Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 × COMMITTEE (in full) is changed) over the lines. **USACS PAC** 4535 DRESSLER ROAD NW ADDRESS (number and street) (Check if address is changed) CANTON 44718 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS EMPPAC@EMP.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00544957 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. Robert I Broida Type or Print Name of Treasurer Robert I Broida [Electronically Filed] 80 12 2015 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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TYPE OF C		<u>-</u>
(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. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliati	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 scommittee. (i.e., nonconnected committee)	egregated 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	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	

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Write or Type Committee Name	· · · · · · · · · · · · · · · · · · ·	
USACS PAC		
6. Name of Any Connected O	organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
	П	
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
books and records.  Robert I Br Full Name  Mailing Address	roida 4535 Dressler Road NW Canton OH 44718	
Title or Position	CITY STATE	ZIP CODE
The of Federal		
Treasurer	Telephone number 330 - [	493   -   4443
. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the issistant treasurer).	name and address of
Full Name Robert I Bro	oida	
Mailing Address	4535 Dressler Road NW	
	Canton OH 44718	
Title or Position	CITY STATE	ZIP CODE
Treasurer		493 - 4443

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other Dep safety deposit boxes Name of Bank, Depo	ository, etc.	
safety deposit boxes Name of Bank, Depo	fth Third Bank  38 Fountain Square Plaza	1 45263
safety deposit boxes  Name of Bank, Depo	fth Third Bank  38 Fountain Square Plaza  Cincinnati  OH	45263
safety deposit boxes  Name of Bank, Depo	State  St	
safety deposit boxes  Name of Bank, Depo  Fit  Mailing Address	State  St	45263
safety deposit boxes  Name of Bank, Depo  Fit  Mailing Address	fth Third Bank  38 Fountain Square Plaza  Cincinnati  CITY  STATE	45263 ZIP CODE
Name of Bank, Depo  Mailing Address  Name of Bank, Depo	fth Third Bank  38 Fountain Square Plaza  Cincinnati  CITY  STATE	45263 ZIP CODE
Name of Bank, Depo  Mailing Address  Name of Bank, Depo	fth Third Bank  38 Fountain Square Plaza  Cincinnati  CITY  STATE	45263 ZIP CODE