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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

MAGELLAN MIDSTREAM PARTNERS L.P. POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ONE WILLIAMS CENTER MD 28-8

(Check if address is changed)

TULSA OK 74172-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

john.chandler@magellanlp.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

MAGELLANLP.COM

COMMITTEE'S FAX NUMBER

918-573-3864

2. DATE 03 01 2004

3. FEC IDENTIFICATION NUMBER ▶ C

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 John O. Chandler

Signature of Treasurer [signature] Date 03 05 2004

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.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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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: ☐ House ☐ 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

MAGELLAN MIDSTREAM PARTNERS LP

Mailing Address ONE WILLIAMS CENTER MD 28-8

TULSA OK 74172-

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

– Publicly Traded Partnership

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Write or Type Committee Name

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: DON WAINWRIGHT

Mailing Address: 805 15th Street NW Suite 500

WASHINGTON DC 20005-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

ADMINISTRATOR

Telephone number 202-454-6609

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: Joan D. Chandler

Mailing Address: One Williams Center MD 28-2

Tulsa OK 74172-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Chief Financial Officer

Telephone number 918-573-5381

Full Name of Designated Agent: Jeff [illegible]

Mailing Address: One Williams Center MD 28-2

Tulsa OK 74172-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Manager Treasury

Telephone number 918-573-0409

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.

BANK ONE

Mailing Address 300 South Riverside 17th Floor

Chicago IL 60606-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
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PREPARER	DATE PREPARED 3-12-04

(2/2004)