

**FEC
FORM 3X**

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

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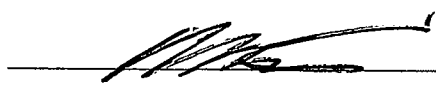
1. NAME OF COMMITTEE (in full) **WESTMED MEDICAL GROUP, P.C. PAC**
 TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
(WESTMED PAC)

ADDRESS (number and street) **2700 WESTCHESTER AVENUE**
 Check if different than previously reported. (ACC)
PURCHASE **NY** **10570** - **2547**

2. FEC IDENTIFICATION NUMBER ▼ **C 00489450** CITY ▲ STATE ▲ ZIP CODE ▲
 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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) 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 **04 / 01 / 2015** through **06 / 30 / 2015**

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  Date **07 / 14 / 2015**

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

**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 PAC (WESTMED PAC)

Report Covering the Period:

From:

04 / 01 / 2015

To:

06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		410814
(b) Cash on Hand at Beginning of Reporting Period.....	403382	
(c) Total Receipts (from Line 19)	0	0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	403382	410814
7. Total Disbursements (from Line 31).....	7437	14869
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	395945	395945
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
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:

04 / 01 / 2015

To:

06 / 30 / 2015

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

0
0
0
0
0
0
0

0
0
0
0
0
0
0

- (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.....

0
0
0

0
0
0

13. All Loans Received.....

0
0

0
0

14. Loan Repayments Received.....

0
0

0
0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0
0

0
0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0
0

0
0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0
0

0
0

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))..

0
0
0
0

0
0
0
0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶

0
0

0
0

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

0
0

0
0

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

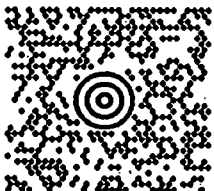

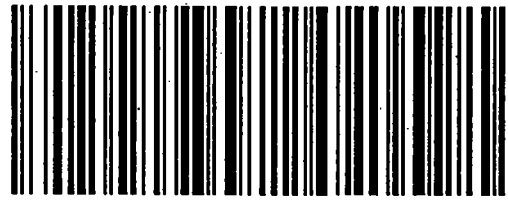

Page 5

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)	0	0
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0	0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7 4 3 7	1 4 8 6 9
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7 4 3 7	1 4 8 6 9

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CW *7-15-15*
 PREPARER DATE PREPARED

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