FEC FORM 1

## STATEMENT OF ORGANIZATION

| FORM 1                                | (See instruction                             |  |  |
|---------------------------------------|--|--|--|
|                                       | (See mandelle                                |  | Office use only  |
| NAME OF COMMITTEE (in f               | (Check if name is changed)                   | Example: If typying, type over the lines   | 12FE4M5  |
| FMC Technolog                         | gies Employee Political Action               | Committee  |  |
|                                       |  |  |  |
| ADDRESS (number and s                 | treet) 1803 Gears Road                       |  |  |
| (Check if addre                       | ss LIIIII                                    |  |  |
| is changed)                           | Houston                                      |  | TX 77067 -   |
|                                       | ADDDESS                                      | CITY▲  | STATE▲ ZIP CODE ▲  |
| COMMITTEE'S E-MAIL                    |  |  |  |
| matt.acosta@fi                        |  |  |  |
|                                       |  |  |  |
| COMMITTEE'S WEB F                     | PAGE ADDRESS (URL)                           |  |  |
|                                       |  |  |  |
|                                       |  |  |  |
| COMMITTEE'S FAX N<br>281-591-4134     | UMBER  |  |  |
| 2. DATE 0 7                           | 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y     |  |  |
| 3. FEC IDENTIFICAT                    | TION NUMBER                                  | C C00366211  |  |
| 4. IS THIS STATEM                     | ENT X NEW (N) OR                             | AMENDED (A)  |  |
| I certify that I have examin          | ned this Statement and to the best of my kno | owledge and belief it is true, correct   | and complete   |
| Type or Print Name of 1               | Treasurer Mr. Matthew Ac                     | osta   |  |
| Signature of Treasurer                | Electronically Filed by Mr. Matth            | ew Acosta  | Date 07 / 30 / Y 2008  |
| NOTE: Submission of fals              | ·  | y subject the person signing this SI   | tatement to the penalties of 2 U.S.C. S437g.  D WITHIN 10 DAYS |
| Office<br>Use<br>Only<br>FE3AN042.PDF |  | For further information<br>Federal Election Comm<br>Toll Free 800-424-9530<br>Local 202-694-1100 | nission FEC FORM 1   |

|    | FEC                     | C Form 1 (Revised 12/2007)   | Page 2                                  |
|----|-------------------------|--|---|
| 5. |                         | F COMMITTEE (Check One) ate 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 of<br>Candidate    |  |   |
|    | Candidate<br>Party Affi |  | State District                          |
|    | (c)                     | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |   |
|    | Name of<br>Candidate    |  |   |
|    | Party Co                | ommittee:  |   |
|    | (d)                     | (National, State This committee is a (or subordinate) committee of the   | (Democratic,<br>Republican,etc.) Party. |
|    | Political               | Action Committee (PAC):  |   |
|    | (e)                     | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected   | d organization is a:                    |
|    |                         | X Corporation Corporation w/o Capital Stock Lat  | oor Organization                        |
|    |                         | Membership Organization Trade Association Co   | operative                               |
|    | (f)                     | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)  | fund or party                           |
|    |                         | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |   |
|    | Joint Fun               | ndraising 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. | more political                          |
|    | (h)                     | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.         | r more political                        |
|    | С                       | Committees Participating in Joint Fundraiser   |   |
|    |                         | 1. FEC ID number C   |   |
|    |                         | 2 FEC ID number C  |   |
|    |                         | 3 FEC ID number C  |   |
|    |                         | 4 FEC ID number C  |   |
|    |                         | E     FEC ID number   C  |   |

|     | FEC Form 1 (Revised 12                            | 2/2007)   |                              |              | Page 3                        |
|-----|---|---|------------------------------|--------------|-------------------------------|
| Wri | te or Type Committee Name                         |   |                              |              |                               |
|     | FMC Technologies Emp                              | loyee Political Action Commi  | ttee                         |              |                               |
| 6.  | Name of Any Connected Org                         | ganization, Affiliated Committee, Le  | eadership PAC Sponsor or Joi | int Fundra   | ising Representative          |
| F   | FMC Technologies, Inc.                            | 1   1   1   1   1   1   1   1   1   1   |                              |              |                               |
| ı   |   | <u> </u>  |                              |              |                               |
| ا   | Mailing Address                                   | 1803 Gears Road   |                              |              |                               |
|     |   |   |                              |              |                               |
|     |   | Houston   |                              | X L          | 77067   _ [                   |
|     |   | CITY  | STA                          | ATE 🛦        | ZIP CODE                      |
|     | Relationship:                                     |   |                              |              |                               |
|     | Connected Organization                            | Affiliated Committee  | Leadership PAC Sponsor       | Joi          | nt Fundraising Representative |
|     | possession of Committee Full Name    Mr. Material | entify by name, address, (phone books and records.  tthew Acosta  1803 Gears Road |                              | sition of t  | the person in                 |
| ١   | Mailing Address                                   | 1003 Gears Hoad   |                              |              |                               |
|     |   | Houston   |                              | <u>X</u>     | 77067                         |
|     | Title or Position ♥  Treasurer                    | CITY A  | STA Telephone number         | ATE <b>A</b> | ZIP CODE 1                    |
|     |   | and address (phone number o<br>designated agent (e.g., assista                    |                              | the comm     | nittee; and the               |
|     | Full Name of Treasurer Mr. Ma                     | tthew Acosta  |                              |              |                               |
|     | Mailing Address                                   | 1803 Gears Road   | <u>I</u>                     |              |                               |
|     |   | Houston   |                              | ГХ           | 77067                         |
|     | Title or Position ♥                               | CITY  | ST                           | ATE.         | ZIP CODE A                    |
|     | Manager,  | SOX 404 Com   | Telephone number             | 281          | _ 591 _ 4494                  |
|     |   |   | p                            |              |                               |

