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Image# 14960632370

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Autr	ionzed Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
EMP PAC			
ADDRESS (number and street)	4535 Dressler RD NW		
Check if different			
than previously reported. (ACC)	Canton		OH 44718
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y.	STATE ▲ ZIP CODE ▲
C C00544957		S THIS EPORT X (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M6	(Non-Election Year Only)
X April 15 Quarterly Report (21)	20 (M4) Jul 20 (M7)	
July 15 Quarterly Report ((c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Floation	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		n on	in the State of
5. Covering Period 0		through 03	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined the	his Report and to the best of	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	er Robert I Broida MD		
Signature of Treasurer Robo	ert I Broida MD	[Electronically Filed]	Date 04 / 08 / 2014
NOTE: Submission of false, error	neous, or incomplete information	n may subject the person signing	this Report to the penalties of 2 U.S.C. §437g.
Office Use			FEC FORM 3X Rev. 12/2004

OF FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name EMP PAC		
LIVIF FAC		
Report Covering the Period: From: 01	01 2014 T	o: 03 / 31 / 2014
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		2622.80
(b) Cash on Hand at Beginning of Reporting Period	2622.80	
(c) Total Receipts (from Line 19)	7193.78	7193.78
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	9816.58	9816.58
7. Total Disbursements (from Line 31)	1364.26	1364.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8452.32	8452.32
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This committee has qualified as a multicandi	idate committee. (see FEC FORM 1M)	
Fo	r further information contact:	
F	Federal Election Commission 999 E Street, NW Washington, DC 20463	

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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FΜ	_	ப	/\	

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	1	
(a) Individuals/Persons Other		
Than Political Committees	3048.96	3048.96
(i) Itemized (use Schedule A)	3040.90	3040.30
(ii) Unitemized	4144.82	4144.82
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	7193.78	7193.78
(b) Political Porty Committees	0.00	0.00
(b) Political Party Committees	3.00	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	7	
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	7193.78	7193.78
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
. All Loans Received	0.00	0.00
	0.00	
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	7	0.00
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
=		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	7193.78	7193.78
. Total Federal Receipts		
(subtract Line 18(c) from Line 19) ▶	7193.78	7193.78

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)			Calcinati Tour to puto
	(i) Federal Share	1114.26	1114.26
	· ·		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	0.00
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	1114.26	1114.26
	Transfers to Affiliated/Other Party	0.00	0.00
	Contributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	250.00	250.00
	Independent Expenditures	0.00	0.00
	(use Schedule E)	3.00	
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	, 0.00
	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(b) Political Party Committees	0.00	
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	Other Disbursements	0.00	0.00
	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	i i		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1364.26	1364.26
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1364.26	1364.26

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	7193.78	7193.78		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7193.78	7193.78		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1114.26	1114.26		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
8. Net Operating Expenditures (subtract Line 37 from Line 36)	1114.26	1114.26		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE NUMBER:	PAGE	6 OF	10
Use separate schedule(s) for each category of the	(check only one)		_	
Detailed Summary Page	X 11a	11c	12	
, ,	13 14	15	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **EMP PAC** Full Name (Last, First, Middle Initial) Dominic Bagnoli Date of Receipt Mailing Address 50 East Drive 03 31 2014 City Zip Code State Transaction ID: SA11AI.4512 OH Hartville 44632 Amount of Each Receipt this Period FEC ID number of contributing C 1250.01 federal political committee. \$416.67/monthly Name of Employer Occupation **EMP Emergency Physician** Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 1250.01 Other (specify) Full Name (Last, First, Middle Initial) B. Louis Cirillo Date of Receipt Mailing Address 91 Woodridge Drive 03 31 2014 City State Zip Code Transaction ID: SA11AI.4519 Saunderstown RΙ 02874 Amount of Each Receipt this Period FEC ID number of contributing C 249.99 federal political committee. \$83.33/monthly Name of Employer Occupation **EMP Emergency Physician** Receipt For: 2014 Aggregate Year-to-Date ▼ X General Primary 249.99 Other (specify)

Full Name (Last, First, Middle Initial) c. Timothy Corvino Date of Receipt Mailing Address 128 Miles Road M M / 2014 03 31 City Zip Code State Transaction ID: SA11AI.4524 OH Chagrin Falls 44022 Amount of Each Receipt this Period FEC ID number of contributing C 249.00 federal political committee. \$83.33/monthly Name of Employer Occupation **EMP Emergency Physician** Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General Other (specify) 249.00

