Only

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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) AMGA Voice: Advancing the Value of America's Medical Groups 1 Prince Street ADDRESS (number and street) **STE 100** (Check if address is changed) Alexandria 22314-3318 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .jmiller@amga.org (Check if address is changed) Optional Second E-Mail Address mschultz@amga.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2022 C00408120 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. Miller, James, , , Type or Print Name of Treasurer Miller, James, , , [Electronically Filed] 02 10 2022 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

Local 202-694-1100

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	orm 1 (Revised 02/2009)  COMMITTEE	Page <b>2</b>
	e 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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revised 0			Page <b>3</b>
Write or Type Committee Name		A 1 B 4	- d'1 <b>O</b> -
	dvancing the Value of		·
6. Name of Any Connected O	rganization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Sponsor
None			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Represer	tative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Iden books and records.</li> </ol>	tify by name, address (phone number op	tional) and position of the	person in possession of committee
Miller, Jam	es,,,		
Full Name	1 Prince St		
Mailing Address	Ste 100		
	Alexandria	, VA	22314-3318
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records		Telephone number	703 - 838 - 0033
B. <b>Treasurer:</b> List the name and any designated agent (e.g., a	l address (phone number optional) of the ssistant treasurer).	treasurer of the committee	ee; and the name and address of
Full Name Miller, Jamo	es,,,		
Mailing Address	1 Prince St		
	Ste 100		
	Alexandria	VA	22314-3318
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	703   -   838   -   0033

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Full Name of Designated Agent	Speed, Chester, , ,						
Mailing Address	5819 Highland Dr						
	Chevy Chase MD 20815-5531  CITY STATE ZIP						
Title or Position Designated Ager	nt Telephone number 240 - 224	4844					
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	PO Box 25118						
	Tampa FL 33622-5118						
	CITY STATE ZIP	CODE					
Name of Bank, D	Depository, etc.						
Mailing Address							

## : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ H98 'HC' 5 'F9 DCF H Z G7 < 98 I @ 'CF' + H9 A = N5 H = CB

Form/Schedule: F1A Transaction ID:

Amended to update Treasurer, Custodian of Records, and alternative email.

Form/Schedule: Transaction ID: