

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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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 10570 - 2547

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 00489450

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

(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)

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

Election on MM/DD/YYYY in the State of

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

Election on MM/DD/YYYY in the State of NY

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 10/01/2016 through 11/28/2016

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, MD

Signature of Treasurer [Signature] Date 01/10/2017

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

**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:  /  /  To:  /  /

|   | COLUMN A<br>This Period               | COLUMN B<br>Calendar Year-to-Date     |
|---|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2016"/>   |                                       | <input type="text" value="3,765.91"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   | <input type="text" value="2,622.71"/> |                                       |
| (c) Total Receipts (from Line 19).....  | <input type="text" value="0"/>        | <input type="text" value="0"/>        |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....             | <input type="text" value="2,622.71"/> | <input type="text" value="3,765.91"/> |
| 7. Total Disbursements (from Line 31).....  | <input type="text" value="2,622.71"/> | <input type="text" value="3,765.91"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                        | <input type="text" value="0"/>        | <input type="text" value="0"/>        |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | <input type="text" value="0"/>        |                                       |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | <input type="text" value="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:

**10 / 01 / 2016**

To:

**11 / 28 / 2016**

**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).....

0

0

(ii) Unitemized.....

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

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).....▶

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)).....▶

0

0

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

0

0

2017-01-11 00:11:20

**DETAILED SUMMARY PAGE**  
of Disbursements

**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 .....  | 0        | 0        |
| (ii) Non-Federal Share.....  | 0        | 0        |
| (b) Other Federal Operating Expenditures .....   | 250.04   | 1,393.24 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 250.04   | 1,393.24 |
| 22. Transfers to Affiliated/Other Party Committees.....  |          |          |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 2,372.67 | 2,372.67 |
| 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))..       | 2,622.71 | 3,765.91 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 2,622.71 | 3,765.91 |

NON-FEDERAL SHARE

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 0                             | 0                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            |                               |                                   |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 0                             | 0                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 2 5 0 . 0 4                   | 1 , 3 9 3 . 2 4                   |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                |                               |                                   |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 2 5 0 . 0 4                   | 1 , 3 9 3 . 2 4                   |

NON-QUALIFIED CONTRIBUTION

**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)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 |

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**

Full Name (Last, First, Middle Initial)

**A. American Medical Group Association-PAC (FEC-C00408120)**

Date of Disbursement

|    |    |      |
|----|----|------|
| MM | DD | YYYY |
| 11 | 17 | 2016 |

Mailing Address  
**1202 Medical Center Drive**

City State Zip Code  
**Wilmington NC 28401**

Purpose of Disbursement  
**Disposal of remaining funds donation**

|                   |
|-------------------|
| Category/<br>Type |
| 011               |

Amount of Each Disbursement this Period

|         |
|---------|
| Amount  |
| 2372.67 |

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

|    |    |      |
|----|----|------|
| MM | DD | YYYY |
|    |    |      |

Mailing Address

City State Zip Code

Purpose of Disbursement

|                   |
|-------------------|
| Category/<br>Type |
|                   |

Amount of Each Disbursement this Period

|        |
|--------|
| Amount |
|        |

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

|    |    |      |
|----|----|------|
| MM | DD | YYYY |
|    |    |      |

Mailing Address

City State Zip Code

Purpose of Disbursement

|                   |
|-------------------|
| Category/<br>Type |
|                   |

Amount of Each Disbursement this Period

|        |
|--------|
| Amount |
|        |

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

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

|        |
|--------|
| Amount |
|        |

|        |
|--------|
| Amount |
|        |

2017-01-10 10:00 AM

**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)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" 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)  
**WESTMED MEDICAL GROUP, P.C. PAC**

**A.**

Full Name (Last, First, Middle Initial)

**Bank of America**

Mailing Address  
**P.O. Box 15284**

City **Wilmington** State **DE** Zip Code **19850**

Purpose of Disbursement  
**Account Analysis Fee**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
**10 / 17 / 2016**

Amount of Each Disbursement this Period  
**3010**

Category/Type  
**001**

**B.**

Full Name (Last, First, Middle Initial)

**Bank of America**

Mailing Address  
**P.O. Box 15284**

City **Wilmington** State **DE** Zip Code **19850**

Purpose of Disbursement  
**Account Analysis Fee**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
**11 / 15 / 2016**

Amount of Each Disbursement this Period  
**21994**

Category/Type  
**001**

**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  
MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

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

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

2017-01-01 10:00:00 AM

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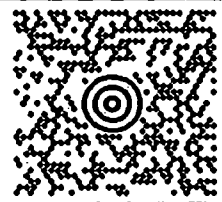
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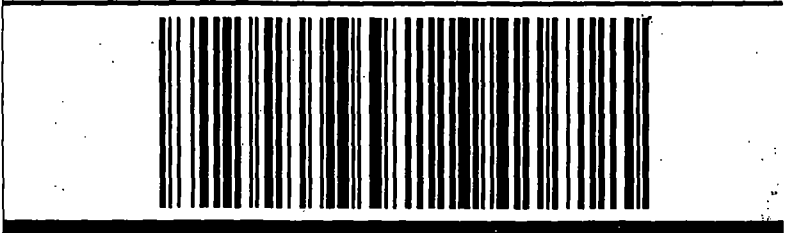
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WESTMED MEDICAL GROUP  
2700 WESTCHESTER AVE  
PURCHASE NY 10577  
  
SHIP TO:  
FEDERAL ELECTION COMMISSION  
999 E STREET, NW  
WASHINGTON DC 20463-0001



MD 201 9-83



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TRACKING #: 1Z OE9 304 01 9081 3136



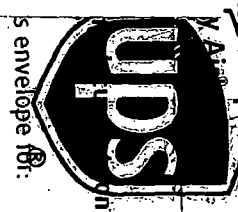
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Reference # 2: WPP  
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NON-QUALITATIVE INFORMATION





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*1/10/17*  
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

  
 PREPARER  
 (3/2015)

*1/11/17*  
 DATE PREPARED

2017-01-10 09:00:00