

2011 JUL 25 AM 11:28

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

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

WESTMED MEDICAL GROUP, P.C. PAC

(WESTMED) PAC

ADDRESS (number and street) 2700 WESTCHESTER AVENUE

Check if different than previously reported. (ACC)

PURCHASE NY 10577-2547

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00489450

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), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), Convention (12C), General (12G), Special (12S), Runoff (12R)

Election on in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on in the State of

5. Covering Period 01/01/2011 through 06/30/2011

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 William Martimucci M.D.

Signature of Treasurer

[Handwritten Signature]

Date

07/20/2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only table with 10 columns and 1 row.

FEC FORM 3X Rev. 12/2004

11030640120

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

WESTMED MEDICAL GROUP, P.C. PAC (WESTMED PAC)

Report Covering the Period: From: To:

11030640121

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		<input type="text" value="450565"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="450565"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="104800"/>	<input type="text" value="104800"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="555365"/>	<input type="text" value="555365"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19332"/>	<input type="text" value="19332"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="536033"/>	<input type="text" value="536033"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value=""/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value=""/>	

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)

Page 3

Write or Type Committee Name

WESTMED MEDICAL GROUP, P.C. PAC (WESTMED PAC)

Report Covering the Period: From:

M	M
01	01

 /

D	D
01	01

 /

Y	Y	Y	Y
20	11	20	11

 To:

M	M
06	30

 /

D	D
30	30

 /

Y	Y	Y	Y
20	11	20	11

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).....

1 0 4 8 0 0

1 0 4 8 0 0

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1 0 4 8 0 0

1 0 4 8 0 0

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Line

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

1 0 4 8 0 0

1 0 4 8 0 0

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.).....

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 0 4 8 0 0

1 0 4 8 0 0

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

1 0 4 8 0 0

1 0 4 8 0 0

11030640122

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

11030640123

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	1 9 3 3 2	1 9 3 3 2
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1 9 3 3 2	1 9 3 3 2
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(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		
30. Federal Election Activity (2 U.S.C. §431(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 9 3 3 2	1 9 3 3 2
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1 9 3 3 2	1 9 3 3 2

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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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)	1 0 4 8 0 0	1 0 4 8 0 0
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1, 0 4 8 0 0	1, 0 4 8 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1 9 3 3 2	1 9 3 3 2
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1 9 3 3 2	1 9 3 3 2

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 2

(check only one)

<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)
WESTMED MEDICAL GROUP, P.C. PAC (WESTMED PAC)

Full Name (Last, First, Middle Initial)

A. LEVESQUE, NANCY

Mailing Address

3 SILVERMINE DRIVE

City

SOUTH SALEM

State

NY

Zip Code

10590

FEC ID number of contributing federal political committee.

C 0 0 4 8 9 4 5 0

Name of Employer

WESTMED MEDICAL GROUP

Occupation

COO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2 5 0 0 0

Date of Receipt

MM / DD / YYYY
0 2 / 0 4 / 2 0 1 1

Amount of Each Receipt this Period

2 5 0 0 0

Full Name (Last, First, Middle Initial)

B. WYNN, JONATHAN B.

Mailing Address

56 FRANKLIN ROAD

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing federal political committee.

C 0 0 4 8 9 4 5 0

Name of Employer

WESTMED MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2 0 0 0 0

Date of Receipt

MM / DD / YYYY
0 2 / 0 4 / 2 0 1 1

Amount of Each Receipt this Period

2 0 0 0 0

Full Name (Last, First, Middle Initial)

C. FEUER, BARRY

Mailing Address

27 MOUNTAIN AVE

City

MONSEY

State

NY

Zip Code

10952

FEC ID number of contributing federal political committee.

C 0 0 4 8 9 4 5 0

Name of Employer

WESTMED MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2 0 0 0 0

Date of Receipt

MM / DD / YYYY
0 2 / 0 4 / 2 0 1 1

Amount of Each Receipt this Period

2 0 0 0 0

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

6 5 0 0 0

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

11030640125

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 2
(check only one)

<input checked="" 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
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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)
WESTMED MEDICAL GROUP, P.C. PAC (WESTMED PAC)

A. Full Name (Last, First, Middle Initial)
MACBETH, LAURA

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 1 1

Mailing Address
72 QUARRY LANE

City State Zip Code
BEDFORD NY 10506

FEC ID number of contributing federal political committee.
C 0 0 4 8 9 4 5 0

Name of Employer Occupation
WESTMED MEDICAL GROUP PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1,990.00

Amount of Each Receipt this Period
1,990.00

B. Full Name (Last, First, Middle Initial)
COVEN, BARBARA

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Mailing Address
38 BYRAM SHORE RD

City State Zip Code
GREENWICH CT 06830

FEC ID number of contributing federal political committee.
C 0 0 4 8 9 4 5 0

Name of Employer Occupation
WESTMED MEDICAL GROUP PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1,990.00

Amount of Each Receipt this Period
1,990.00

C. Full Name (Last, First, Middle Initial)

Date of Receipt
M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶ 3,980.00

TOTAL This Period (last page this line number only).....▶ 1,048.00

11030640126

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
7/21/11

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JMP
 PREPARER

7/25/11
 DATE PREPARED

11030640127