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ATTORNEYS

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MICHAEL T. TANGRY

2013 MAY 20 PM 12:07

FEC MAIL CENTER

direct 216.583.7228
direct fax 216.583.7229
mtangry@ulmer.com

May 10, 2013

VIA CERTIFIED MAIL -
RETURN RECEIPT REQUESTED
7005 1160 0004 5863 8604
Federal Election Commission
999 E Street, NW
Washington, DC 20463

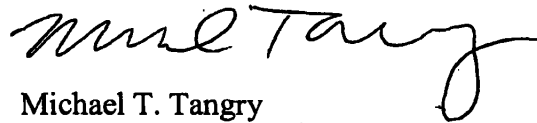
Re: EMP PAC

To whom it may concern:

Enclosed are two copies of the 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.

Do not hesitate to contact me if you have any questions.

Very truly yours,


Michael T. Tangry

Enclosure

Copy: Dr. Robert I. Broida, M.D. (w/out encl.)

678/mcf/2030236v1

SKYLIGHT OFFICE TOWER
1660 WEST 2ND STREET, SUITE 1100
CLEVELAND, OHIO 44113-1448

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FEC
FORM 1

STATEMENT OF
ORGANIZATION

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2013 MAY 20 PM 12:07
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)

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed)

2. DATE 05 / 09 / 2013

3. FEC IDENTIFICATION NUMBER C

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, M.D.

Signature of Treasurer *Robert I. Broida* Date 05 / 09 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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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	C _____
2.	_____	FEC ID number	C _____
3.	_____	FEC ID number	C _____
4.	_____	FEC ID number	C _____

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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

13031071436

Full Name of Designated Agent

[]

Mailing Address

[]

[]

[] [] - []

CITY

STATE

ZIP CODE

Title or Position

[]

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 []

[]

Cincinnati [] OH [] 45263 [] - []

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[]

Mailing Address

[]

[]

[] [] - []

CITY

STATE

ZIP CODE

13031071437

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)
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Overnight Delivery Service (Specify): Shipping Date
 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

Jnc/d
 PREPARER
 (3/2005)

5/20/11
 DATE PREPARED

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