

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Emergency Department Practice Management Association PAC (EDPMA-PAC)

ADDRESS (number and street)

1760 Old Meadow Road

Suite 500

(Check if address is changed)

McLean

VA

22102

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

None

COMMITTEE'S WEB PAGE ADDRESS (URL)

None

COMMITTEE'S FAX NUMBER

7035063266

2. DATE

07 / 01 / 2008

3. FEC IDENTIFICATION NUMBER

C C00388470

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

Leslie J. Kerman

Signature of Treasurer

Electronically Filed by Leslie J. Kerman

Date

07 / 01 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 12/2007)

5. TYPE OF COMMITTEE (Check One)

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
- (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 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	C _____
2. _____	FEC ID number	C _____
3. _____	FEC ID number	C _____
4. _____	FEC ID number	C _____
5. _____	FEC ID number	C _____

Write or Type Committee Name

Emergency Department Practice Management Association PAC (EDPMA-PAC)

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

Emergency Department Practice Management Association

Mailing Address **1760 Old Meadow Road**
Suite 500
McLean **VA** **22102**
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship:

Connected Organization Affiliated Committee Leadership PAC Sponsor Joint Fundraising Representative

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 **Leslie J. Kerman**
Mailing Address **6849 Old Dominion Drive**
Suite 222
McLean **VA** **22101**
CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼ **Assistant Treasurer** Telephone number **571** - **633** - **9741**

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 **William C. Schumacher**
Mailing Address **200 Corporate Boulevard**
Suite 201
Lafayette **LA** **70508**
CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼ **Treasurer** Telephone number **337** - **354** - **1102**

Full Name of Designated Agent **Leslie J. Kerman**

Mailing Address **6849 Old Dominion Drive**
Suite 222
McLean VA 22101

Title or Position **Assistant Treasurer** Telephone number **571 633 9741**

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.

PNC Bank

Mailing Address **6805 Old Dominion Drive**

McLean VA 22101

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE