Image# 13964877750 PAGE 1 / 8

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Only
1. NAME OF COMMITTEE (in full)	E OR PRINT ▼	Example: If typi over the lines.	ng, type	12FE4M5	
ProCure Treatment Cente	ers Inc. PAC				
ADDRESS (number and street)	92 Lexington Avenue 4th F	Floor			
Check if different					
the on municipality	lew York			NY L	10016
2. FEC IDENTIFICATION NUMB	ER ▼ CIT	ΓY▲	S	TATE 🛦	ZIP CODE 🛦
C C00476812			NEW (N) OR	AME (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb Report Due On:	20 (M2)	May 20 (M5)	Aug 2	0 (M8) Nov 20 (M11 (Non-Election Year Only)
(a) Quarterly Reports:	Mar Mar	20 (M3)	Jun 20 (M6)	Sep 2	Dec 20 (M12 (Non-Election Year Only)
April 15	Apr	20 (M4)	Jul 20 (M7)	Oct 2	0 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15	(c) 12-Day	Primary (12F	P)	General (1	2G) Runoff (12R)
Quarterly Report (Q2) October 15	PRE-Election Report for the:	Convention ((12C)	Special (1	2S)
Quarterly Report (Q3)		M = M /	D D /	Y Y Y Y	in the
January 31 Year-End Report (YE)	Election	on on			State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (300	3)	Runoff (30	R) Special (30S)
X Termination Report (TER)	Electic	on on	D	Y	in the State of
5. Covering Period 07	01 / 2013	through	12	/ 05 /	2013
I certify that I have examined this Re	eport and to the best of	my knowledge and	belief it is true	e, correct and	complete.
Type or Print Name of Treasurer V	/incent Tallman				
Signature of Treasurer Vincent Ta	ullman	[Electronicall	y Filed] Da	ate 12	/ 10 / 2013
NOTE: Submission of false, erroneous	, or incomplete informatio	n may subject the per	son signing thi	s Report to the	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

ProCure Treatment Centers Inc. PAC

Report Covering the Period: From: 07 01 2013 To: 12 05 2013

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		7656.34
	(b) Cash on Hand at Beginning of Reporting Period	3704.60	
	(c) Total Receipts (from Line 19)	472.00	570.26
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4176.60	8226.60
7.	Total Disbursements (from Line 31)	4176.60	8226.60
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0.00	0.00
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

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 Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ProCure	Treatment	Centers	Inc	PAC
1 IOCUIC	Heatinent	Centers	IIIO.	$I \land C$

R	eport Covering the Period: From: 07	/ 01 / 2013 To	: 12 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	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)	0.00	0.00
	(ii) Unitemized(iii) TOTAL (add	0.00	98.26
	Lines 11(a)(i) and (ii)▶	0.00	98.26
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry	0.00	0.00
12	Totals to Line 33, page 5) Transfers From Affiliated/Other	0.00	98.26
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
. -	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	472.00	472.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	472.00	570.26
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	472.00	570.26

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal	10101 11113 1 61100	Calcilual Teal-IO-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(") No 5 1 2 1 2 1 2 1 2 1	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	50.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	0.00	50.00
Transfers to Affiliated/Other Party	0.00	0.00
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures		
(use Schedule E)	0.00	0.00
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loan Hopaymonio Mado		
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(b) Political Party Committees	0.00	
(such as PACs)	0.00	0.00
(d) Total Cartribution Defunds		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00
(add Lines 20(a), (b), and (c))		
Other Disbursements	4176.60	8176.60
_		
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
· ·		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
25(2)(1), 21(2)(1) 2 35(2),	7	
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4176.60	8226.60
Total Federal Disbursements		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	4176.60	8226.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

bursements

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	98.26
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	98.26
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	50.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	50.00

