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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Association for Accessible Medicines Political Action Committee 601 New Jersey Avenue NW Ste 850 ADDRESS (number and street) (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS pac@accessiblemeds.org (Check if address is changed) Optional Second E-Mail Address |fecinfo@pass1.com COMMITTEE'S WEB PAGE ADDRESS (URL) accessiblemeds.org (Check if address is changed) DATE 2021 C00383463 FEC IDENTIFICATION NUMBER 3. X 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. Komendant, Erik, , , Type or Print Name of Treasurer Komendant, Erik, , , [Electronically Filed] 02 12 2021 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC F	form 1 (Revised 02/2009)	Page 2
TYPE OF	COMMITTEE	1 ago 2
Candida	te 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. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	(D
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	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 s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fur	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Coi	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

EEC Form 1 / Posice	od 02/2000)	
FEC Form 1 (Revise Write or Type Committee Na		Page 3
		ation Committee
Association to	or Accessible Medicines Political Ac	ction Committee
6. Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundraising Represent	tative, or Leadership PAC Sponsor
Association for Acce	essible Medicines	
Mailing Address	601 New Jersey Avenue NW Ste 850	
	Washington	C 20001
	CITY	ATE ZIP CODE
	- Siri	ATE ZII GODE
Relationship: X Connec	cted Organization Affiliated Committee Joint Fundraising Repr	resentative 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.		
	ndant, Erik, , ,	
Full Name	601 New Jersey Ave NW Ste 850	
Mailing Address		
	Washington	C 20001
Title or Position	CITY STAT	TE ZIP CODE
Custodian of Records	Telephone number	202 249 7100
8. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the comm g., assistant treasurer).	mittee; and the name and address of
Full Name Komen	dant, Erik, , ,	
of Treasurer		
Mailing Address	601 New Jersey Ave NW Ste 850	
	Washington	C 20001
	CITY STAT	TE ZIP CODE
Title or Position Treasurer	1	202 249 7100

202

Telephone number

249

7100

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Full Name of Designated Murp Agent	hy, Kristin, , ,		
Mailing Address	601 New Jersey Ave. NW Suite 850		
	Washington	DC STATE	20001 ZIP CODE
Title or Position Assistant Treasurer	Telephone nu	umber 20	02
safety deposit boxes or Name of Bank, Deposit	tory, etc.		
safety deposit boxes or Name of Bank, Deposit	maintains funds.		
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc. nk of America		
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Form/Schedule: F1A Transaction ID:

This amendment is being filed to change the Treasurer Asst. Treasurer & Custodian of Records & add additional second email.

Form/Schedule: Transaction ID: