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Image# 12971254936

### **FEC** FORM 3Y

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

FORIWI SX   F	or Other Than An Aut	horized Committe	e		Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typin over the lines.	g, type	12FE4M5	
Emergency Departmen	t Practice Managem	ent Association	PAC (ED	PMA-PA(	C)
ADDRESS (number and street)	8400 Westpark Drive				
Check if different	2nd Floor				
than previously reported. (ACC)	McLean			VA [	22102
2. FEC IDENTIFICATION NU	MBER ▼ CIT	Y <b>A</b>	S	TATE 🛦	ZIP CODE ▲
C C00388470			EW N) <b>OR</b>	AN (A)	IENDED
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)	=	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar	20 (M3) J	un 20 (M6)	Sep	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q			ul 20 (M7)		20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q	PRE-Election	Primary (12P		General	
October 15 Quarterly Report (Q	Report for the:	Convention (	(20)	Special (	125)
January 31 Year-End Report (Yi	Flooring	n on	D D /	Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election  Report for the:	General (30G	)	Runoff (3	Special (30S)
Termination Report (TER)	Electio	n on	D	Y	in the State of
5. Covering Period 04	01 / 2012	through	M M M	/ 0 0 /	2012
I certify that I have examined thi	s Report and to the best of	my knowledge and b	elief it is true	e, correct and	d complete.
Type or Print Name of Treasurer	Denise Clark				
Signature of Treasurer Denise	e Clark	[Electronically	Filed] Da	ate 05	25 / 2012
NOTE: Submission of false, errone	ous, or incomplete information	n may subject the pers	on signing thi	s Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

#### Emergency Department Practice Management Association PAC (EDPMA-PAC)

04 30 2012 Report Covering the Period: 2012 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 53319.71 January 1, 2012 (b) Cash on Hand at 50773.68 Beginning of Reporting Period..... 0.00 0.00 Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 50773.68 53319.71 6(a) and 6(c) for Column B)..... -2487.83 58.20 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 53261.51 53261.51 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

## Emergency Department Practice Management Association PAC (EDPMA-PAC)

R	eport Covering the Period: From: 04	01 / 2012	To: 04 / 30 / 2012		
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
11.	Contributions (other than loans) From:  (a) Individuals/Persons Other				
	Than Political Committees  (i) Itemized (use Schedule A)	0.00	0.00		
	(ii) Unitemized(iii) TOTAL (add	0.00	0.00		
	Lines 11(a)(i) and (ii)	0.00	0.00		
	(b) Political Party Committees	0.00	0.00		
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00		
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)  Transfers From Affiliated/Other	0.00	0.00		
	Party Committees	0.00	0.00		
13.	All Loans Received	0.00	0.00		
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00		
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00		
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00		
	(Dividends, Interest, etc.)	0.00	0.00		
	(from Schedule H3)	0.00	0.00		
	(b) Levin Funds (from Schedule H5)	0.00	0.00		
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
	T				
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	0.00		
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0.00	0.00		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Operating Expenditures: —	rotal fills I criot	Calcilual Teal-to-Date	
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating  Expenditures	12.17	58.20	
(c) Total Operating Expenditures		30.20	
(add 21(a)(i), (a)(ii), and (b))▶	12.17	58.20	
Transfers to Affiliated/Other Party			
CommitteesContributions to	0.00	0.00	
Federal Candidates/Committees and Other Political Committees	-2500.00	0.00	
Independent Expenditures		3.00	
(use Schedule E)	0.00	0.00	
Coordinated Party Expenditures			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
	0.00	222	
Loan Repayments Made	0.00	0.00	
Loans Made	0.00	0.00	
Refunds of Contributions To: (a) Individuals/Persons Other			
Than Political Committees	0.00	0.00	
Ī			
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	0.00	0.00	
(such as PACs)	0.00		
(d) Total Contribution Refunds			
(add Lines 28(a), (b), and (c))▶	0.00	0.00	
F			
Other Disbursements	0.00	0.00	
Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity			
(from Schedule H6)			
(i) Federal Share	0.00	0.00	
	2.22	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add	2.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	-2487.83	58.20	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	-2487.83	58.20	

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	12.17	58.20
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	12.17	58.20

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 6 OF 6	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27		24 25 26 28c 29 30	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)	e and address of any political		Ochor Contributions if	on such committee.	
Emergency Department Practice M	anagement Associa	ion PAC (	EDPMA-PAC)		
Full Name (Last, First, Middle Initial)					
A. KEVIN MCCARTHY FOR CONGRI	ESS	Date of Disbursement			
Mailing Address PO BOX 12667		04 02 2012			
•	State Zip Code		Transaction ID : SB23.4802		
BAKERSFIELD Purpose of Disbursement	CA 93389		Transaction is .	JD20.4002	
returned check-Signer's sign not on file		011	Amount of Each Di	sbursement this Period	
Candidate Name		Category/	2500.0		
KEVIN MCCARTHY FOR CONGRE		Туре		-2500.00	
Senate President	nent For: 2012  Primary General  Other (specify)				
State: District:					
Full Name (Last, First, Middle Initial)  B.		Date of Disburseme			
Mailing Address			M = M / D = D	/	
City	State Zip Code				
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type		,	
President	nent For:  Primary General  Other (specify)				
State: District:					
C.	Full Name (Last, First, Middle Initial)			ent	
Mailing Address			M M / D D		
City	State Zip Code				
Purpose of Disbursement					
Candidate Name		Category/ Type	Amount of Each Di	sbursement this Period	
President	nent For: Primary General Other (specify)	.,,,,,			
State: District:					
SUBTOTAL of Disbursements This Page (optional)		······•		-2500.00	
TOTAL This Period (last page this line number only).				-2500.00	