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|---|--|------------------------------|---------------------|
| Full Name of<br>Designated<br>Agent   |  |                              |                     |
| Mailing Address   |  |                              |                     |
|   |  |                              |                     |
| Title or Position ▼   | CITY A   | STATE 🛦                      | ZIP CODE A          |
|   | Tele   | phone number                 |                     |
| 9. Banks or Other Depos   | sitories: List all banks or other depositories in which the c  | committee deposits funds, ho | lds accounts, rents |
| safety deposit boxes or<br>Name of Bank, Deposit  | maintains funds.   |                              |                     |
| safety deposit boxes or<br>Name of Bank, Deposite                                       | maintains funds. ory, etc.  Northern Trust Corporation   |                              |                     |
| safety deposit boxes or<br>Name of Bank, Deposite                                       | maintains funds. ory, etc. Northern Trust Corporation  |                              |                     |
| safety deposit boxes or<br>Name of Bank, Deposite                                       | maintains funds. ory, etc.  Northern Trust Corporation   |                              |                     |
| safety deposit boxes or<br>Name of Bank, Deposite                                       | maintains funds. ory, etc.  Northern Trust Corporation   |                              | 60603   _           |
| safety deposit boxes or<br>Name of Bank, Deposite                                       | maintains funds. ory, etc.  Northern Trust Corporation  50 S. LaSalle  |                              |                     |
| safety deposit boxes or<br>Name of Bank, Deposite                                       | maintains funds. ory, etc.  Northern Trust Corporation  50 S. LaSalle  Chicago  CITY  CITY |                              | 60603   _           |
| safety deposit boxes or<br>Name of Bank, Deposite<br>Mailing Address                    | maintains funds. ory, etc.  Northern Trust Corporation  50 S. LaSalle  Chicago  CITY  CITY |                              | 60603   _           |
| safety deposit boxes or<br>Name of Bank, Deposite<br>Mailing Address                    | maintains funds. ory, etc.  Northern Trust Corporation  50 S. LaSalle  Chicago  CITY  CITY | IL STATE 4                   | ZIP CODE A          |
| safety deposit boxes or Name of Bank, Deposite  Mailing Address  Name of Bank, Deposite | maintains funds. ory, etc.  Northern Trust Corporation  50 S. LaSalle  Chicago  CITY   ory, etc.   | IL STATE A                   | 60603 ZIP CODE      |
| safety deposit boxes or Name of Bank, Deposite  Mailing Address  Name of Bank, Deposite | maintains funds. ory, etc.  Northern Trust Corporation  50 S. LaSalle  Chicago  CITY   ory, etc.   | IL STATE A                   | ZIP CODE            |

| Banks or Other Depositories: safety deposit boxes or maintain |   | e deposits funds, ho | olds accounts, rents               |
|---|---|----------------------|------------------------------------|
| Name of Bank, Depository, etc.                                |   |                      | [ ADDITIONAL ]                     |
|   |   |                      |                                    |
| Mailing Address   |   | 1 1 1 1 1            |                                    |
|   |   |                      |                                    |
|   |   |                      |                                    |
|   | CITY 🗖  | STATE <b>⊿</b>       | ZIP CODE 🛕                         |
| Name of Any Connected Orga<br>John Bean Techologies           | anization, Affiliated Committee, Leadership PAC Sponsor | or Joint Fundrais    | [ ADDITIONAL ] sing Representative |
|   | <u> </u>  |                      |                                    |
| Mailing Address   | 200 East Randolph Drive                                 |                      |                                    |
|   | Chicago   |                      | 60601                              |
| elationship:  | CITY  | STATE A              | ZIP CODE                           |
| Connected Organization  | X Affiliated Committee Leadership PAC Sponso            | r Joint Fur          | ndraising Representative           |
| Designated Agent  |   |                      | [ ADDITIONAL ]                     |
| Full Name   |   |                      |                                    |
| Mailing Address   |   |                      |                                    |
|   |   |                      |                                    |
| Title or Position ▼   | CITY A  | STATE.               | ZIP CODE A                         |
|   | Telephone   | number               |                                    |
| Joint Fundraiser Participant                                  |   |                      | [ ADDITIONAL ]                     |
|   | FEC   | ID number C          |                                    |