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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Cooper Industries plc Political Action Committee 1000 Eaton Boulevard ADDRESS (number and street) (Check if address is changed) Cleveland 44122 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS nancyfmorek@eaton.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2012 C00099937 FEC IDENTIFICATION NUMBER > 3. X 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. Mr. Robert A. Elliott Type or Print Name of Treasurer Mr. Robert A. Elliott [Electronically Filed] 09 10 2013 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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|-----------------------------|---|--|
| | COMMITTEE e 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. (Cominformation below.) | |
| Name of Candidate | L | |
| Candidate Party Affiliat | ion Office Sought: House Senate President | State |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Cor | | (D |
| (d) | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. |
| Political A | Action Committee (PAC): | |
| (e) X | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor | nnected organization is a: |
| | Corporation Corporation w/o Capital Stock | Labor Organization |
| | Membership Organization Trade Association | Cooperative |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee) | egregated 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 Fund | draising Representative: | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate. | vo or more political |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | vo or more political |
| Con | nmittees Participating in Joint Fundraiser | |
| 1. | FEC ID number | |
| 2. | FEC ID number | |
| 3. | | |
| 4. | | |

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| Write or Type Committee Nam | e | |
| Cooper Industr | ies plc Political Action Committee | |
| 6. Name of Any Connected (| Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders | ship PAC Sponsor |
| Cooper Industries plc | | |
| | | |
| Mailing Address | 600 Travis Street | |
| Mailing Address | Suite 5600 | |
| | Houston TX 77002 | |
| | CITY STATE | ZIP CODE |
| | | |
| Relationship: X Connecte | d Organization Affiliated Committee Joint Fundraising Representative Le | eadership PAC Sponsor |
| Custodian of Records: Ide books and records. | ntify by name, address (phone number optional) and position of the person in po | ssession of committee |
| Full Name | | |
| Mailing Address | | |
| | | |
| | | |
| Title or Position | CITY STATE | ZIP CODE |
| | Telephone number | |
| Treasurer: List the name an any designated agent (e.g., | nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer). | ame and address of |
| Full Name Mr. Rober of Treasurer | t A. Elliott | |
| | 1000 Eaton Boulevard | |
| Mailing Address | | |
| | Cleveland | |
| | CITY STATE | ZIP CODE |
| Title or Position Treasurer | 440 | 523 4399 |

Telephone number

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|---|---|---------------------|
| | | |
| Full Name of Designated | | |
| Agent | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | | |
| | Wells Fargo Bank, N.A. | nus accounts, Tents |
| safety deposit b | Depository, etc. Wells Fargo Bank, N.A. P.O. Box 563966 | |
| safety deposit b Name of Bank, | Depository, etc. Wells Fargo Bank, N.A. P.O. Box 563966 | |
| safety deposit b Name of Bank, | Depository, etc. Wells Fargo Bank, N.A. P.O. Box 563966 Charlotte CITY STATE | |
| safety deposit b Name of Bank, Mailing Address | Depository, etc. Wells Fargo Bank, N.A. P.O. Box 563966 Charlotte CITY STATE | |
| safety deposit b Name of Bank, Mailing Address | Depository, etc. Wells Fargo Bank, N.A. P.O. Box 563966 Charlotte CITY STATE Depository, etc. | |
| safety deposit b Name of Bank, Mailing Address Name of Bank, | Depository, etc. Wells Fargo Bank, N.A. P.O. Box 563966 Charlotte CITY STATE Depository, etc. | |
| safety deposit b Name of Bank, Mailing Address Name of Bank, | Depository, etc. Wells Fargo Bank, N.A. P.O. Box 563966 Charlotte CITY STATE Depository, etc. | |

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Eaton Corporation Public Policy Association 1111 Superior Avenue Mailing Address Cleveland ОН 44114 **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number