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Image#260033626CATION OF MULTICANDIDATE STATUS

(See reverse side for instructions) This form should be filed after the Committee qualifies as a multicandidate committee. 1. (a) NAME OF COMMITTEE IN FULL Comerica Inc. PAC (b) Number and Street Address P.O. Box 75000, C/O PAC Services 2. FEC IDENTIFICATION NUMBER C00393173 PO BOX 75000 (c) City, State and ZIP Code TYPE OF COMMITTEEcheck one) ☐ STATE PARTY Detroit MI 48275-225 I certify that **one** of the following situations is correct (complete line 4 or 5): STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: FEC Identification Number: STATUS BY QUALIFICATION: 5. (a) candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.): Office Sought State/District Name Date (i) 9 06/04/2004 Joe Knollenberg House MI (ii) 06/04/2004 Martin Frost House ΤX 24 (iii) Joseph Crowley House NY 7 06/28/2004 (iv) 41 07/16/2004 Jerry Lewis House CA (v) Eddie Bernice Johnson House TX 30 08/27/2004 (b) Contributors: The committee received a contribution from its 51st contributor 01/21/2004 Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 01/21/2004 (d) Qualification: The committee met the above requirements on: 08/27/2004 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 SIGNATURE OF TREASURER DATE Electronically Filed by JAMES M GARAVAGLIA 03/17/2006 JAMES M GARAVAGLIA

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

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.

FEC FORM 1 M