

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

RECEIVED
FEC MAIL
OPERATIONS CENTER

2003 SEP 25 P 12:09

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 Political Action Committee (EDPA-PAC)

ADDRESS (number and street)

3405 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

09 / 17 / 2003

3. FEC IDENTIFICATION NUMBER

C00388470

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

William C. Schumacher, MD, FACEP

Signature of Treasurer

Date

09 / 22 / 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 8437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-426-6530
Local 202-694-1100

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:

- (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 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

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. Korman

Mailing Address 8848 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. Korman

Mailing Address 8848 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

5. **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.

Riggs Bank

Mailing Address

6805 Old Dominion Drive

McLean

VA

22101

CITY ▲

STATE ▲

ZIP CODE ▲

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 9/29/03
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>aa</i> PREPARER	9/29/03 DATE PREPARED