

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED

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FEC MAIL CENTER

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 10577-2547

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 C00489450

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |
- Election on [] / [] / [] in the State of []

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|
- Election on [] / [] / [] in the State of []

5. Covering Period 01 / 01 / 2012 through 03 / 31 / 2012

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 04 / 12 / 2012

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
FEC FORM 3X
Rev. 12/2004

12030772924

**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 (WESTMED PAC)

Report Covering the Period: From:

/ /
0 1 / 0 1 / 2 0 1 2

To:

/ /
0 3 / 3 1 / 2 0 1 2

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <input type="text" value="YYYY"/> <input type="text" value="MM"/> <input type="text" value="MM"/>	<input type="text" value="00000000"/>	<input type="text" value="1379022"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1379022"/>	<input type="text" value="1379022"/>
(c) Total Receipts (from Line 19)	<input type="text" value="300000"/>	<input type="text" value="300000"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1679022"/>	<input type="text" value="1679022"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1007914"/>	<input type="text" value="1007914"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="671108"/>	<input type="text" value="671108"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="00000000"/>	<input type="text" value="00000000"/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="00000000"/>	<input type="text" value="00000000"/>



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

12030772925

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:

M	M	M
0	1	

 /

D	D	D
0	1	

 /

Y	Y	Y	Y	Y	Y
2	0	1	2		

 To:

M	M	M
0	3	

 /

D	D	D
3	1	

 /

Y	Y	Y	Y	Y	Y
2	0	1	2		

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)).....▶

3 0 0 0 0 0
3 0 0 0 0 0

3 0 0 0 0 0
3 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)

3 0 0 0 0 0

3 0 0 0 0 0

12. Transfers From Affiliated/Other Party Committees.....

--

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13. All Loans Received.....

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14. Loan Repayments Received.....

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

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

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

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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)).....▶

3 0 0 0 0 0

3 0 0 0 0 0

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

3 0 0 0 0 0

3 0 0 0 0 0

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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		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures	7 9 1 4	7 9 1 4
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7 9 1 4	7 9 1 4
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1 0 0 0 0 0 0	1 0 0 0 0 0 0
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)) ..	1 0 0 7 9 1 4	1 0 0 7 9 1 4
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1 0 0 7 9 1 4	1 0 0 7 9 1 4

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

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 2

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 (WESTMED PAC)

A. Full Name (Last, First, Middle Initial)
CLOSE, PATRICIA

Mailing Address
1 PINE RIDGE ROAD

City GREENWICH State CT Zip Code 06830

FEC ID number of contributing federal political committee. C 0 0 4 8 9 4 5 0

Name of Employer WESTMED MEDICAL GROUP Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5 0 0 0 0

Date of Receipt
0 1 / 1 7 / 2 0 1 2

Amount of Each Receipt this Period
5 0 0 0 0

B. Full Name (Last, First, Middle Initial)
STEVENS, MITCHELL

Mailing Address
78 GRANDVIEW AVE

City WHITE PLAINS State NY Zip Code 10605

FEC ID number of contributing federal political committee. C 0 0 4 8 9 4 5 0

Name of Employer WESTMED MEDICAL GROUP Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5 0 0 0 0

Date of Receipt
0 1 / 2 6 / 2 0 1 2

Amount of Each Receipt this Period
5 0 0 0 0

C. Full Name (Last, First, Middle Initial)
CUSHNER, MICHAEL

Mailing Address
1989 HUNTER BROOK RD

City YORKTOWN HEIGHTS State NY Zip Code 10598

FEC ID number of contributing federal political committee. C 0 0 4 8 9 4 5 0

Name of Employer WESTMED MEDICAL GROUP Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1 0 0 0 0 0

Date of Receipt
0 2 / 1 5 / 2 0 1 2

Amount of Each Receipt this Period
1 0 0 0 0 0

SUBTOTAL of Receipts This Page (optional).....▶

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

2 0 0 0 0 0

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 2
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (in Full)
WESTMED MEDICAL GROUP, P.C. PAC (WESTMED PAC)

A. Full Name (Last, First, Middle Initial)
WALDMAN, JOSHUA

Mailing Address
86 SPIER ROAD

City SCARSDALE State NY Zip Code 10583

FEC ID number of contributing federal political committee. C 0 0 4 8 9 4 5 0

Name of Employer WESTMED MEDICAL GROUP Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1 0 0 0 0 0

Date of Receipt 0 2 / 2 7 / 2 0 1 2

Amount of Each Receipt this Period 1 0 0 0 0 0

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶ 1 0 0 0 0 0

TOTAL This Period (last page this line number only).....▶ 3 0 0 0 0 0

12030772930

**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

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NAME OF COMMITTEE (In Full)
WESTMED MEDICAL GROUP, P.C. PAC (WESTMED PAC)

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
0 3	2 8	2 0 1 2

A. LOWEY FOR CONGRESS

Mailing Address
188 EAST POST ROAD, SUITE 305

City State Zip Code
WHITE PLAINS NY 10605

Purpose of Disbursement
POLITICAL CAMPAIGN CONTRIBUTION

0 1 1
Category/ Type

Amount of Each Disbursement this Period

2 5 0 0 0 0

Candidate Name
NITA LOWEY

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

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
0 3	2 8	2 0 1 2

B. ELIOT ENGEL FOR CONGRESS

Mailing Address
6 GRAMATAN AVENUE, SUITE 205

City State Zip Code
MT. VERNON NY 10550

Purpose of Disbursement
POLITICAL CAMPAIGN CONTRIBUTION

0 1 1
Category/ Type

Amount of Each Disbursement this Period

2 5 0 0 0 0

Candidate Name
ELIOT ENGEL

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

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
0 3	2 8	2 0 1 2

C. GILLIBRAND FOR SENATE

Mailing Address
15 WEST 26TH STREET, SUITE 4R

City State Zip Code
NEW YORK NY 10010

Purpose of Disbursement
POLITICAL CAMPAIGN CONTRIBUTION

0 1 1
Category/ Type

Amount of Each Disbursement this Period

2 5 0 0 0 0

Candidate Name
KIRSTEN GILLIBRAND

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

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

7 5 0 0 0 0

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

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**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

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NAME OF COMMITTEE (In Full)
WESTMED MEDICAL GROUP, P.C. PAC (WESTMED PAC)

Full Name (Last, First, Middle Initial)

A. JIM HIMES FOR CONGRESS

Mailing Address
857 POST ROAD, #312

City State Zip Code
FAIRFIELD CT 06824

Purpose of Disbursement
POLITICAL CAMPAIGN CONTRIBUTION

0 1 1
Category/
Type

Candidate Name
JIM HIMES

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

Date of Disbursement

03 / 28 / 2012

Amount of Each Disbursement this Period

250000

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

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

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

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

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

250000

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

1000000

12030772932

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *UPS* Shipping Date
4/12/12
 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

[Signature]
PREPARER
 (3/2005)

4/13/12
DATE PREPARED

12030772933