

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5  
SPECIALIZED MEDICINE & RESPONSIBLE TREATMENT PAC

ADDRESS (number and street) 6250 ROUTE 9  
Rhinebeck NY 12572  
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER 00648246 CITY STATE ZIP CODE  
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports: April 15 (Q1), July 15 (Q2), October 15 (Q3), January 31 (YE), July 31 (MY), Termination Report (TER)  
(b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Convention (12C), Special (12S), Runoff (12R)  
(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07/01/2021 through 12/31/2021

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 [Signature] Date 03/13/2022

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

**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:

**MM / DD / YYYY**  
07 / 01 / 2021

To:

**MM / DD / YYYY**  
12 / 31 / 2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>YYYY</b> 2021		3,001. <sup>03</sup>
(b) Cash on Hand at Beginning of Reporting Period.....	3,203. <sup>06</sup>	
(c) Total Receipts (from Line 19) .....	1,300. <sup>93</sup>	1,502. <sup>16</sup>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	4,503. <sup>99</sup>	4,503. <sup>99</sup>
7. Total Disbursements (from Line 31) .....		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	4,503. <sup>99</sup>	4,503. <sup>99</sup>
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

UNRECORDED AND UNINDEXED

**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:

*07 / 01 / 2021*

To:

*12 / 31 / 2021*

**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).....

*300.00*

*500.00*

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

*300.00*

*500.00*

(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).....▶

*300.00*

*500.00*

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.).....

*1,000.93*

*1,002.16*

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)).....▶

*1,360.93*

*1,502.16*

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

*1,300.93*

*1,502.16*

2025 RELEASE UNDER E.O. 14176

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

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 & Responsible TREATMENT PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Kell TANYA**

Mailing Address  
**5 Wall Street**

City **Springsfield** State **VT** Zip Code **05156**

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 ▼  
**1,000.00**

Date of Receipt  
**12/13/2021**

Amount of Each Receipt this Period  
**1,000.00**

Memo Item  
**non-contributing Account**

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**WHITMONT ROALD D**

Mailing Address  
**6248 Route 9**

City **Rhinebeck** State **NY** Zip Code **12572**

FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**12/03/2021**

Amount of Each Receipt this Period  
**300.00**

Memo Item  
**Contributing Account.**

**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).....▶

David D. Whitmont, MD  
6250 Route 9  
Harruback, NY 12572



7019 1120 0001 5027 5607

Federal Election Commission  
999 E Street, NW  
Washington, DC  
20543

FIRST-CLASS



02 7H  
0001338772  
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\$ 008.16<sup>0</sup>

MAR 14 2022

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NONPROFIT ORGANIZATION

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<input type="checkbox"/> No Postmark	
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	3/21/22
PREPARER	DATE PREPARED

(3/2015)

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