FEC FORM 1

STATEMENT OF ORGANIZATION

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) ☒ ◀ (Check if address is changed)

8400 WESTPARK DRIVE

2ND FLOOR

MCLEAN — CITY ▲ | VA — STATE ▲ | 22102 – ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ ◀ (Check if address is changed)

FTURRISI@AMG-INC.COM

Optional Second E-Mail Address

mberchoff@AMG-INC.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ ◀ (Check if address is changed)

None

2. DATE MM 03 / DD 18 / YYYY 2010

3. FEC IDENTIFICATION NUMBER ▶ C 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 Schumacher, William C., , ,

Signature of Treasurer *Schumacher, William C., , ,* ***[Electronically Filed]*** Date MM 07 / DD 17 / YYYY 2017

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
Toll Free 800-424-9530
Local 202-694-1100