Image# 12941457295			12/10	/2012 10 : 59
FEC FORM 1	STATEMEN ORGANIZA	_		PAGE 1 / 5
			Office Use Onl	у
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Cooper Industries	S Political Action			
ADDRESS (number and street)	P.O. Box 4446			
(Check if address				
is changed)	Houston		TX77210-4446	
			STATE ZIF	ODE▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address	terrance.helz@cooperir	ndustries.com		
is changed)				
	Optional Second E-Mail Add	<sup>dress</sup> perindustries.com		1
COMMITTEE'S WEB PAGE ADI				
(Check if address				1
is changed)				
2. DATE 12 10	) 2012			
3. FEC IDENTIFICATION NU	JMBER ► C co	00099937		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it	is true, correct and complete.	
	r Terrance V. Helz			
Type or Print Name of Treasure				
Signature of Treasurer	nce V. Helz	[Electronically Filed]	Date 12 / 10	2012
NOTE: Submission of false, errone		may subject the person signing the DN SHOULD BE REPORTED W		f 2 U.S.C. §437g.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		

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 c information below.) Name of Candidate Candidate Candidate Office State Sought: House Senate President Distric (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic	
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       Office         Party Affiliation       Office         Name of Candidate       Office         Name of Candidate       Office         Party Committee       Supports/opposes only one candidate, and is NOT an authorized committee.         (National, State       Openceration	ge <b>2</b>
(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       Office         Party Affiliation       Office         Name of Candidate       Office         Sought:       House         Senate       President         District       District         (c)       This committee supports/opposes only one candidate, and is NOT an authorized committee.         Party Committee:       (National, State	
(b)       This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the conformation below.)         Name of Candidate       Office         Party Affiliation       Office         Sought:       House         Senate       President         District         (c)       This committee supports/opposes only one candidate, and is NOT an authorized committee.         Name of Candidate       Image: Committee supports/opposes only one candidate, and is NOT an authorized committee.         Party Committee:       (National, State	
information below.) Name of Candidate Candidate Party Affiliation Candidate Office Sought: House Senate President Distric Co This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic	
Candidate Candidate Party Affiliation Candidate Office Sought: House Senate President Districe Candidate President Districe Candidate President Districe Candidate Can	andidate
Party Affiliation Sought: House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic	
Name of Candidate Party Committee: (National, State (Democrati	t
Candidate Party Committee: (National, State (Democrati	
(National, State (Democrati	
(d) This committee is a or subordinate) committee of the Republicar	ic, n, etc.) Party.
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected org	anization is a
Corporation Corporation w/o Capital Stock	rganization
Membership Organization Trade Association Cooperation	tive
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 f committee. (i.e., nonconnected committee)	und 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	political
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	political
Committees Participating in Joint Fundraiser	
1 FEC ID number C	
2. FEC ID number	
3. FEC ID number	
4 FEC ID number C	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## **Cooper Industries Political Action Committee**

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Cooper Industries plc				
Mailing Address	600 Travis Street Suite 5600 Houston CITY		TX 77002	ZIP CODE
Relationship: X Connected	Organization Affiliated Committee	Joint Fundraising	Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ident books and records.</li> </ol>	ify by name, address (phone number	optional) and positi	on of the person in p	possession of committee
Full Name				
Mailing Address				
Title or Position	CITY		STATE	ZIP CODE
		Telephone num	nber	
8. <b>Treasurer:</b> List the name and any designated agent (e.g., as	address (phone number optional) of ssistant treasurer).	the treasurer of the	committee; and the	name and address of
Full Name   Terrance V.     of Treasurer	Helz			
Mailing Address	11 China Rose Court			
	The Woodlands		TX 77381 STATE	ZIP CODE
Title or Position	1			
		Telephone num	ber [] – [	

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																		I										
Mailing Address																												
																					L							
								CI	ΓY								ST/	λΤΕ					ZI	ΡC	DE			
Title or Position																												
												Tel	eph	ione	e ni	umt	ber											

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 E	Bank, D	epository,	etc.
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Wells	Fargo Bank, N.A.		
Mailing Address	P.O. Box 563966		
	Charlotte		
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revise	ed 06/2011)		Page 5
Banks or Other Depositori safety deposit boxes or main Name of Bank, Depository,	ntains funds.		olds accounts, rents
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
•	Organization, Affiliated Committee, Joint Fundraising Public Policy Association	Representative, or Leade	[ ADDITIONA ership PAC Sponsor
	1111 Superior Avenue		
Mailing Address			
	Cleveland		4114 
lationship:	CITY	STATE	ZIP CODE 📥
lationship: Connected Organization	CITY Affiliated Committee		ZIP CODE 📥
			_
-			dership PAC Sponsor
Connected Organization Designated Agent			dership PAC Sponsor
Connected Organization Designated Agent Full Name			dership PAC Sponsor
Connected Organization Designated Agent Full Name			dership PAC Sponsor
Connected Organization  Designated Agent  Full Name Mailing Address	Affiliated Committee Dioint Fundraising	Representative Lead	dership PAC Sponsor