S 17

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 6 OF 8
TEMIZED RECEIPTS	Use separate schedule(s)	(check only one)
IEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a 11b 11c 12
	Detailed outlinary rage	13 14 15 16 X 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any phe name and address of any political committee	person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
ProCure Treatment Centers In	ic. PAC	
Full Name (Last, First, Middle Initial) ProCure		Date of Receipt
Mailing Address 192 Lexington Ave 4th Floor	r	12 05 2013 L
City	State Zip Code	Transaction ID: A2013-10506
New York	NY 10016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	472.00
Name of Employer	Occupation	0
Not Applicable Receipt For:		
Primary General	Aggregate Year-to-Date ▼	The design of the second of th
Other (specify)	472.00	Unidentified receipts - returned to corporation; see 29
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
Maining Address		W = W / D = D / T = T = T
City	State Zip Code	
		Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	
Name of Employer	Occupation	
Receipt For:		_
Primary General	Aggregate Year-to-Date ▼	_
Other (specify) ▼		
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	
——————————————————————————————————————	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For:	Aggregate Veer to Date =	_
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼		
		-
SUBTOTAL of Receipts This Page (optional)		472.00

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

472.00

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 8			
ITE	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c X 29 30b		
An or	y information copied from such Reports and Statem for commercial purposes, other than using the name	ments may not be sold or us ne and address of any politic	sed by any persocal committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) ProCure Treatment Centers Inc. PA	AC				
	Full Name (Last, First, Middle Initial)			B . (B)		
Α.	Schaer for NJ Assembly			Date of Disbursement		
	Mailing Address P.O. Box 1554			07 01 2013		
	,	State Zip Code		Transaction ID : B454887		
	Passaic Purpose of Disbursement	NJ 07055				
	G-2013 State House 36 NJ		011	Amount of Each Disbursement this Period		
	Candidate Name		Category/	1000.00		
	Gary S. Schaer Office Sought: House Disbursen	ment For: 2013	Type	1000.00		
	Senate President	Primary ☐ General Other (specify) ▼				
_	State: District:					
	Full Name (Last, First, Middle Initial) Ralph Caputo for Assembly			Date of Disbursement		
	Mailing Address 23 Yantacaw Place			07 26 2013		
	Nutley	State Zip Code NJ 07110		Transaction ID : B460640		
	Purpose of Disbursement G-2013 State House 28 NJ		011	Amount of Each Disbursement this Period		
	Candidate Name Ralph Caputo		Category/ Type	1000.00		
	•	ment For: 2013	Туре	, , , , , , , , , , , , , , , , , , , ,		
	Senate	Primary				
_	Full Name (Last, First, Middle Initial)					
C.	Committee to Elect Angelica Jimen	nez		Date of Disbursement		
	Mailing Address 116 65th Street			07 26 2013		
	City S West New York	State Zip Code NJ 07093		Transaction ID : B460634		
	Purpose of Disbursement G-2013 State House 32 NJ					
	Candidate Name		011	Amount of Each Disbursement this Period		
	Angelica M Jimenez		Category/ Type	1000.00		
	Senate President	ment For: 2013 Primary		,		
_	State: District:					
S	UBTOTAL of Disbursements This Page (optional)		<u> </u>	3000.00		
Т	OTAL This Period (last page this line number only))				

