FE6AN026

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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WEST	IED MEDICAL	. GROU	P, P.C. PAC				
l (WEST	MED PAC)		1 1 1 1 1	1111			
ADDRESS (	number and street)	2700	WESTCHE	SŢĘŖ <sub>,</sub> ĄVĘ	NUE		
tha	eck if different n previously orted. (ACC)	PURC	CHASE			NY 10	570 _ 2547
2. FEC ID	ENTIFICATION N	UMBER ▼	C	ITY 🛦		STATE A	ZIP CODE A
C	0 4 8 9 4 5 0			IS THIS REPORT	NEW OR	AMEND (A)	DED
4. TYPE (Choose	OF REPORT	(b) Moi	oort 🔲	b 20 (M2)	May 20 (M5)	Aug 20 (I	M8) Nov 20 (M11) (Non-Election Year Only)
(a) Qu	arterly Reports:	Due	e On: Ma	ar 20 (M3)	Jun 20 (M6)	Sep 20 (I	M9) Dec 20 (M12) (Non-Election Year Only)
П	April 15 Quarterly Report (0		Ar	or 20 (M4)	Jul 20 (M7)	Oct 20 (M	M10) Jan 31 (YE)
п	July 15	(c)	12-Day  PRE-Election	Prima	ary (12P)	General (12G	) Runoff (12R)
	Quarterly Report (0 October 15	·	Report for the:	Conv	ention (12C)	Special (12S)	
	Quarterly Report (C January 31 Year-End Report (Y		Elect	ion on	M / 8 0 /	Y • Y • Y • Y	in the State of
	July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d)	30-Day POST-Election	X Gene	ral (30G)	Runoff (30R)	Special (30S)
	Termination Report (TER)		Report for the:	ion on	M / 6 6 /	Y	in the State of
5. Coverin	g Period 1	M / o 1	<sup>6</sup> 6 201	4 Y th	rough 1 1	′ ° ° 4 ′ 2	014
I certify that	I have examined the				e and belief it is tru	ue, correct and co	mplete.
Type or Prir	nt Name of Treasure	er <u>W</u>	illiam A	1grs Tim	ucci		
Signature of	f Treasurer		<i>M</i>			Date [13]	03/2014
NOTE: Subn	nission of false, error	neous, or inc	complete informat	on may subject	the person signing the	nis Report to the pe	enalties of 2 U.S.C. §437g.
	ffice Jse					F	FEC FORM 3X Rev. 12/2004

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name WESTMED MEDICAL GROU	UP, P.C. PAC PAC (WESTMED PAC)	
Report Covering the Period: From:	1 0 1 6 2 0 1 4 To:	1 1 2 4 2 0 1 4
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,		6 9 2 3 5 9
(b) Cash on Hand at  Beginning of Reporting Period	6 6 6 7 5 4	
(c) Total Receipts (from Line 19)		0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	666754	6,923,59
7. Total Disbursements (from Line 31)	2 5 3 4 5 9	2 7 9 0 6 4
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4 1 3 2 9 5	4 1 3 2 9 5
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
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 999 E Street, NW Washington, DC 20463	

Toll Free 800-424-9530

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

# 140% - 135 - 0458

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

_		.C. PAC (V	VESTMED PAC)		
R	eport Covering the Period: From:	) / °1'6	′ <sup>*2 *0′ * 1 *4</sup>	То:	MT1 / 24 / 2014
-	I. Receipts	1	COLUMN A otal This Period		COLUMN B Calendar Year-to-Date
12.	Contributions (other than loans) From:  (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	72 - 72 - 72 - 72 - 72 - 72 - 72 - 72 -			
15.	Loan Repayments Received			] [ ] [	
	to Federal Candidates and Other Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)			] [ ] [ ] [	
	(b) Levin Funds (from Schedule H5)				
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶  Total Federal Receipts (subtract Line 18(c) from Line 19)▶			] [ n r	

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Find Follow	Calcillati Teal-to-Date
	Activity (from Schedule H4)		
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures	3 4 5 9	2 9 0 6 4
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	3 4 5 9	
22.	Transfers to Affiliated/Other Party		
22	Committees		
23.	Federal Candidates/Committees		
	and Other Political Committees	2,500,00	2,500,00
	Independent Expenditures		
25.	(use Schedule E)		
	(use scriedule i )		
26	Loan Repayments Made		
20.	Loan ricpayments wade		
27.	Loans Made		
	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		1
	(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 5 3 4 5 9	2. 7. 9. 0. 6. 4
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		<del></del>
	from Line 31)	2 5 3 4 5 9	279064
		25	

DETAI	IED	CILINA		
UEIAI	LEU	2011VI	IIVIART	PAUL

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 III. Net Contributions/Operating Ex-COLUMN A COLUMN B **Total This Period** Calendar Year-to-Date penditures 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) ..... 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) .......

SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	Use separate schedu for each category of Detailed Summary P

	FOR LINE	NUMBER:	PAGE	Ξ Ο	F
separate schedule(s)	(check onli	y one)			
ach category of the led Summary Page	11a	11b	11c	12	
	13	14	15	16	17
sold or used by any pe	rson for the	purpose of	soliciting	contribu	tions

I	EWIZED RECEIPTS	Detailed Summary Page	$\mid \sqcap$	11a 13		11b 14	F	11c		12 16	□ 17	.
Ar or	by information copied from such Reports and Statements refor commercial purposes, other than using the name and	nay not be sold or used by any pe address of any political committee	erson for	or the	purp	ose o	f s	oliciting	CO	ntribu	ions	
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)	-										
<u>-</u> ۹.	Full Name (Last, First, Middle Initial)	·		ate of	Re	ceipt		-				_
••	Mailing Address			Mam , Boo , Loosan								
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	FEC ID number of contributing federal political committee.					(7 <u>)</u>				······································		
	Name of Employer Occupation	on										
	Receipt For:  Primary General  Other (specify) ▼  Aggregat	e Year-to-Date ▼										
В.	Full Name (Last, First, Middle Initial)			Date of	Re	ceint						
٠.	Mailing Address		<u>ا</u> آ	M W M	1′	oc.pt	Ď	'   "	• 7	44		
	City State	Zip Code		\mount	of	Each	Re	ceipt th	nis F	Period		
	FEC ID number of contributing federal political committee.				-	o						
	Name of Employer Occupation	on	7									
	Receipt For:  Primary	e Year-to-Date ▼										
С.	Full Name (Last, First, Middle Initial)			Date of	Re	ceipt						
	Mailing Address		_ [	м м	1	6	D	۱ ′ ۲°	• Y	γ γ	7	
	City State	Zip Code		Amount	of	Each	Re	ceipt th	nis F	Period		
	FEC ID number of contributing federal political committee.					<i>(</i> )						]
	Name of Employer Occupati	on										
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SCHEDUL	EΒ	(FEC	Form	3X)
ITEMIZED	DISE	BURSE	MENT	īS

	EMIZED DISBURSEMENTS	Use separate schedule(s)		INE N	IUMBER: one)	<u> </u>	<u>'</u>		
• •	LIVIIZEU DISBURSEIVIEN IS	for each category of the Detailed Summary Page		21b [		X 23	24	25	26
<u></u>				27	28a	28b	28c	29	30b
	ly information copied from such Reports and Staten for commercial purposes, other than using the nam								
	NAME OF COMMITTEE (In Full)					-			
1/	WESTMED MEDICAL GROUP, P.	)							
_	Full Name (Last, First, Middle Initial)								
A.	LOWEY FOR CONGRESS				Date of	Disburse	ment	V V V V	7
	Mailing Address 188 EAST POST ROAD, SUITE	305			1 1	Ő	2 2	0 1	4
	City S WHITE PLAINS	State Zip Code NY 10605							
	Purpose of Disbursement								
	CONGRESSIONAL CAMPAIGN CC	ONTRIBUTION	0 1	<b></b>	Amoun	t of Each	Disbursem	ent this F	eriod
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	Office Sought: X House Disburser Senate								
	President	Other (specify) ▼		Ì					
_	State: District:			_					
В.	Full Name (Last, First, Middle Initial)				Date o	f Disburse	ement		
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	City	State Zip Code							
	Purpose of Disbursement		_						
	Candidate Name		_	Amoun	t of Each	Disbursem	ent this I	eriod	
			Categor Type	y/	L,				
	Office Sought: House Disburser Senate	nent For: Primary General		1					
	President	Other (specify) ▼							
_	State: District:			_					
C.	Full Name (Last, First, Middle Initial)				Date o	f Disburse	ement		
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