



AAEM
**AMERICAN ACADEMY OF
 EMERGENCY MEDICINE**
CHAMPION OF THE EMERGENCY PHYSICIAN

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JANET WILSON, CAE

October 29th, 2018

Federal Election Commission
 998 E Street, NW
 Washington, DC 20463

Identification Number: C00324780
 Reference: Statement of Organization

Dear Romy Adame-Wilson,

This document serves as an official announcement of the change of Treasurer with our organization, the American Academy of Emergency Medicine PAC (FEC ID Number C00324780). Please note that our Treasurer has changed from Kevin Beier to William T. Durkin, Jr.

Also, please note that our organization holds a depository account at BMO Harris Bank N.A. This is noted in section nine of the Statement of Organization.

Enclosed with this letter is an amendment to the Statement of Organization, which contains the signature of our new Treasurer. It is our understanding that this letter and amendment to the Statement of Organization will give our present Treasurer, William T. Durkin, Jr. the authority to sign FEC reports for this committee.

Sincerely,

Kay Whalen

Kay Whalen
 Organizational Director

FEC FORM 1

STATEMENT OF ORGANIZATION

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NOV 1 AM 10:13
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

American Academy of Emergency Medicine Political Action Committee AAEM PAC

ADDRESS (number and street)

555 East Wells Street, Suite 1100

(Check if address is changed)

Milwaukee CITY ▲ WI STATE ▲ 53202 - 3823 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

info@aaem.org

Optional Second E-Mail Address
dellenberger@execinc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.aaem.org/aaempac

2. DATE

10 / 23 / 2018

3. FEC IDENTIFICATION NUMBER ▶

C 00324780

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 Dr. William T. Durkin, Jr.

Signature of Treasurer

Date 10 / 29 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

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
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (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 Lobbyist/Registrant PAC.
 - 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 _____

2010-11-01 11:01 AM

Write or Type Committee Name

American Academy of Emergency Medicine PAC

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

American Academy of Emergency Medicine

Mailing Address 555 East Wells Street Suite 1100
Milwaukee WI 53202
CITY STATE ZIP CODE

Relationship: [X] 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 Kay Whalen
Mailing Address 555 East Wells Street Suite 1100
Milwaukee WI 53202
Title or Position CITY STATE ZIP CODE

[Organizational] Director 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 William T. Durkin
Mailing Address 3101 N. Hampton Drive # 407
Alexandria VA 22302
Title or Position CITY STATE ZIP CODE

Treasurer Telephone number

2018-11-01 09:24:10

Full Name of Designated Agent

Dan Ellenberger

Mailing Address

555 East Wells Street Suite 1100

Milwaukee

CITY

WI

STATE

53202

ZIP CODE

Title or Position

Accounting Manager

Telephone number

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.

BMO Harris Bank NA

Mailing Address

N14 W23999 Stone Ridge Drive

Waukesha

CITY

WI

STATE

53188

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

NONPROFIT CORPORATION

5(g) or (h). **Joint Fundraising Participant:**

1. _____
 2. _____
 3. _____
 4. _____

FEC ID number
 FEC ID number
 FEC ID number
 FEC ID number

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

Mailing Address _____

Relationship: _____ CITY ▲ STATE ▲ ZIP CODE ▲
 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____
 Mailing Address _____

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 _____ Telephone Number _____-_____-_____

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. _____
 Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

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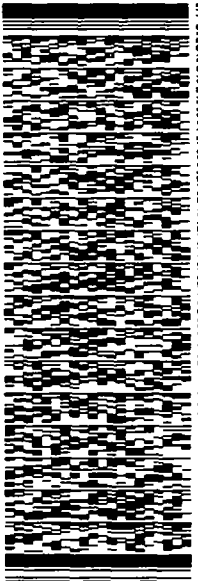
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PARCY WELSH
AREH
555 EAST WELLS STREET
SUITE 1100
MILWAUKEE, WI 53202
UNITED STATES US
SHIP DATE: 29OCT18
ACTWGT: 0.15 LB
CAD: 0602737/CAF3211
BILL THIRD PARTY

FEDERAL ELECTION COMMISSION
999 E STREET, NW

U S GOVERNMENT OFFIC DC 20463

(202) 694-1100
REF:
PO:

DEPT:



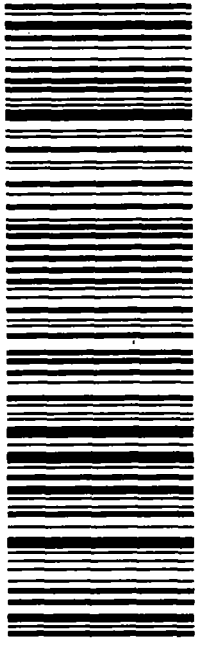
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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
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	<i>FedEx</i> 10/29/18
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER
 (3/2015)

MP

11/1/18
 DATE PREPARED