

**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

Association for Accessible Medicines Political Action Committee

ADDRESS (number and street)

601 New Jersey Avenue NW Ste 850

☐ (Check if address is changed)

Washington

CITY ▲

DC

STATE ▲

20001

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

pac@accessiblemeds.org

Optional Second E-Mail Address

fecinfo@pass1.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

accessiblemeds.org

2. DATE

MM / DD / YYYY
02 / 12 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00383463

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 Komendant, Erik, , ,

Signature of Treasurer

Komendant, Erik, , ,

[Electronically Filed]

Date

MM / DD / YYYY
02 / 12 / 2021

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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

C

Write or Type Committee Name

Association for Accessible Medicines Political Action Committee**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Association for Accessible Medicines

Mailing Address

601 New Jersey Avenue NW Ste 850

Washington

CITY

DC

STATE

20001

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ 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.

Full Name

Komendant, Erik, , ,

Mailing Address

601 New Jersey Ave NW Ste 850

Washington

CITY

DC

STATE

20001

ZIP CODE

Title or Position

Custodian of Records

Telephone number

202

249

7100

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

Komendant, Erik, , ,

Mailing Address

601 New Jersey Ave NW Ste 850

Washington

CITY

DC

STATE

20001

ZIP CODE

Title or Position
Treasurer

Telephone number

202

249

7100

Full Name of
Designated
Agent

Murphy, Kristin, , ,

Mailing Address

601 New Jersey Ave. NW Suite 850

Washington

CITY

DC

STATE

20001

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

202

249

7100

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.

Bank of America

Mailing Address

730 15th Street NW

Washington

CITY

DC

STATE

20005

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

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: