

2011 JUL 20 AM 8:05

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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

NY

10577

2547

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)



(Check if address
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

2. DATE

07

13

2011

3. FEC IDENTIFICATION NUMBER

C00489450

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

Signature of Treasurer

Date

07

13

2011

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

11030632816

Write or Type Committee Name

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

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

WESTMED MEDICAL GROUP, P.C.

(f/k/a) THE WESTCHESTER MEDICAL GROUP, P.C.

Mailing Address

2700 WESTCHESTER AVENUE

PURCHASE NY 10577-2547

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

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

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

11030632817

Federal Election Commission
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GMN
PREPARER

7/20/11
DATE PREPARED

11030632818