FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		NIZATION structions)	Office use only
1. NAME OF COMMITTEE (in	(Check if na is changed)		12FE4M5
ı Johnson Cont	rols Inc. Federal PAC		
	F757 North Gra	oon Pay Avanua	
ADDRESS (number and	street) 3737 NOTTI GIE	een Bay Avenue	
(Check if addr	ess		
is changed)	Milwaukee		WI 53209 - 4408
		CITY▲	STATE▲ ZIP CODE ▲
committee's e-ma			
inancy.s.incue			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
n/a 			
COMMITTEE'S FAX N 414-524-5520	NUMBER		
2. DATE 1.2			
3. FEC IDENTIFICA	ATION NUMBER	C C00343095	
4. IS THIS STATEM	MENT NEW (N)	OR X AMENDED (A)	
I certify that I have exam	ined this Statement and to the best of	my knowledge and belief it is true, correct	ct and complete
Type or Print Name of	Treasurer Jerome D.	Okarma	
Signature of Treasurer	. Electronically Filed by Jero	ome D. Okarma	Date 12 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa		tion may subject the person signing this	Statement to the penalties of 2 U.S.C. S437g. ED WITHIN 10 DAYS
Office Use Only		For further informati Federal Election Com Toll Free 800-424-95.	mission FEC FORM 1

	FECForm 1 (Revised 02/2003)	Page 2
5.	TYPE OF COMMITTEE (Check One)	
	(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 caminformation below.)	ndidate
	Name of Candidate	
	Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		nocratic, iblican,etc.) Party.
6. 	Name of Any Connected Organization or Affiliated Committee Johnson Controls Inc.	
	Mailing Address 5757 North Green Bay Avenue	
	Milwaukee WI 5320	9 _ 4408
	CITY STATE ZI	P CODE A
	Relationship Connected	
	Type of Connected Organization:	
	X Corporation Corporation w/o Capital Stock Labor Organization	1
	Membership Organization Trade Association Cooperative	

	FEC Form 1 (F	Revised 02/2003)			Р	age 3
٧	Vrite or Type Committe	e Name				
	Johnson Contro	ols Inc. Federal PAC				
7.		rds: Identify by name, address, (phone mmittee books and records.	number optional), and pos	sition of th	ne person in	
	Full Name	Jerome D. Okarma				
	Mailing Address	5757 North Green	n Bay Avenue			
		Mail Stop X-32				
		Milwaukee		<u> </u>	53209	4408
	Title or Position ▼	CITY A	STA	ГЕ▲	ZIP CO	DE A
	Cu	stodian of Records	Telephone number	414	524	3400
8.	Treasurer: List the name and address	ne name and address (phone number os of any designated agent (e.g., assistat	optional) of the treasurer of the treasurer).	ne commi	ittee; and the	
	Full Name of Treasurer	Jerome D. Okarma				
	Mailing Address	5757 North Green	n Bay Avenue			
		Mail Stop X-32				
		Milwaukee		<u> </u>	53209	4408
	Title or Position ♥	CITY A	STA	ГЕ▲	ZIP CO	DE A
	Tro	easurer	Telephone number	414	524 _	3400
	Full Name of Designated Agent	Stephen A. Roell				
	Mailing Address	5757 North Green	n Bay Avenue			
		Milwaukee		<u> </u>	53209	4408
	Title or Position ♥	CITY A	STAT	ΓE ▲	ZIP CO	DE A
	As	sistant Treasurer	Telephone number	414	524	2223
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	FEC Form 1 (Re	Revised 02/2003)	Page 4
9.	Banks or Other Depo safety deposit boxes or Name of Bank, Deposi	or maintains funds.	counts, rents
	Mailing Address	Wells Fargo Bank Wisconsin N.A. 100 East Wisconsin Ave. Suite 100	
		Milwaukee WI WI	53202 _ 4177
		CITY A STATE A	ZIP CODE △

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Form/Schedule: F1A Transaction ID:	This amended registration is being filed to update the PAC's email address.
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