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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

SPECIALIZED MEDICINE and RESPONSIBLE Treatment
PAC

ADDRESS (number and street) 6250 Route 9

(Check if address is changed)

Rhinebeck NY 12572-1329
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) donations@supersmartpac.org

Optional Second E-Mail Address
homeopathicmd@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) supersmartpac.org

2. DATE 03 / 05 / 2018

3. FEC IDENTIFICATION NUMBER C00648246

4. 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.

Type or Print Name of Treasurer RONALD D. WHITMONT

Signature of Treasurer  Date 03 / 05 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

110301001 NO INFO

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/>	_____
2.	_____	FEC ID number	<input type="checkbox"/>	_____
3.	_____	FEC ID number	<input type="checkbox"/>	_____
4.	_____	FEC ID number	<input type="checkbox"/>	_____

UNIVERSITY MICROFILMS INTERNATIONAL

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address _____

_____ CITY STATE ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name RONALD D WHITMONT
Mailing Address 16250 ROUTE 9
Rhinbeck NY 12572-8629
Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 845-676-6323

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer RONALD D WHITMONT
Mailing Address 16250 ROUTE 9
Rhinbeck NY 12572-8629
Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 845-676-6323

Full Name of Designated Agent

BERNARD G MERIZALOE

Mailing Address

600 E GERMAN TOWN PIKE

SUITE A

LAFAYETTE HILLS

PA

19444-1

CITY

STATE

ZIP CODE

Title or Position

CHAIRMAN

Telephone number

610-238-9963

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

RHINEBECK BANK

Mailing Address

6414 MONTGOMERY STREET

Rhinebeck

NY

12572-0189

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

NON-CONFIDENTIAL INFORMATION

5(g) or (h). **Joint Fundraising Participant:**

1. _____
 2. _____
 3. _____
 4. _____

FEC ID number _____
 FEC ID number _____
 FEC ID number _____
 FEC ID number _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address _____

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

CITY ▲ STATE ▲ ZIP CODE ▲

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name RONALD D. WHITMONT

Mailing Address 6250 ROUTE 9

Rhinebeck NY 12572-3629

TITLE OR POSITION ▼ TREASURER CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number 845-876-6323

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

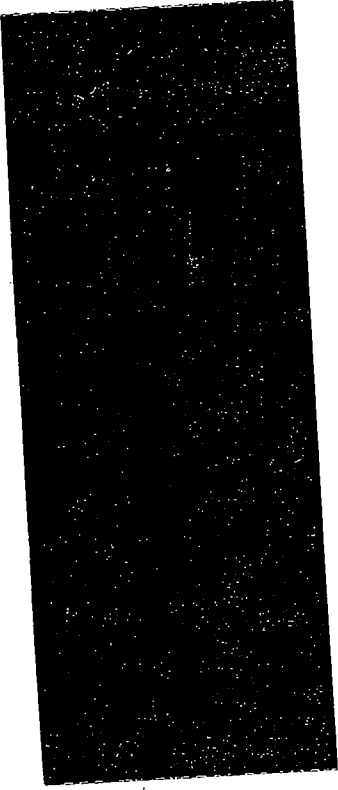
Name of Bank, Depository, etc. _____

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

CONFIDENTIAL - NO POSTAGE

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



FEC
999 E. Street, NW
Washington DC 20463

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Federal Election Commission
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<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
	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

mf
 PREPARER 3/13/2018
 (3/2015) DATE PREPARED

20180313 10:00:00 AM