

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
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2017 JAN 11 AM 10:20
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) 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 address is changed)

PURCHASE CITY ▲ NY STATE ▲ 10570 - 2547 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) WMartimucci@westmedgroup.com

Optional Second E-Mail Address
Compliance@westmedgroup.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)


2. DATE 12 / 01 / 2016

3. FEC IDENTIFICATION NUMBER ► C 00489450

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William Martimucci, MD

Signature of Treasurer  Date 01 / 10 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

2017-01-11 00:11:00

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

| | | | |
|----|-------|---------------|--------------------------|
| 1. | _____ | FEC ID number | <input type="checkbox"/> |
| 2. | _____ | FEC ID number | <input type="checkbox"/> |
| 3. | _____ | FEC ID number | <input type="checkbox"/> |
| 4. | _____ | FEC ID number | <input type="checkbox"/> |

2017-01-11 09:11:00

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Two rows of grid lines for entering the name of the organization.

Mailing Address

Grid lines for entering the mailing address, including fields for City, State, and ZIP Code.

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Grid line for entering the full name.

Mailing Address

Grid lines for entering the mailing address, including fields for City, State, and ZIP Code.

CITY

STATE

ZIP CODE

Title or Position

Grid line for entering the title or position.

Telephone number

Grid lines for entering the telephone number.

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Grid line for entering the full name of the treasurer.

Mailing Address

Grid lines for entering the mailing address, including fields for City, State, and ZIP Code.

CITY

STATE

ZIP CODE

Title or Position

Grid line for entering the title or position.

Telephone number

Grid lines for entering the telephone number.

2017-01-11 09:00:00 AM

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

2010-11-08 10:00:00 AM

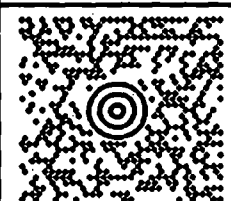
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ZOILA WESTMED MEDICAL GROUP 1 LBS 1 OF 1
2700 WESTCHESTER AVE
PURCHASE NY 10577

SHIP TO:
FEDERAL ELECTION COMMISSION
999 E STREET, NW
WASHINGTON DC 20463-0001



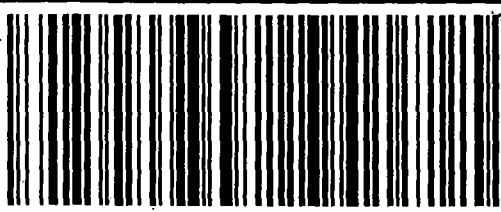
MD 201 9-83



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Reference #1: FINANCE
Reference # 2: WPP

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NON-DOMESTIC DESTINATION



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.

2017-01-11 09:00:00

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|--|-------------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
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| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i> | Shipping Date <i>1/10/17</i> |
| Next Business Day Delivery | <input checked="" 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 |

[Signature] PREPARER *1/11/17*
DATE PREPARED