

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

RECEIVED
FEC MAIL
OPERATIONS CENTER

2003 JUL 15 P 12 02

Once 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 Political Action Committee (EDPM-PAC)

ADDRESS (number and street)

8405 Greensboro Drive

(Check if address is changed)

Suite 800

McLean

VA

22102

5120

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

07 / 14 / 2003

3. FEC IDENTIFICATION NUMBER

C

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 Assistant Treasurer

Leslie J. Kerman

Signature of Treasurer Assistant Treasurer

Leslie J. Kerman

Date

07 / 14 / 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:
Federal Election Commission
Tel: From 800-426-9630
Local: 202-694-1110

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 _____

(d) This committee is a (National, State, or subcommittee) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Emergency Department Practice Management Association

Mailing Address: 8405 Greensboro Drive
 Suite 800
 McLean VA 22102 5120
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: Connected Organization _____

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Write or Type Committee Name

Emergency Department Practice Management Association Political Action Committee (EDPA-PAC)

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. Kernan

Mailing Address 6848 Old Dominion Drive
Suite 222
McLean VA 22101

Title or Position Assistant Treasurer CITY McLean STATE VA ZIP CODE 22101

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, MD, FACEP

Mailing Address 200 Corporate Boulevard
Suite 201
Lafayette LA 70508

Title or Position Treasurer CITY Lafayette STATE LA ZIP CODE 70508

Telephone number 337 237 1915

Full Name of Designated Agent

Leslie J. Kernan

Mailing Address

6848 Old Dominion DriveSuite 222McLeanVA22101


Title or Position

Assistant TreasurerCITY McLeanSTATE VAZIP CODE 22101Telephone number 571 633 9741

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/>	Hand Delivered	Date of Receipt 7-15-03
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