

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2022 APR 14 PM 3:18

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

SPECIALIZED MEDICINE & RESPONSIBLE TREATMENT
PAL

ADDRESS (number and street) 16250 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 MM / DD / YYYYYY in the State of

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

Election on MM / DD / YYYYYY in the State of

5. Covering Period 6/01/2022 through 03/31/2022

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 04/04/2022

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**

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* / *2022*

To:

03 / *31* / *2022*

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <i>2022</i>		<i>4,503.99</i>
(b) Cash on Hand at Beginning of Reporting Period.....	<i>4,503.99</i>	
(c) Total Receipts (from Line 19).....	<i>1,011.53</i>	<i>1,011.53</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<i>5,515.52</i>	<i>5,515.52</i>
7. Total Disbursements (from Line 31).....	<i>203.4</i>	<i>203.4</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<i>5,495.12</i>	<i>5,495.12</i>
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:

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

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

2025 RELEASE UNDER E.O. 14176

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Specialized medicine & Responsible Treatment PAC

Report Covering the Period: From:

01 / 01 / 2022

To:

03 / 31 / 2022

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).....
 - (ii) Unitemized *interest*.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

800.00

04

800.04

800.00

04

800.04

- (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).....▶

800.04

800.04

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.).....

211.49

211.49

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)).....▶

1011.53

1011.53

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

1011.53

1011.53

BOUNDARIES: 110 111 112 113 114 115 116 117 118 119 120

**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements

**COLUMN A
Total This Period**

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

<p>21. Operating Expenditures:</p> <ul style="list-style-type: none"> (a) Allocated Federal/Non-Federal Activity (from Schedule H4) <ul style="list-style-type: none"> (i) Federal Share (ii) Non-Federal Share (b) Other Federal Operating Expenditures (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) <p>22. Transfers to Affiliated/Other Party Committees</p> <p>23. Contributions to Federal Candidates/Committees and Other Political Committees</p> <p>24. Independent Expenditures (use Schedule E)</p> <p>25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)</p> <p>26. Loan Repayments Made</p> <p>27. Loans Made</p> <p>28. Refunds of Contributions To:</p> <ul style="list-style-type: none"> (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)) <p>29. Other Disbursements (Including Non-Federal Donations)</p> <p>30. Federal Election Activity (52 U.S.C. § 30101(20))</p> <ul style="list-style-type: none"> (a) Allocated Federal Election Activity (from Schedule H6) <ul style="list-style-type: none"> (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)) <p>31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))</p> <p>32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)</p>	Line 21(c) <u>2034</u> Line 21(c) <u>2034</u> Line 21(c) <u>2034</u> Line 31 <u>2034</u> Line 32 <u>2034</u>	Line 21(c) <u>2034</u> Line 21(c) <u>2034</u> Line 21(c) <u>2034</u> Line 31 <u>2034</u> Line 32 <u>2034</u>
---	--	--

FORM 3X FEB 2016

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))	2034	2034
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2034	2034

NEED TO BE RECALCULATED

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 type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15			

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)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 GOLD PETER

Mailing Address
 172 WEST MAIN Street

City: Avon State: CT Zip Code: 06001

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): GOLD & PARTNERS, LLC Occupation (for Individual): MARKETING CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 03 / 28 / 2022

Amount of Each Receipt this Period
 800.00

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

TOTAL This Period (last page this line number only)..... ▶ 800.00

UNCLASSIFIED//FOR OFFICIAL USE ONLY

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

PLACE STICKER ABOVE POSTAGE AND RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL



9950 0001 6070 2125

RETURN RECEIPT
REQUESTED

Federal Election Commission
1050 First Street, NE
Washington, DC 20463

RECEIVED
FEDERAL CENTER
2022 APR 14 PM 3:18

NON AFFRANCARE

UNRECORDED COPY OF THIS DOCUMENT

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	Postmarked Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 4/6/2022
<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
	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
<i>MBC</i> PREPARER	4/14/2022 DATE PREPARED