

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2018 OCT -9 AM 8:38

Office Use Only

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

SPECIALIZED MEDICINE AND RESPONSIBLE TREATMENT
PAC

ADDRESS (number and street) 6250 ROUTE 9
Rhinebeck NY 12572

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

C00648246

3. IS THIS REPORT X 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/YYYY in the State of

(d) 30-Day POST-Election Report for the:

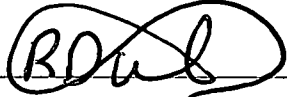
General (30G)	Runoff (30R)	Special (30S)
---------------	--------------	---------------

Election on MM/DD/YYYY in the State of

5. Covering Period 07 01 2018 through 09 30 2018

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 D. WHITMONT

Signature of Treasurer  Date 10 01 2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

SPECIALIZED MEDICINE AND RESPONSIBLE TREATMENT PAC

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2010

To:

MM / DD / YYYY
09 / 30 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, YYYYYY 2018		1,162,09
(b) Cash on Hand at Beginning of Reporting Period.....	1,703,07	
(c) Total Receipts (from Line 19)	2,965,27	3,708,67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4,668,34	4,870,76
7. Total Disbursements (from Line 31).....	1,558,01	1,760,43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1,703,67	3,090,33
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
999 E Street, NW
Washington, DC 20463

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

**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	58.01	260.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	58.01	260.43
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)	1,500.00	1,500.00
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)) ..	1,558.01	1,760.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		

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

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**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	<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

A. KATHLEEN Scheible
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address
46 Cortland Avenue

City **SAN FRANCISCO** State **CA** Zip Code **94110**

FEC ID number of contributing federal political committee. **N/A C**

Name of Employer (for Individual) **SELF** Occupation (for Individual) **HOMEOPATH**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
, 350.00

Date of Receipt
07 06 2018

Amount of Each Receipt this Period
, 350.00

Memo Item

B. BELNARD MEXICALDE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address
600 E. Germantown Pike

City **LAFAYETTE HILL** State **PA** Zip Code **19444**

FEC ID number of contributing federal political committee. **N/A C**

Name of Employer (for Individual) **SELF** Occupation (for Individual) **PHYSICIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
, 250.00

Date of Receipt
07 17 2018

Amount of Each Receipt this Period
, 250.00

Memo Item

C. NORTH AMERICAN SOCIETY OF HOMEOPATHS (NAH)
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address
POB 115

City **TROY** State **ME** Zip Code **04987**

FEC ID number of contributing federal political committee. **N/A C**

Name of Employer (for Individual) **N/A** Occupation (for Individual) **N/A**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
, 1,000.00

Date of Receipt
08 08 2018

Amount of Each Receipt this Period
, 1,000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ **, 1,600.00**

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: (check only one)		PAGE	OF
	<input 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	

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
AMERICAN INSTITUTE OF HOMEOPATHY (AIH)

Mailing Address
10418 WHITEHEAD ST

City
FALLFAX State
VA Zip Code
22030

FEC ID number of contributing federal political committee.
N/A C

Name of Employer (for Individual)
N/A Occupation (for Individual)
N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

Date of Receipt
09 / 17 / 2018

Amount of Each Receipt this Period
1,000.00

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)..... ▶

TOTAL This Period (last page this line number only)..... ▶ **2,600.**

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Specialized medicine and responsible treatment PAC</i>	FEC IDENTIFICATION NUMBER ▼ <i>C 00648246</i>
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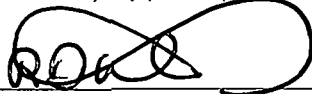
Check if 24-hour report 48-hour report **New report** Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <i>Jim Turner, Esq</i>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <i>09 / 19 / 2018</i>
Mailing Address <i>1601 18th St, NW #4</i>		Amount <i>1,500.00</i>
City <i>Washington</i>	State <i>DC</i>	
Purpose of Expenditure <i>LEGAL ADVICE</i>		Category/Type
Name of Federal Candidate: <i>N/A</i>		<input type="checkbox"/> Support <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <i>1,500.00</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y
Mailing Address		Amount
City	State	
Purpose of Expenditure		Category/Type
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<i>1,500.00</i>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<i>1,500.00</i>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.


Signature

Date M M / D D / Y Y Y Y
10 / 01 / 2018

D.D. Whitmont, MD
6250 Route 9
Hebeck, NY 12572

7018 1830 0002 0198 6149

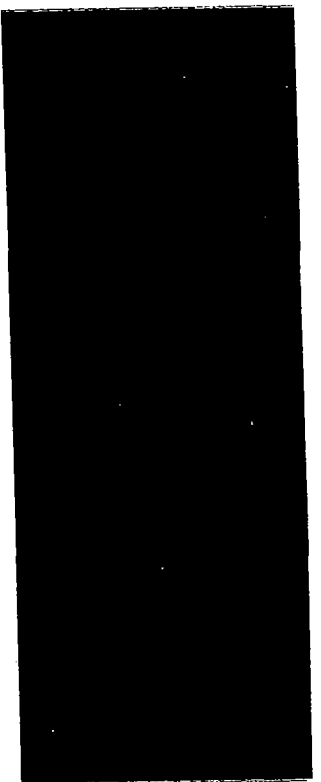


2018 OCT -9 AM 8:26

F.E.C.
119 E. Street, NW
WASHINGTON, DC


20163

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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.

11/10/2015 10:00 AM

<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) 10-1-18
<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
 PREPARER	10-9-18 DATE PREPARED