

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAILCENTER

2023 JAN 17 PM 12:40

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 12572

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C00648246 3. IS THIS REPORT NEW OR AMENDED
(N) OR (X) (A)

Table with 4 columns for report types: (a) Quarterly Reports, (b) Monthly Report, (c) 12-Day PRE-Election Report, (d) 30-Day POST-Election Report. Includes sub-sections for election dates and states.

5. Covering Period 10 20 2022 through 11 28 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 [Signature] Date 01 10 2023

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Specialized medicine & responsibly treatment PAC

Report Covering the Period: From:

MM / DD / YYYY
10 / 20 / 2022

To:

MM / DD / YYYY
11 / 28 / 2022

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <i>2022</i>		<i>450399</i>
(b) Cash on Hand at Beginning of Reporting Period.....	<i>2558⁰⁹</i>	
(c) Total Receipts (from Line 19).....	<i>39263</i>	<i>746707</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<i>295072</i>	<i>1197106</i>
7. Total Disbursements (from Line 31).....		<i>902039</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<i>295072</i>	<i>295072</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

NONDISCRIMINATION

**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:

10 20 2022

To:

11 28 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) *(Contrs)*

(ii) Unitemized

(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) ▶

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 Contrs)*

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)) ▶

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

05

800.39

392.58

6666.68

392.63

7467.07

392.63

7467.07

NON-FEDERAL AND LEVIN FUNDS

**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
Susan Fectner

Mailing Address
214 Nyer Grimsy 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 **960.²⁰**

Date of Receipt
11 / 15 / 2022

Amount of Each Receipt this Period
192.⁰⁴

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VOICE For Hope

Mailing Address
7214 Blair ROAD NW

City **Washington** State **DC** Zip Code **20012**

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 **200.-**

Date of Receipt
11 / 15 / 2022

Amount of Each Receipt this Period
200.-

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

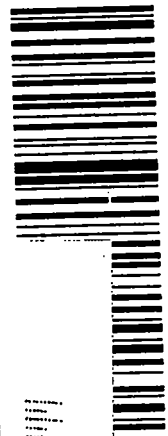
SUBTOTAL of Receipts This Page (optional).....▶

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

NON-PROFIT ORGANIZATION

NO POSTAGE REQUIRED IF MAILED IN THE UNITED STATES

CERTIFIED MAIL



7022 2410 0003 5088 0831

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



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

2023 JAN 17 PM 12:33

FEL MAIL SERVICE

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) 1/10/23
<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

WDS PREPARER (3/2015)	1/17/23 DATE PREPARED
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INFORMATION ON DOCUMENT