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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

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

ADDRESS (number and street) 2700 WESTCHESTER AVENUE PURCHASE NY 10577-1247

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), General (12G), Runoff (12R), Convention (12C), Special (12S)

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 10/01/2010 through 11/22/2010

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

Signature of Treasurer [Handwritten Signature] Date 11/26/2010

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

Table with 10 columns for Office Use Only

FEC FORM 3X Rev. 12/2004

10030501340

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period: From:

10 / 01 / 2010

To:

11 / 22 / 2010

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2010		0
(b) Cash on Hand at Beginning of Reporting Period.....		0
(c) Total Receipts (from Line 19).....	71,000.00	71,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	71,000.00	71,000.00
7. Total Disbursements (from Line 31).....	24,000.00	24,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	47,000.00	47,000.00
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

10030501341

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Report Covering the Period: From: 10 / 01 / 2010 To: 11 / 22 / 2010

**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).....

7,100.00

7,100.00

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

 

 

7,000.00

7,100.00

- (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).....▶

 

 

 

 

 

 

7,100.00

7,100.00

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.).....

 

 

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)).....▶

 

 

 

 

7,100.00

7,100.00

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

 

 

7,100.00

7,100.00

10030501342

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

10030501343

<b>II. Disbursements</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2,400.00	2,400.00
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))..	2,400.00	2,400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2,400.00	2,400.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....		
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	71,000.00	71,000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

10030501344

**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"/> 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)

THE WESTCHESTER MEDICAL GROUP PC PAC

Full Name (Last, First, Middle Initial)

A. Wright, Mia

Mailing Address

9 Silver Stream Dr.

City

W. Harrison

State

NY

Zip Code

10604

FEC ID number of contributing federal political committee.

000489450

Name of Employer

WESTCHESTER MEDICAL GROUP

Occupation

Physician

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10/28/2010

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Sherling, Bruce, E.

Mailing Address

4 Eagles Bluff

City

RYE BROOK, NY

State

NY

Zip Code

10573

FEC ID number of contributing federal political committee.

000489450

Name of Employer

Westchester Medical Group

Occupation

Physician

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11/09/2010

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Pelebecky, George W.

Mailing Address

309 Betsy Brown Rd

City

RYE BROOK, NY

State

NY

Zip Code

10573

FEC ID number of contributing federal political committee.

000489450

Name of Employer

Westchester Medical Group

Occupation

Physician

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11/01/2010

Amount of Each Receipt this Period

250.00

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

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

10030501345

**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"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

THE WESTCHESTER MEDICAL GROUP PC PAC

Full Name (Last, First, Middle Initial)

A. Geller, Jennifer

Mailing Address

23 Easton Ave

City

White Plains

State

NY

Zip Code

10605

FEC ID number of contributing federal political committee.

000489450

Name of Employer

WESTCHESTER MEDICAL GROUP

Occupation

Physician

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 26 / 2010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Schwartz, Simeon

Mailing Address

9 Cayuga Rd

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing federal political committee.

000489450

Name of Employer

Westchester Medical Group

Occupation

Physician

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 28 / 2010

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Yoder, Clark

Mailing Address

56 Kingsbury Dr.

City

Trumbull

State

CT

Zip Code

06611

FEC ID number of contributing federal political committee.

000489450

Name of Employer

Westchester Medical Group

Occupation

CFO

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 29 / 2010

Amount of Each Receipt this Period

250.00

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

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

10030501346

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

Use separate schedule(s)  
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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
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			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

THE WESTCHESTER MEDICAL GROUP PC PAC

Full Name (Last, First, Middle Initial)

A. ETTENSON, JOHN

Mailing Address

15 FOX RIDGE RD.

City

ARMONK

State

NY

Zip Code

10504

FEC ID number of contributing federal political committee.

000489450

Name of Employer

WESTCHESTER MEDICAL GROUP

Occupation

Physician

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 08 2010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. CUSHNER, MICHAEL

Mailing Address

1989 HUNTER BROOK RD

City

YORKTOWN HEIGHTS

State

NY

Zip Code

10598

FEC ID number of contributing federal political committee.

000489450

Name of Employer

WESTCHESTER MEDICAL GROUP

Occupation

Physician

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

10 26 2010

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. NEWMAN, BARNEY

Mailing Address

38 TOP HILL LN.

City

MT. KISCO

State

NY

Zip Code

10549

FEC ID number of contributing federal political committee.