Use separate schedule(s) for each category of the petalled Summary Page 21 b 22 23 24 25 26 27 28a 28b 28c 29 30t 28c 28c 29 30t 28c	S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 8 OF 8			
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) ProCure Treatment Centers Inc. PAC Full Name (Last, First, Middle Initial) A. ProCure Mailing Address 192 Lexington Ave 4th Floor City New York Ny 10016 Purpose of Disbursement President President President President President President Candidate Name Oithor (specify) I Transaction ID: 8492865 Amount of Each Disbursement this Period Office Sought: Full Name (Last, First, Middle Initial) B. Mailing Address City State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State: Disbursement Candidate Name Oithor (specify) Veresident Disbursement Candidate Name Oithor (specify) Full Name (Last, First, Middle Initial) C. Mailing Address City State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State: Disbursement Candidate Name Oither (specify) Veresident Disbursement this Portod Office Sought: Full Name (Last, First, Middle Initial) C. Mailing Address City State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State: District: Full Name (Last, First, Middle Initial) District: Amount of Each Disbursement this Period Category Type Office Sought: Amount of Each Disbursement this Period Category Type	IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)			
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) ProCure Treatment Centers Inc. PAC Full Name (Last, First, Middle Initial) A ProCure Total Middle Initial (in First In Initial I							
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ProCure Full Name (Last, First, Middle Initial) A. ProCure Mailing Address 192 Lexington Ave 4th Floor City State Zp Code New York NY 10016 Purpose of Disbursement Terminating PAC Candidate Name Office Sought: House President President President Other (specify) ▼ State Zp Code Not Applicable Full Name (Last, First, Middle Initial) B. Date of Disbursement Terminating PAC City State Zp Code Purpose of Disbursement Terminating PAC City State Zp Code Purpose of Disbursement Terminating PAC Office Sought: House President Pres							
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City New York Now Applicable Not Applicable Now York Now Applicable Not Applicable Not Applicable Now York		Full Name (Last, First, Middle Initial)					
Mailing Address 192 Lexington Ave 4th Floor City York	Α.	ProCure					
New York		Mailing Address 192 Lexington Ave 4th Floor					
New York Purpose of Disbursement Transfer of remaining funds to Corporation - Terminating PAC Candidate Name Category/ Type Office Sought: House		City	State Zip Code		Towns and an ID E	. 400005	
Transfer of remaining funds to Corporation - Terminating PAC Candidate Name Category/ Type Office Sought: House President State: District: Not Applicable Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President State: District: District: Primary General Primary General Primary General President State: District: Table State Zip Code Purpose of Disbursement This Period Category/ Type Office Sought: House Senate President State: District: City State Zip Code Purpose of Disbursement This Period Other (specify) ▼ Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Category/ Type Office Sought: House Disbursement For: Senate President Senate President Senate President Other (specify) ▼ State: District: Primary General			NY 10016		Transaction ID : E	3482865	
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Senate President Other (specify) ▼ State: District: Not Applicable Date of Disbursement Amount of Each Disbursement this Period Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Disbursement For: Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement this Period Category/ Type Office Sought: House President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate President Other (specify) ▼ State: District: State: District: General President Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate President Other (specify) ▼ State: District: General President Other (specify) ▼ Substotal of Disbursements This Page (optional) ■ 1176.60		Office Sought: House Disbursen	nent For: 2013	туре			
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Amount of Each Disbursement this Period Category/ Type Office Sought:		City State Zip Code					
Office Sought: House Senate Primary General Other (specify) V State: District: Date of Disbursement City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) V Category/ Type Office Sought: House Senate Primary General Other (specify) V State: District: SUBTOTAL of Disbursements This Page (optional)		Purpose of Disbursement			Amount of Each Dis	sbursement this Period	
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Senate Primary General Other (specify) State: District: C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Substoctable of Disbursement For: Senate Primary General Other (specify) 1176.60					7		
State: District: C. Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General Other (specify) State: District: Substate: District: District: 1176.60							
State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Candidate Name Disbursement For: Senate Primary Other (specify) State: District: Substoctable (optional)							
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Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substrict: 1176.60		Purpose of Disbursement					
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)		Category/			Amount of Each Dis	sbursement this Period	
Senate Primary General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)		Office Sought: House Dishurson	pent For:	Туре			
State: District: Other (specify) SUBTOTAL of Disbursements This Page (optional)							
State: District: SUBTOTAL of Disbursements This Page (optional)							
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30BTOTAL OF DISDUISEMENTS THIS Page (Optional)		·				1170.00	
TOTAL This Device (lest near this line number only)	s	SUBTOTAL of Disbursements This Page (optional)		·····•		1176.60	
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