

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

EATON CORPORATION PUBLIC POLICY ASSOCIATION

ADDRESS (number and street)

1111 SUPERIOR AVENUE☐(Check if address
is changed)**CLEVELAND****OH****44114**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2164797013

2. DATE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	0	4

3. FEC IDENTIFICATION NUMBER

C C00034827

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

Mr. David Owen Otto

Signature of Treasurer

Electronically Filed by

Mr. David Owen Otto

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	0	7

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

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 candidate information below.)

Name of
Candidate

Candidate
Party Affiliation

Office
Sought:

1

House

9

Senate

☐

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) ☒ This committee is a separate segregated fund

(f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

A horizontal number line with 20 tick marks, labeled from 0 to 19. The line is used for plotting the frequency of each number from the data set.

CITY STATE 

ZIP CODE ▲

Relationship

Type of Connected Organization:



Corporation

1

Corporation w/o Capital Stock

9

Labor Organization



Membership Organization

Trade Association

9

Cooperative

Write or Type Committee Name

EATON CORPORATION PUBLIC POLICY ASSOCIATION

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 **Mr. W. Barry Doggett**

Mailing Address **Eaton Corporation**
1111 Superior Avenue
Cleveland OH 44114 - 2584

Title or Position ▼ **Chairman** CITY ▲ STATE ▲ ZIP CODE ▲
Telephone number **216 523 4664**

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 **Mr. David Owen Otto**

Mailing Address **1111 Superior Avenue East**
Cleveland OH 44114 -

Title or Position ▼ **Secretary/Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲
Telephone number **216 523 4399**

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
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.

Eaton Family Credit Union, Inc.

Mailing Address

333 Babbitt Road, Suite 100

Euclid

OH

44123

CITY ▲

STATE ▲

ZIP CODE ▲