## **STATEMENT OF**

FORM 1	ORGANIZA (See instruction			Office use only
NAME OF COMMITTEE (in 1)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	Office use only
Sprinkler Fitte	rs Local #704 Political Action Co	ommittee 		
ADDRESS (number and s	32500 W Eight Mile	Road 		
(Check if address				
is changed)	Farmington			48336   -
		CITY▲	STATE▲	ZIP CODE 🛦
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-	-mail address)		
(Check if address is changed)	mkdempsey@come	rica.com		
is situages,				
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address				
is changed)	1			
2. DATE 09	/ D D / Y Y Y Y Y Y Y 2011			
3. FEC IDENTIFICA		C C00389551	•	
3. FECIDENTIFICA	TION NOMBER			
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A	A)	
Leartify that I have aveni	ned this Statement and to the best of my kno	nulades and balisfit in two com-	vast and samplete	
r certify that i have exami	led this Statement and to the best of my kind	owieage and belief it is true, con	ect and complete	
Type or Print Name of	Treasurer Greg Herman			
Signature of Treasurer	Electronically Filed by Greg Her	man	Date 09	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information ma		•	
Office Use Only		For further informa Federal Election Co Toll Free 800-424-9	mmission 1530	FEC FORM 1 (Revised 02/2009)

	F	EC F	Form 1 (Revised 02/2009)	Page 2			
5.			OMMITTEE (Check One) 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 information below.)	ne candidate			
	Name Candid						
	Candid Party		ion Office Sought: House Senate President	State District			
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name Candi						
	Party	Comn					
	(d)		(National, State  This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.			
	Political Action Committee (PAC):						
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:			
			Corporation Corporation w/o Capital Stock X Lal	oor Organization			
			Membership Organization Trade Association Co	operative			
	(6)		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 committee. (i.e., nonconnected committee)	I 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 F	undra	aising Representative:				
	(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.						
		Com	nmittees Participating in Joint Fundraiser				
			1 FEC ID number C				
			2. FEC ID number				
			3. FEC ID number C				
			EEC ID number C				

	FEC Form 1 (Revised 02	2/2009)		Page 3			
W	rite or Type Committee Name						
	Sprinkler Fitters Local #	704 Political Action Committee					
6.		ganization, Affiliated Committee, Joint F	undraising Representative, or	Leadership PAC Sponsor			
	Sprinkler Fitters Local #7	704					
	Mailing Address	32500 W. Eight Mile R	oad				
		Farmington	<b></b>	_ 48336 _ 5105			
		CITY	STATE A	ZIP CODE 🛦			
	Relationship:						
	X Connected Organization	Affiliated Committee .	Joint Fundraising Representative	Leadership PAC Sponsor			
7.	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
	•	Comerica Bank, PAC Services					
	Mailing Address	P.O. Box 75000					
	Ü	MC 2250					
		Detroit		482752250			
	Title or Position ▼	CITY A	STATE	ZIP CODE A			
	Record Ke	eper	Telephone number2	48 - 371 - 7270			
8.		and address (phone number optior designated agent (e.g., assistant tre	•	ommittee; and the			
	Full Name of Treasurer Greg H	lerman					
	Mailing Address	Sprinkler Fitters Loca	al #704				
		32500 W. Eight Mile F	Road				
		Farmington		483365105			
	Title or Position ♥	CITY 🛦	STATE #	ZIP CODE A			
	Treasurer		Telephone number	48 _ 474 _ 7553			

	sed 02/2009)		Page <b>4</b>
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A
	Telep	hone number	
Banks or Other Deposit     safety deposit boxes or m	tories: List all banks or other depositories in which the coaintains funds.	ommittee deposits funds, ho	ds accounts, rents
Name of Bank, Depositor	y, etc.		
	y, etc. omerica Bank		
	omerica Bank		
Co	omerica Bank		
Co	omerica Bank		48275 _ 2250
Co	omerica Bank P.O. Box 75000		
Co	P.O. Box 75000  Detroit  CITY		48275 _ 2250
Mailing Address	P.O. Box 75000  Detroit  CITY		48275 _ 2250
Mailing Address	P.O. Box 75000  Detroit  CITY	MI STATE A	48275 _ 2250 ZIP CODE _A
Mailing Address  Name of Bank, Depositor	P.O. Box 75000    Detroit   CITY	MI STATE 4	48275 _ 2250 ZIP CODE _A
Mailing Address  Name of Bank, Depositor	P.O. Box 75000    Detroit   CITY	STATE 4	48275 _ 2250 ZIP CODE _A

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the comn	nittee deposits funds, hol	ds accounts, rents
Name of Bank, Depository, etc.	, , , , , , , , , , , , , , , , , , , ,		[ ADDITIONAL ]
Mailing Address			
	CITY 🛕	STATE <b>⊿</b>	ZIP CODE 🛕
Name of Any Connected Orga United Association Politic	nization, Affiliated Committee, Joint Fundraising Re	epresentative, or Leade	[ ADDITIONAL ]
Mailing Address	Three Park Place		
	Annapolis	L MD L	<b>21401</b> 
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Re	epresentative Lea	dership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
			_
Title or Position ▼	CITY &	STATE	ZIP CODE A
	Telepi	hone number	
Joint Fundraiser Participant			[ ADDITIONAL ]
	F	FEC ID number	