Image# 201511129003319050						PAG	GE 1 / 6
FEC	REPORT (AND DISE For Other Than A	BURSEN	JENT S	S		Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT V		mple: If typir r the lines.	ng, type	12FE4M5		
Emergency Departme	nt Practice Mana	agement As	sociation			C)	
ADDRESS (number and street)	8400 Westpark Drive	e 					
Check if different	2nd Floor						
than previously reported. (ACC)	McLean				VA	22102	-
2. FEC IDENTIFICATION N	UMBER 🔻			S		ZIP CO	DE 🔺
C C00388470		3. IS THIS REPORT	~ /	IEW N) OR	AN (A)	IENDED	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (0) July 15 Quarterly Report (0) October 15 Quarterly Report (0) January 31 Year-End Report (0) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) 	(C) 12-Day PRE-Elec Report for Q2) (d) 30-Day POST-Elec Report for POST-Elec Report for	Election on		12C)	Sep	12S) in the State o	Special (30S)
5. Covering Period 1		2015	through	10	/ D D / 31	2015	
I certify that I have examined the Type or Print Name of Treasure	-	best of my know	wledge and b	pelief it is tru	e, correct and	d complete.	
Signature of Treasurer	ise Clark		[Electronically	Filed] D	ate 11	/ D D / 12	2015
NOTE: Submission of false, error	eous, or incomplete inf	ormation may su	bject the pers	on signing th	is Report to th	ne penalties of 2 l	J.S.C. §437g.
Office Use Only						FEC FOR Rev. 12/2	

11/12/2015 17 : 55

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Emergency Department Practice Management Association PAC (EDPMA-PAC)

R	Report Covering the Period: From:	M / D D / Y Y Y Y 01 2015 To	: 10 / D / Y Y Y Y 2015
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		25768.41
	(b) Cash on Hand at Beginning of Reporting Period	23441.28	
	(c) Total Receipts (from Line 19)	0.00	5000.00
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	23441.28	30768.41
7.	Total Disbursements (from Line 31)	19.13	7346.26
 Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) 		23422.15	23422.15
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

X

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Emergency Department Practice Management Association PAC (EDPMA-PAC)

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
. Contributions (other than loans) From:							
(a) Individuals/Persons Other							
Than Political Committees							
(i) Itemized (use Schedule A)	0.00	0.00					
(ii) Unitemized	0.00	0.00					
(iii) TOTAL (add							
Lines 11(a)(i) and (ii)	0.00	0.00					
	0.00	0.00					
(b) Political Party Committees	0.00	0.00					
(c) Other Political Committees	0.00	5000.00					
(such as PACs)	0.00	5000.00					
(d) Total Contributions (add Lines							
11(a)(iii), (b), and (c)) (Carry	0.00	5000.00					
Totals to Line 33, page 5)	0.00						
2. Transfers From Affiliated/Other	0.00	0.00					
Party Committees	0.00	0.00					
3. All Loans Received	0.00	0.00					
S. All Loans Received							
	0.00						
Loan Repayments Received	0.00	0.00					
5. Offsets To Operating Expenditures							
(Refunds, Rebates, etc.)	0.00	0.00					
(Carry Totals to Line 37, page 5)		0.00					
5. Refunds of Contributions Made							
to Federal Candidates and Other	0.00	0.00					
Political Committees	0.00	0.00					
7. Other Federal Receipts	0.00	0.00					
(Dividends, Interest, etc.)	0.00						
(a) Non-Federal Account							
(from Schedule H3)	0.00	0.00					
	7 7 7						
	0.00	0.00					
(b) Levin Funds (from Schedule H5)		0.00					
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00					
		0.00					
) Total Depoints (add Lines 11(d)							
 Total Receipts (add Lines 11(d), 12, 12, 14, 15, 16, 17, and 18(a)) 		E000.00					
12, 13, 14, 15, 16, 17, and 18(c))►	0.00	5000.00					
) Total Fadaral Dagainta							
). Total Federal Receipts	0.00	5000.00					
(subtract Line 18(c) from Line 19) ►	0.00	5000.00					



I

DETAILED SUMMARY PAGE

	II. Diekuwe war ta	COLUMN A	COLUMN B
II. Disbursements		Total This Period	COLOMN B Calendar Year-to-Date
1. (Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.0
	(ii) Non-Federal Share	0.00	0.00
((b) Other Federal Operating Expenditures	19.13	253.11
((c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))►	19.13	253.1
	Transfers to Affiliated/Other Party Committees	0.00	0.00
. (Contributions to Federal Candidates/Committees and Other Political Committees	0.00	7093.05
	Independent Expenditures	7 7 7	1093.08
. ((use Schedule E) Coordinated Party Expenditures	0.00	0.0
((2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
. L	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
((b) Political Party Committees	0.00	0.00
((c) Other Political Committees (such as PACs)	0.00	0.00
((d) Total Contribution Refunds(add Lines 28(a), (b), and (c))	0.00	0.00
. (Other Disbursements	0.00	0.00
	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
((b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
((c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	19.13	7346.2
	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	19.13	7346.26

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	5000.00	
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	5000.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	19.13	253.17	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	19.13	253.17	

S	CHEDULE B (FEC Form 3X)						MREE				PA	GE	6	OF	6
	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		hec	k only	-	ne)								
		Detailed Summary Page		×	21b 27		22 28a		23 28b		24 28c		25 29		26 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the nam														S
\backslash	NAME OF COMMITTEE (In Full)			_	• • •										
	Emergency Department Practice N	lanagement Associ	ation	Ρ.	AC (ΕL	JPIN	1A-	PAC	;)					
<u> </u>	Full Name (Last, First, Middle Initial)						Dete								
А.	PNC Bank					Date of Disbursement									
	Mailing Address 6805 Old Dominion Drive														
	City S McLean	State Zip Code VA 22101					Tran	sact	ion ID): (SB21B.	505 1	I		
	Purpose of Disbursement	22101	_	_	_										
	Corporate Account Analysis Charge		C	01		/	Amour	nt of	Each	Di	isburser	nent	this	Perio	od
	Candidate Name Emergency Department Practice Management Association	· · ·	Cate T	egoi ype	ry/				7		7		1	9.13	
	Office Sought: House Disburser Senate President Image: Constraint of the senate of the senat of the senate of the senate of the senate of the senat of the se	nent For: Primary General Other (specify)													
	State: District:														
В.	Full Name (Last, First, Middle Initial)					I	Date o	of Di	sburs	em	ent				
							M = M / D = D / Y = Y = Y								
	Mailing Address											-			
	City	State Zip Code													
	Purpose of Disbursement		_	-		Amount of Each Disbursement this Period							ad		
Candidate Name					nu/							Fend	Ju		
			Cate T	ype	, y,				7	-					
		nent For: Primary General Other (specify)													
	State: District:														
C.	Full Name (Last, First, Middle Initial)					I	Date o	_			_				
	Mailing Address						M = N		D	D	/ Y	Y	Y	Y	
	City State Zip Code														
	Purpose of Disbursement			-1											
	Candidate Name				ry/		Amour	nt of	Each	Di	isburser	nent	this	Perio	bd
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼									7				
_	State: District:	•													
s	UBTOTAL of Disbursements This Page (optional)								,					9.13	
т	OTAL This Period (last page this line number only)								7		7		19	9.13	