

**FEC
FORM 3X**

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

RECEIVED
FEC MAILCENTER

2022 OCT 21 AM 11:10
Office Use Only

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

Check if different than previously reported. (ACC)

Rhinebeck

NY

12574

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C60648246

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)
- 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) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

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

MM / DD / 2022

through

MM / DD / 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 D. WHITMONT

Signature of Treasurer

[Handwritten Signature]

Date

MM / DD / 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.

Office Use Only							
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FEC FORM 3X
Rev. 05/2016

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: MM DD YYYY To: MM DD YYYY

07 01 2022

09 30 2022

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, YYYY	2022	4,503.99
(b) Cash on Hand at Beginning of Reporting Period.....	6,269.09	
(c) Total Receipts (from Line 19).....	5,289.05	7,074.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	11,558.09	11,578.43
7. Total Disbursements (from Line 31).....	0	203.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	11,558.09	11,558.09
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

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

UNWONNBOO IWO ICH IINON

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* / *2022*

To:

09 / *30* / *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) *(Contrib)*

0

800.00

(ii) Unitemized

15

39

(iii) TOTAL (add

Lines 11(a)(i) and (ii) ▶

(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) ▶

15

800.39

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.)

(Non Contrib)

5,288.90

6,274.10

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)) ▶

5,289.05

7,074.49

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

5,289.05

7,074.44

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	<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	

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
Susan Fertner

Mailing Address
214 Myer Grimes Road

City
Algood State
TN Zip Code
38501-4399

FEC ID number of contributing federal political committee.
C

Name of Employer (for Individual)
UNK Occupation (for Individual)
UNK

Receipt For:
 Primary General
 Other (specify) **UNSPEC.**

Aggregate Year-to-Date
768.16

Date of Receipt
09/27/2022

Amount of Each Receipt this Period
288.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Alliance For Natural Health

Mailing Address
1011 E Jefferson St., St 204

City
Charlottesville State
VA Zip Code
22902-5354

FEC ID number of contributing federal political committee.
C

Name of Employer (for Individual)
--- Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) **UNSPEC.**

Aggregate Year-to-Date
2000.00

Date of Receipt
09/10/2022

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CITIZEN FOR HEALTH, INC

Mailing Address
1400 16th St NW, St 101

City
Washington State
DC Zip Code
20036

FEC ID number of contributing federal political committee.
C

Name of Employer (for Individual)
--- Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) **UNSPEC.**

Aggregate Year-to-Date
2000.00

Date of Receipt
09/20/2022

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

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	<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 & RESPONSIBLE TREATMENT PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Michael McButtin

Mailing Address
2333 Cloy Ave

City
Venice State
CA Zip Code
90291-4750

FEC ID number of contributing federal political committee.
C

Name of Employer (for Individual)
UNK Occupation (for Individual)
UNK

Receipt For:
 Primary General
 Other (specify) ▼ **unspec**

Aggregate Year-to-Date ▼
1,000.00

Date of Receipt
09 / 20 / 2022

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).....▶

NON-FEDERAL CAMPAIGN INFORMATION

UNIONBANK NATIONAL BANK



33

Whittier
SMART PAC
6250 Route 9
Rhinebeck NY
12572

RECEIVED
FEC MAIL CENTER
2022 OCT 21 AM 11:10

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

2022

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) 10/13/22
<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
WJD PREPARER	10/21/22 DATE PREPARED

(3/2015)

NON-FUNCTIONAL OBSOLETE