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January 28, 2014

Via Certified Mail
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7008 1830 0003 1393 3560

Federal Election Commission
999 E Street NW
Washington, DC 20463

Re: EMP PAC
FEC ID #C00544957

Dear Sir or Madam:

Enclosed are two copies of the federal FEC Form 1M, Notification of Multicandidate Status. Please file one copy and return the other time-stamped copy in the enclosed postage-paid envelope.

Sincerely,

Robert I. Broida, MD
Treasurer

RIB/tls

Enclosures

14031173503

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

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1. (a) NAME OF COMMITTEE IN FULL EMP PAC		2. FEC IDENTIFICATION NUMBER C00544957
(b) Number and Street Address 4535 Dressler Road NW		
(c) City, State and ZIP Code Canton, OH 44718		3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input checked="" type="checkbox"/> OTHER

I certify that one of the following situations is correct (complete line 4 or 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number: _____

5. **STATUS BY QUALIFICATION:**

(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)	Rep. Raul Ruiz	Congress	CA / 36	11/21/13
(ii)	Rep. Joe Heck	Congress	NV / 3	11/21/13
(iii)	Rep. James Langevin	Congress	RI / 2	12/09/13
(iv)	Rep. James Renacci	Congress	OH / 16	12/12/13
(v)	Rep. Joe Courtney	Congress	CT / 2	01/23/14

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 11/07/13

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 05/06/13

(d) **Qualification:** The committee met the above requirements on: 01/23/14

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

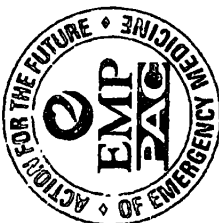
TYPE OR PRINT NAME OF TREASURER Robert Broida	SIGNATURE OF TREASURER 	DATE 1/28/14
---------------------------------------------------------	----------------------------------------------------------------------------------------------------------------	------------------------

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.

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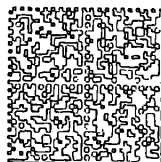
4535 Dressler Road NW
Canton, OH 44718



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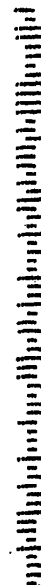
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JAD
 PREPARER

2/3/14
 DATE PREPARED

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