

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

Office 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 PAC (EDPMA-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 06 / 03 / 2005

3. FEC IDENTIFICATION NUMBER C C00388470

4. IS THIS STATEMENT X 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 Leslie J. Kerman

Signature of Treasurer Electronically Filed by Leslie J. Kerman Date 06 / 03 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 202-894-1100

**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
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- (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 subordinate) 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 Organiz. \_\_\_\_\_

Type of Connected Organization:

- |                         |   |                    |
|-------------------------|---|--------------------|
| Corporation             | Corporation w/o Capital Stock                         | Labor Organization |
| Membership Organization | <input checked="" type="checkbox"/> Trade Association | Cooperative        |

Write or Type Committee Name

**Emergency Department Practice Management Association PAC (EDPMA-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. Kerman

Mailing Address 6849 Old Dominion Drive  
Suite 222  
McLean VA 22101

Title or Position ▼ Assistant Treasurer CITY ▲ STATE ▲ ZIP CODE ▲  
 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

Mailing Address 2439 Highway 754  
Sunset LA 70584

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲  
 Telephone number 337 - 237 - 1915

Full Name of Designated Agent Leslie J. Kerman

Mailing Address 6849 Old Dominion Drive  
Suite 222  
McLean VA 22101

Title or Position ▼ Assistant Treasurer CITY ▲ STATE ▲ ZIP CODE ▲  
 Telephone number 571 - 633 - 9741

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 Bank

Mailing Address

6805 Old Dominion Drive

McLean

VA

22101

CITY Δ

STATE Δ

ZIP CODE Δ