Image# 29933397396

STATEMENT OF

FORM 1	ORGANIZ (See instruc			Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
ConAgra Food	s Inc. Good Government Asso	ciation		
ADDRESS (number and s	One ConAgra Driv	e 		
(Check if address is changed)	Omaha		<u> </u>	68102 _ 5001
		CITY	STATE	ZIP CODE ▲
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one Brent.Baglien@co			
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)	N/A			
2. DATE 0 3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	TION NUMBER	C C00087874		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A	A)	
I certify that I have examin	ned this Statement and to the best of my l	knowledge and belief it is true, corr	ect and complete	
Type or Print Name of	Treasurer Scott Messel			
Signature of Treasurer	Electronically Filed by Scott M	essel	Date 03	26 Y 2009
NOTE: Submission of fal	se, erroneous, or incomplete information	may subject the person signing thi	•	_
Office Use Only		For further informa Federal Election Co Toll Free 800-424-9	mmission 530	FEC FORM 1 (Revised 02/2009)

	FEC F	Form 1 (Revised 02/2009)	Page 2			
5.	TYPE OF CO	OMMITTEE (Check One)				
	Candidate C	Committee:				
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b)					
	Name of Candidate					
	Candidate Party Affiliati	Office Sought: House Senate President	State District			
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate					
	Party Comm	nittee:				
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.			
	Political Act	tion Committee (PAC):				
	(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:			
		X Corporation Corporation w/o Capital Stock La	bor Organization			
		Membership Organization Trade Association C	ooperative			
		χ In addition, this committee is a Lobbyist/Registrant PAC.				
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d 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 Fundra	ising Representative:				
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political			
	(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.					
	Committees Participating in Joint Fundraiser					
		1. FEC ID number C				
		2. FEC ID number				
		3. FEC ID number C				
		EEC ID number C				

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Write or Type Committee Name							
ConAgra Foods Inc. G	ood Government Association						
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraisir	ng Representative, or Leado	ership PAC Sponsor				
ConAgra Foods Inc.		<u> </u>	1 1 1 1 1 1 1 1 1				
			<u> </u>				
Mailing Address	One ConAgra Drive						
	Omaha	, NE L	68102 _ 5001				
	CITY▲	STATE ≜	ZIP CODE 🛕				
Relationship:							
X Connected Organization	Affiliated Committee Joint Fund	draising Representative	Leadership PAC Sponsor				
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Full Name Brent	Baglien						
Full Name ConAgra Foods Inc. 1627 I Street NW Suite 950							
					Washington	DC	20006 _
Title or Position ▼ VP Gov't	CITY A	STATE &	ZIP CODE 4				
	<u>Anana</u> 1e	elephone number 202					
	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 Scott	Messel						
Mailing Address One ConAgra Drive 1-220							
	<u>Omaha</u>	<u>NE</u>	68102 – 5001				
Title or Position ♥	CITY A	STATE A	ZIP CODE A				
Treasure	r Te	elephone number 402	_ 595 _ 4063				

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	Full Name of Designated Agent	_						
	Mailing Address	S						
	Title or Position ▼			CITY A	STA	ATE 🛦	ZIP CODE A	
				Te	lephone number			
9.	Banks or Other I safety deposit box	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, De	ame of Bank, Depository, etc.						
		U.S. B	ank			1 1 1 1		
	Mailing Address		PO Box 64799					
						1 1 1 1 1		
			Saint Paul			MN	55164	
				CITY 🛕	ST	ATE_	ZIP CODE 🛕	
Name of Bank, Depository, etc.								
	Mailing Address							
				CITY 🔼	ST	ATE 🔼	ZIP CODE 🛕	

Form/Schedule: F1A
Transaction ID: F1A

Amending to disclose Lobbyist/Registrant PAC and update PAC and officer information. Please update your records accordingly.