.—	
Full Name of Individual (Last, First, Middle Initial) or	Full Organization Name	
C. CANDO, Mathle	<b>T</b> ()	Date of Receipt
Nathleen. can	nanegrail.com	] 07/27/2017
City		
EEC ID number of contribution	ALL ANN	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		, , 10.
	Occupation Har Individual	Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: Aggr	egate Year-to-Date ▼	1
Primary General Other (specify)	10 —	
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SUBTOTAL of Receipts This Page (optional)	<u> </u>	, , 210. —
TOTAL This Period (last page this line number only)		
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	CHEDULE A (FEC Form 3X)	ſ	Use sepa	arate schedule(s)	FOR LINE NUMBER: PAGE OF (check only one)
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Statem for commercial purposes, other than using the name				
	NAME OF COMMITTEE (IN FUIL)  Specialized medicin	) e :	and	Respons, b	ole Treatment PAC
Α.	Full Name of Individual (Last, First, Middle Initial) or FTIENNE, GIA	r Full O			Date of Receipt
	Mailing Address				07/27/2017
	City	tate Un	X Zip Co	VNK.	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	;			, , 50
	Name of Employer (for Individual)	Occi	upation (for	Individual)	Memo Item
		gregate	Year-to-Date	<del></del>	
	Other (specify) ▼		,	, 50.	
В.	Full Name of Individual (Last, First, Middle Initial) o			Name	Date of Receipt
	Mailing Address POB 860, Rockfish Center  City	50,7	e 1,5	R 664	08'04'2017
	NellystoaD s	state /	Zip Co	<sup>©</sup> 2958	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	)			, , 100.—·
	Name of Employer (for Individual)  SELF	Occi	upation (for	Individual)	Memo Item
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	Other (specify) ▼		3	,100 .	
c.	Full Name of Individual (Last, First, Middle Initial) o	r Full O	rganization	Name į	Date of Receipt
	Mailing Address nnelsonanpe	PAIN	4ska.	net	10 29 2017
	City	State Un	K Zip Co	UNIL .	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	;			, , 10,-
	Name of Employer (for Individual)	Occi	upation (for	Individual)	Memo Item
	Occasion Form	gregate	Year-to-Dat		
	Other (specify)		,	, 10.	
<b>[</b>	UBTOTAL of Receipts This Page (optional)				, ,160.—
$\vdash$	OTAL This Period (last page this line number only)				, , <b>, , , , , , , , , , , , , , , , , </b>

SC	CHEDULE A (FEC Form 3X)	ſ	Lieu conordo astratado	FOR LINE NUMBER: PAGE OF
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  11a
	y information copied from such Reports and Statem for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)  Specialized medicin	)e ;	and Responsi	ble Treatment PAC
Α.	Full Name of Individual (Last, First, Middle Initial) or Wayner Debera	Date of Receipt		
	Mailing Address DebbieW579 e		I. com	11 12 2017
	City	tate		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	;		, , 5° .—
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	gregate `	year-to-Date ▼	
— В.	Full Name of Individual (Last, First, Middle Initial) or FCREOMAN,		ganization Name	Date of Receipt
	Mailing Address Z Apac K95 Cn	ne.	com	12 16 2017
	City	tate Un	Zip Code UNK.	Amount of Each Receipt this Period
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-	Mailing Address			M M / D D / Y Y Y
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	Receipt For: Primary General Other (specify)		Year-to-Date ▼	
$\vdash$	UBTOTAL of Receipts This Page (optional)			, , 60 –

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Overnight Delivery Service (Specify):	Shipping Date				
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Other (Specify):	Date of Receipt or Postmarked				
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