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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) American Portable Diagnostic Association APDA-PAC 1065 EXECUTIVE PKWY ADDRESS (number and street) **STE 220** (Check if address is changed) ST LOUIS 63141 MO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tjebron@biotechxray.com (Check if address is changed) Optional Second E-Mail Address tschwartz@biotechxray.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.apdahealth.com (Check if address is changed) DATE 2021 C00347658 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. JEBRON, TAMMIE, , , Type or Print Name of Treasurer JEBRON, TAMMIE, , , [Electronically Filed] 07 30 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) Only

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

FEC Fo	m 1 (Revised 02/2009)	Page 2
TYPE OF C	OMMITTEE 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 Affiliation	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	mittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	ction Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is
	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 Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	wo or more political
	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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number C	

books and records. JEBRON, TAMMIE, , , Full Name 1065 EXECUTIVE PKWY Mailing Address STE 220 ST LOUIS MO 63141 Title or Position CITY STATE ZIP CODE PAC TREASURER Telephone number 314 - 703 - 5763 Telephone number of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mailing Address 1065 EXECUTIVE PKWY Mailing Address STE 220 ST LOUIS MO 63141 CITY STATE ZIP CODE	Γ		
American Portable Diagnostic Association APDA-PAC 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor American Portable Diagnostic Association American Portable Diagnostic Association Mailing Address 800 Maine Ave, SW 7th Floor Washington CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundralsing Representative Leadership PAC Sponsor CUTY STATE ZIP CODE 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. JEBRON, TAMMIE Full Name 1066 EXECUTIVE PKWY Mailing Address ST LOUIS 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 JEBRON, TAMMIE 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 Mailing Address 1065 EXECUTIVE PKWY STATE ZIP CODE			Page 3
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor American Portable Diagnostic Association Mailing Address 800 Maine Ave, SW 7th Floor Washington CITY STATE ZIP CODE Relationship: x Connected Organization Affiliated Committee Joint Fundralsing 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. JEBRON, TAMMIE Full Name Mailing Address 1065 EXECUTIVE PKWY Mailing Address Telephone number Title or Position CITY STATE ZIP CODE PAC TREASURER Telephone number Telephone number JEBRON, TAMMIE JEBRON, TAMMIE JEBRON, TAMMIE IN TREASURER Telephone number JEBRON, TAMMIE JEBRON, TAMMIE JEBRON, TAMMIE JEBRON, TAMMIE IN TREASURER Telephone number JEBRON, TAMMIE JEBRON, TAMMIE JEBRON, TAMMIE STE ZUP CODE STATE ZIP CODE STATE ZIP CODE STATE ZIP CODE	3.		
American Portable Diagnostic Association Mailing Address 7th Floor Washington CITY STATE ZIP CODE Relationship: In Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. JEBRON, TAMMIE, , Full Name Mailing Address STE 220 ST LOUIS Title or Position CITY STATE ZIP CODE PAC TREASURER Telephone number JEBRON, TAMMIE, , Full Name JEBRON, TAMMIE, , STE 220 ST LOUIS MO MO MO MO MO MO MO MO MO M	American Porta	ible Diagnostic Association APDA-PAC	
Mailing Address Mailing Address	6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	ip PAC Sponsor
Address 7th Floor Washington CITY STATE ZIP CODE Relationship: x Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. JEBRON, TAMMIE, Full Name 1065 EXECUTIVE PKWY Mailing Address STE 220 STLOUIS Title or Position CITY STATE ZIP CODE PAC TREASURER Telephone number 314 703 5763 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 Mailing Address 1065 EXECUTIVE PKWY	American Portable Dia	agnostic Association	
Address 7th Floor Washington CITY STATE ZIP CODE Relationship: x Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. JEBRON, TAMMIE, Full Name 1065 EXECUTIVE PKWY Mailing Address STE 220 STLOUIS Title or Position CITY STATE ZIP CODE PAC TREASURER Telephone number 314 703 5763 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 Mailing Address 1065 EXECUTIVE PKWY			
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Relationship:	ý	7th Floor	
Relationship:		Washington DC 20024	. -
7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. JEBRON, TAMMIE		CITY STATE Z	 IP CODE
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Barry	Relationship.	d Organization Anniated Committee Joint Fundraising Representative Lead	lership FAC Sponsor
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Title or Position CITY STATE ZIP CODE PAC TREASURER Telephone number 314 703 5763 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 Mailing Address STE 220 ST LOUIS MO 63141 CITY STATE ZIP CODE	Mailing Address	1065 EXECUTIVE PKWY	
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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 Mailing Address STE 220 ST LOUIS MO 63141 CITY STATE ZIP CODE	The of Fosition	SIAL 2	II CODE
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Mailing Address STE 220 ST LOUIS CITY STATE ZIP CODE	Full Name JEBRON,	TAMMIE, , ,	1
Mailing Address STE 220 ST LOUIS CITY STATE ZIP CODE	of Treasurer	MAGE EXECUTIVE DIVINY	
ST LOUIS MO 63141 CITY STATE ZIP CODE	Mailing Address		
CITY STATE ZIP CODE			
PAC TREASURER 1 314 1 703 1 5763 1	Title or Position		

Telephone number

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Full Name of Designated Agent MOT	TON, MEAGAN, , ,	
Mailing Address	670 ALBERMARLE DR	
	SHREVEPORT LA 71106 CITY STATE	ZIP CODE
Title or Position ASSISTANT TREASU	JRER Telephone number	687 - 6872
Banks or Other Depo safety deposit boxes or Name of Bank, Deposi		ds accounts, rents
safety deposit boxes or Name of Bank, Deposi	or maintains funds.	ds accounts, rents
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