SUBTOTAL of Receipts This Page (optional)			,	Ξ	Ξ	7	I	174	49.00)
TOTAL This Period (last page this line number only)	_	_	7	_	_	7	Ξ	<u> </u>		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 OF 10 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **EMP PAC** Full Name (Last, First, Middle Initial) Daniel Geary Date of Receipt Mailing Address 142 Woodshire 03 2014 31 City Zip Code State Transaction ID: SA11AI.4535 PΑ Pittsburgh 15215 Amount of Each Receipt this Period FEC ID number of contributing C 249.99 federal political committee. \$83.33/monthly Name of Employer Occupation **EMP Emergency Physician** Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General 249.99 Other (specify) Full Name (Last, First, Middle Initial) B. John Janikas Date of Receipt Mailing Address 43 Outlook Drive South 03 31 2014 City State Zip Code Transaction ID: SA11AI.4540 Mechanicville NY 12118 Amount of Each Receipt this Period FEC ID number of contributing 249.99 federal political committee. \$83.33/monthly Name of Employer Occupation **EMP Emergency Physician** Receipt For: 2014 Aggregate Year-to-Date ▼ X General Primary 249.99 Other (specify) Full Name (Last, First, Middle Initial) **c.** Joseph Kuchinski Date of Receipt Mailing Address 32 Woodland Ave M M / 03 31 2014 City Zip Code State Transaction ID: SA11AI.4547 NJ Mountain Lakes 07046 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. \$100.00/monthly Name of Employer Occupation **EMP Emergency Physician** Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 799.98 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 8 OF 10 Use separate schedule(s) (check only one)

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and at NAME OF COMMITTEE (In Full) EMP PAC		
LIVII 1710		
Primary ☐ General Other (specify) ▼	Zip Code 34202 Physician Year-to-Date ▼	Date of Receipt 03 31 2014 Transaction ID: SA11AI.4554 Amount of Each Receipt this Period 249.99 \$83.33/monthly
Full Name (Last, First, Middle Initial) Mark Slabinski Mailing Address 3004 Edison St. NW City State Uniontown OH FEC ID number of contributing federal political committee. Name of Employer EMP Occupation Emergency Receipt For: 2014 Primary General Other (specify) Aggregate	Zip Code 44685 Physician Year-to-Date ▼ 249.99	Date of Receipt 31 2014 Transaction ID: SA11AI.4575 Amount of Each Receipt this Period 249.99 \$83.33/monthly
Full Name (Last, First, Middle Initial) Mailing Address City State FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify)	Zip Code Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) EMP PAC Full Name (Last, First, Middle Initial) A. COURTNEY FOR CONGRESS Mailing Address PO BOX 1372 City State Zip Code CT 06066 Purpose of Disbursement Contribution Candidate Name COURTNEY FOR CONGRESS Office Sought: House President Primary General President State: CT District: 02 Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Candidato Name Candidato Name Category/ Type Office Sought: House Disbursement For: 2014 State: CT District: 02 Amount of Each Disbursement this Period Candidato Name Category/ Type Office Sought: House Disbursement For: 2014 Candidato Name Category/ Type Office Sought: House Disbursement For: 2014 Sanate President Disbursement This Period Candidato Name Category/ Type Office Sought: House Disbursement For: 2014 Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: 2014 Senate President Disbursement For: 2014 Senate President Disbursement For: 3014 Candidato Name Category/ Type Office Sought: House Disbursement For: 3014 Senate President Disbursement For: 3014 Senate President Disbursement For: 3014 Candidato Name Category/ Type Office Sought: House Disbursement For: 3014 Senate President Disbursement For: 3014 Senate President Disbursement For: 3014 Category/ Type Office Sought: House Disbursement For: 3014 Category/ Type Office Sought: House Disbursement For: 3014 Category/ Type Office Sought: House Disbursement For: 3014 Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: 3014 Category/ Type Amount of Each Disbursement For: 3014 Category/ Type Office Sou	SCHEDULE B (FEC Form 3X)	FOR LINE			PAGE	9 0	F 10	
Detailed Summary Page	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	I ' — '	,		7.04 <u> </u>	ا مد	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) EMP PAC Full Name (Last, First, Middle Initial) A, COURTNEY FOR CONGRESS Mailing Address PO BCX 1372 City State Zip Code Cardedate Name COURTNEY FOR CONGRESS Othico Sought: I House Senate Primary General Primary								
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) EMP PAC Full Name (Last, First, Middle Initial) Anount of Each Disbursement this Period Court New Senate Prisident State Zip Code VERNON CT 06066 VERNON CT 06066 VERNON CT 06066 COURTNEY FOR CONGRESS Office Sought: House Senate Prisident State Zip Code Vernor State CT District: 02 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President State: Disbursement For: Other (specify) ▼ State: District: District: 02 President State: Disbursement Candidate Name Office Sought: House President State: Disbursement For: Other (specify) ▼ State: District:	Any information copied from such Reports and States	nents may not be sold or us						
Full Name (Last, First, Middle Initial) A. COURTNEY FOR CONGRESS Mailing Address PO BOX 1372 City State Zip Code VERNON CT 06066 CT 06066 Transaction ID : S823.4120 Amount of Each Disbursement this Period Collidate Name Colly State CT District 02 Full Name (Last, First, Middle Initial) 3. Date of Disbursement this Period Category' Type Office Sought: House President Disbursement For: 2014 Amount of Each Disbursement this Period Category' Type Office Sought: President Disbursement For: Category' Type Office Sought: President Disbursement For: District Other (specify) Type Office Sought: President Disbursement For: Category' Type Office Sought: President Disbursement For: Category' Type Office Sought: President Disbursement For: District Dis								
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Candidate Name Category/ Type Office Sought:	Purpose of Disbursement							
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Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Primary General Other (specify) Senate Primary General Other (specify) Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	Office County House		Туре		7	7		
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State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)								
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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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