Image# 201904199149546469			04/19/2019 14 : 51	
FEC FORM 1	STATEMEN ORGANIZ	_	Offic	PAGE 1 / 4
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	
COMMITTEE (in full)	is changed)	over the lines.	IZFE4M5	
Emergency Depar	tment Practice M	anagement Assoc	iation PAC (EDPMA-PAC)
ADDRESS (number and street)	1420 New York Ave, NW			
(Check if address is changed)	5th Floor			
is changed)	Washington		DC 20005	
			L L STATE ▲	
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address	,frank.turrisi@interelgro	up.com		
is changed)				
	Optional Second E-Mail Add	dress		1
	magic coopinalorg			
COMMITTEE'S WEB PAGE ADD	DRESS (URL)			
2. DATE 03 / 18	D / Y Y Y Y 2010			
3. FEC IDENTIFICATION N	JMBER ► C C	00388470		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined th	his Statement and to the best	of my knowledge and belief it	is true, correct and c	omplete.
Type or Print Name of Treasure	r Schumacher, William C., , ,			
Signature of Treasurer	nacher, William C., , ,	[Electronically Filed]	Date 04 /	D D / Y Y Y Y 19 2019
NOTE: Submission of false, errone		may subject the person signing t ON SHOULD BE REPORTED W		enalties of 2 U.S.C. §437g.
Office Use Only		For further information constrained Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	on r	EC FORM 1 (Revised 06/2012)

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FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE OF C	OMMITTEE	
Candidate	e 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. (Compleinformation below.)	te the candidate
Name of Candidate		
Candidate Party Affiliati	ion Office Sought: House Senate President	State VA District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee:	
(d)		emocratic, publican, etc.) Part
Political A	Action Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is
	Corporation Corporation w/o Capital Stock	abor Organization
	Membership Organization	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 segre committee. (i.e., nonconnected committee)	egated fund or part
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Emergency Department Practice Management Association PAC (EDPMA-PAC)

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

Emergency Departmer	nt Practice Management Association			
Mailing Address	8400 Westpark Drive			
	2nd Floor			
	McLean	VA 22102		
	CITY	STATE ZIP CODE		
Relationship: 🗴 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.

, Turrisi, Fra	ank, D, , JR
Full Name	
Mailing Address	1420 New York Ave, NW
	5th Floor
	Washington DC 20005
Title or Position	CITY STATE ZIP CODE
Custodian of Records	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	Schumacher, William C., , ,
Mailing Address	200 Corporate Boulevard
	Suite 201
	Lafayette
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 337 - 354 - 1102

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Full Name of Designated Agent	Dole, Michael, J, ,
Mailing Address	1420 New York Ave, NW
	5th Floor
	Washington
	CITY STATE ZIP CODE
Title or Position	Telephone number 202 - 868 - 6765

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 B	ank		
Mailing Address	6805 Old Dominion Drive		
	McLean		2101
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE