

RECEIVED

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FEC MAIL CENTER

MODERN HEALTHCARE  
**PLACES TO WORK**

*Modern Healthcare  
Best Places to Work  
Award - 2011, '10, '09, '08*

★★★★★  
**WORLD CLASS**  
CUSTOMER SERVICE AWARDS

*World Class Customer  
Service Award - 2011,  
'09, '08*

**North  
Coast 99**

*NorthCoast 99 Award  
2011, '10, '09, '08, '07,  
'06, '05*



*Press Ganey Summit  
Award - 2010, '09, '08,  
'07, '06*

**100**  
WEATHERHEAD  
**100**

*Weatherhead 100 Award  
2009, '06, '05, '04, '03,  
'02, '01, 2000*

*Emergency Medicine Physicians*

4535 Dressler Road NW  
Canton, Ohio 44718  
330-493-4443  
800-828-0898  
fax 330-493-8677

*Emergency Medicine Physician Partners*

3300 Douglas Boulevard  
Suite 405  
Roseville, CA 95661  
916-782-5705  
800-828-0898  
fax 916-780-7533

www.EMP.com

June 5, 2013

Via FedEx Overnight

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

Re: EMP PAC

To Whom it May Concern:

Enclosed are two copies of the Amended Federal FEC Form 1, Statement of Organization, regarding the formation of the EMP Political Action Committee. Please file one copy and return the other time-stamped copy to me in the enclosed postage prepaid envelope.

Please do not hesitate to contact me if you have any questions.

Very truly yours,

Robert I. Broida, MD, FACEP

Enclosures

RIB/tls

13031074090

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
2013 JUN -6 PM 2:07  
FEC MAIL CENTER  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

EMP PAC

ADDRESS (number and street)

4535 Dressler Road NW

(Check if address  
is changed)

Canton

OH

44718

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address  
is changed)

EMPPAC@emp.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

2. DATE

06 / 5 / 2013

3. FEC IDENTIFICATION NUMBER

C00544957

4. IS THIS STATEMENT

NEW (N)

OR

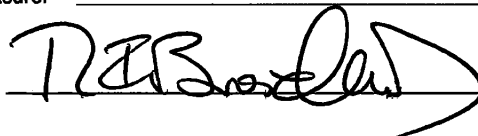
AMENDED (A)

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

Robert I. Broida, MD

Signature of Treasurer



Date

06 / 05 / 2013

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  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

13031074091

5. TYPE OF COMMITTEE

**Candidate 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. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  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 Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1. \_\_\_\_\_ FEC ID number

2. \_\_\_\_\_ FEC ID number

3. \_\_\_\_\_ FEC ID number

4. \_\_\_\_\_ FEC ID number

13031074092

Write or Type Committee Name

EMP PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

None

Mailing Address

CITY

STATE

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

Treasurer

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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

Robert I. Broida, M.D.

Mailing Address

4535 Dressler Road NW

Canton

CITY

OH

STATE

44718

ZIP CODE

Title or Position

Treasurer

Telephone number

330

493

4443

13031074093

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

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.

Fifth Third Bank

Mailing Address

38 Fountain Square Plaza

[Grid for Mailing Address Line 2]

Cincinnati OH 45263

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

13031074094

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed Ex* Shipping Date  
*6/5/13*  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

  
 PREPARER

*6/8/13*  
 DATE PREPARED

13031074095