Image# 13964526340 PAGE 1 / 7

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOTAL FO	or Other Than An Aut	norized Committee	Office Use Only
NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, typover the lines.	pe 12FE4M5
Emergency Department	Practice Managem	ent Association PAG	C (EDPMA-PAC)
ADDRESS (number and street)	8400 Westpark Drive		
Check if different	2nd Floor		
than previously reported. (ACC)	McLean		VA 22102
2. FEC IDENTIFICATION NUM	MBER ▼ CIT	ΓY▲	STATE ▲ ZIP CODE ▲
C C00388470		S THIS NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 20 (M4) X Jul 20	(Non-Election Year Only)
April 15 Quarterly Report (Q1			
July 15 Quarterly Report (Q2	(c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12G) Runoff (12R) Special (12S)
October 15 Quarterly Report (Q3		Convention (120)	opeoid (120)
January 31 Year-End Report (YE) Election	on on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electic		in the State of
5. Covering Period 06	01 / 2013	through	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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	Denise Clark		
Signature of Treasurer Denise	Clark	[Electronically Filed	Date 08 / 16 / 2013
NOTE: Submission of false, erroned	ous, or incomplete informatio	n may subject the person sig	gning this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Emergency Department Practice Management Association PAC (EDPMA-PAC)

06 30 2013 Report Covering the Period: 06 2013 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 38162.46 January 1, 2013 (b) Cash on Hand at 33075.57 Beginning of Reporting Period..... 5000.00 5000.00 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 38075.57 43162.46 6(a) and 6(c) for Column B)..... 1018.89 6105.78 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 37056.68 37056.68 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Emergency Department Practice Management Association PAC (EDPMA-PAC)

tributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Total This Period	Calendar Year-to-Date
Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		0.00
Than Political Committees (i) Itemized (use Schedule A)		0.00
(i) Itemized (use Schedule A)		0.00
(ii) Unitemized	0.00	
	0.00	
	0.00	0.00
Lines 11(a)(i) and (ii)▶	0.00	0.00
Political Party Committees	5000.00	5000.00
· ·		
	0.00	0.00
	5000.00	5000.00
	0.00	0.00
,	7	
oans Received	0.00	0.00
a Denovmente Deseived	0.00	0.00
1 1	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	7	, , ,
	0.00	0.00
	0.00	, , ,
·	0.00	0.00
	0.00	0.00
	0.00	0.00
(IIOIII Scriedule 113)	0.00	0.00
	0.00	0.00
Levin Funds (from Schedule H5)	0.00	0.00
Iotal Transfers (add 18(a) and 18(b))	0.00	0.00
	Other Political Committees (such as PACs)	(such as PACs)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal	1000 11100	Valendai Tear-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) Non Fodoral Shara	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
Expenditures	18.89	105.78		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b))▶	18.89	105.78		
Transfers to Affiliated/Other Party	0.00	0.00		
Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	1000.00	6000.00		
Independent Expenditures	0.00	0.00		
(use Schedule E)	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(uso solioudio i)	7			
Loan Repayments Made	0.00	0.00		
Leane Made	0.00	0.00		
Loans Made Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
F				
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	3.00		
(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)		0.00		
(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	0.00	2.22		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1018.89	6105.78		
Total Federal Dishurasments				
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	1018.89	6105.78		

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5000.00	5000.00
1. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5000.00	5000.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	18.89	105.78
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	18.89	105.78

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Llee concrete cobodule(s)	FOR LINE NUMBER: PAGE 6 OF							7		
Use separate schedule(s) for each category of the Detailed Summary Page	(che	ck only		ne)] 11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) Emergency Department Practi	ce Management Association PAC	(EDPMA-PAC)
Full Name (Last, First, Middle Initial) WAKE EMERGENCY PHYSICIANS Mailing Address 570 NEW WAVERLY PLACE SUITE 210 City CARY FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Receipt For:	Occupation Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		5000.00
TOTAL This Period (last page this line numbe	r only)	5000.00

SCHEDULE B (FEC Form 3X)		FOD I INT	NUMBER: PAGE 7 OF 7			
TEMIZED DISBURSEMENTS	Use separate schedule(s)					
I LIVIIZED DISDUNSLIVIEN IS	for each category of the Detailed Summary Page	21b	22 🔀 23 24 25 26			
	Detailed Suffilliary Page	27	28a 28b 28c 29 30			
Any information copied from such Reports and Stater						
or for commercial purposes, other than using the nan						
NAME OF COMMITTEE (In Full)						
angle Emergency Department Practice M	lanagement Associa	ation PAC (EDPMA-PAC)			
Full Name (Last, First, Middle Initial)						
- BOEHNER FOR SPEAKER			Date of Disbursement			
	M M / D D / Y Y Y Y					
Mailing Address 320 FIRST ST., SE			06 13 2013			
O.h.	25 O 1					
,	State Zip Code DC 20003		Transaction ID: SB23.4855			
WASHINGTON Purpose of Disbursement	20003					
Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/				
		Type	1000.00			
Office Sought: House Disburser						
Senate	Primary General					
State: District:	Other (specify) ▼ None					
Full Name (Last, First, Middle Initial)	INOTIC					
I dii ivanie (Last, i list, iviidde liilida)			Date of Disbursement			
-			M M / D D / Y Y Y Y			
Mailing Address						
City	State Zip Code					
Purpose of Disbursement	T					
			Amount of Each Disbursement this Period			
Candidate Name		Category/				
		Type				
Office Sought: House Disburser						
Senate President	Other (appoint) — General					
State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
t un vante (Last, 1 list, Middle lintal)			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address						
City	Stata Zin Cada					
City	State Zip Code					
Purpose of Disbursement						
		1 : : !!	Amount of Each Disbursement this Period			
Candidate Name		Category/				
Office Courbby		Type				
Office Sought: House Disburser Senate	nent For: Primary General					
President	Other (specify)					
State: District:						
SUBTOTAL of Disbursements This Page (optional)			1000.00			
TOTAL This Period (last page this line number only)			1000.00			