000489450

Name of Employer

WESTCHESTER MEDICAL GROUP

Occupation

Physician

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 28 2010

Amount of Each Receipt this Period

250.00

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

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

10030501347



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

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NAME OF COMMITTEE (In Full)  
**THE WESTCHESTER MEDICAL GROUP PC PAC**

Full Name (Last, First, Middle Initial) <b>A. Shaker, Jason M.</b>		Date of Receipt <b>10/27/2010</b>
Mailing Address <b>3 Irenhyl Ave</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>Port Chester, NY</b>	State Zip Code <b>10573</b>	
FEC ID number of contributing federal political committee. <b>000489450</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>WESTCHESTER MEDICAL GROUP</b>	Occupation <b>Physician</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Johnson, Jenifer M.</b>		Date of Receipt <b>10/28/2010</b>
Mailing Address <b>3 Irenhyl Ave</b>		Amount of Each Receipt this Period <b>500.00</b>
City <b>Port Chester, NY</b>	State Zip Code <b>10573</b>	
FEC ID number of contributing federal political committee. <b>000489450</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>Westchester Medical Group</b>	Occupation <b>Physician</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>c. Ehrlich, James</b>		Date of Receipt <b>10/28/2010</b>
Mailing Address <b>23 Kensington Rd</b>		Amount of Each Receipt this Period <b>100.00</b>
City <b>Scarsdale, NY</b>	State Zip Code <b>10583</b>	
FEC ID number of contributing federal political committee. <b>000489450</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer <b>Westchester Medical Group</b>	Occupation <b>Physician</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>100.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

10030501348

**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"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**THE WESTCHESTER MEDICAL GROUP PC PAC**

Full Name (Last, First, Middle Initial) <b>A. Boczeko, Judd</b>		Date of Receipt <b>10 / 19 / 2010</b>
Mailing Address <b>210 Westchester Ave</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>White Plains, NY</b>	State Zip Code <b>10604</b>	
FEC ID number of contributing federal political committee. <b>000489450</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>WESTCHESTER MEDICAL GROUP</b>	Occupation <b>Physician</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Morel, Richard P.</b>		Date of Receipt <b>10 / 24 / 2010</b>
Mailing Address <b>111 Cliff Ave</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>Pelham, NY</b>	State Zip Code <b>10803</b>	
FEC ID number of contributing federal political committee. <b>000489450</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>Westchester Medical Group</b>	Occupation <b>Physician</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Finerman, Wilmore</b>		Date of Receipt <b>10 / 25 / 2010</b>
Mailing Address <b>210 Westchester Ave</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>White Plains, NY</b>	State Zip Code <b>10604</b>	
FEC ID number of contributing federal political committee. <b>000489450</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>Westchester Medical Group</b>	Occupation <b>Physician</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

10030501349

**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"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

THE WESTCHESTER MEDICAL GROUP PC PAC

Full Name (Last, First, Middle Initial)

A. Eilen, Bonnie

Mailing Address

76 Albemarle Rd

City

White Plains, NY

State

Zip Code

10605

FEC ID number of contributing federal political committee.

000489450

Name of Employer

WESTCHESTER MEDICAL GROUP

Occupation

Physician

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10/24/2010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Berman, Jeffrey O.

Mailing Address

15 Evergreen Row

City

Armonk, NY

State

Zip Code

10504

FEC ID number of contributing federal political committee.

000489450

Name of Employer

Westchester Medical Group

Occupation

Physician

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10/21/2010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Schwartz, Kenneth S.

Mailing Address

1 Theall Rd 205

City

Rye, NY

State

Zip Code

10580

FEC ID number of contributing federal political committee.

000489450

Name of Employer

Westchester Medical Group

Occupation

Physician

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10/22/2010

Amount of Each Receipt this Period

250.00

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

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

10030501350

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

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

FOR LINE NUMBER:		PAGE	OF
(check only one)			
<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"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

THE WESTCHESTER MEDICAL GROUP PC PAC

Full Name (Last, First, Middle Initial)

A. Shen, Katherine J.

Mailing Address

6 Idar Court Flr 2

City State Zip Code

Greenwich, CT 06830

FEC ID number of contributing federal political committee.

C00489450

Name of Employer

WESTCHESTER MEDICAL GROUP

Occupation

Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10/20/2010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Martimucci, William A.

Mailing Address

29 Evergreen Row

City State Zip Code

Armonk, NY 10504

FEC ID number of contributing federal political committee.

C00489450

Name of Employer

Westchester Medical Group

Occupation

Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10/21/2010

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. KUBERSKY, Steven

Mailing Address

101 Greenridge Ave

City State Zip Code

White Plains, NY 10605

FEC ID number of contributing federal political committee.

C00489450

Name of Employer

Westchester Medical Group

Occupation

Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10/21/2010

Amount of Each Receipt this Period

250.00

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

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

7100.00

1510503001

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (in Full)  
**THE WESTCHESTER MEDICAL GROUP PC PAC**

**A. Nita Lowey for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address: **188 EAST POST RD**

City: **WHITE PLAINS NY** State: **NY** Zip Code: **10605**

Purpose of Disbursement

Candidate Name: **NITA LOWEY**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **NY** District: **18**

Date of Disbursement: **11 / 01 / 2010**

Amount of Each Disbursement this Period: **2400.00**

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State District

Date of Disbursement

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State District

Date of Disbursement

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....▶

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

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