

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

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

AMERICAN BAKERS ASSOCIATION AMERICAN BAKERS POLITICAL ACTION COMMITTEE

ADDRESS (Number and street)

1350 STREET NW SUITE 1290

(Check if address is changed)

WASHINGTON

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

kknowles@americanbakers.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.americanbakers.org

COMMITTEE'S FAX NUMBER

2. DATE M M / D D / Y Y Y Y
10 / 28 / 2005

3. FEC IDENTIFICATION NUMBER C C00016386

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 Mr. Robb Steer Mackie

Signature of Treasurer Electronically Filed by Mr. Robb Steer Mackie

Date 01 / 18 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1100**FEC FORM 1**
(Revised 02/2005)

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
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- (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

Mailing Address _____

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

AMERICAN BAKERS ASSOCIATION AMERICAN BAKERS POLITICAL ACTION COMMITTEE

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 Ms Kelly Helms Knowles

Mailing Address 1350 I Street, NW
Suite 1290
Washington DC 20005

Title or Position ▼ Director CITY ▲ Washington STATE ▲ DC ZIP CODE ▲ 20005

Telephone number 202 - 789 - 0300

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 Mr. Robb Steer Mackie

Mailing Address 1350 I Street, NW
Suite 1290
Washington DC 20005

Title or Position ▼ Treasurer CITY ▲ Washington STATE ▲ DC ZIP CODE ▲ 20005

Telephone number 202 - 789 - 0300

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼ _____ CITY ▲ _____ STATE ▲ _____ ZIP CODE ▲ _____

Telephone number _____ - _____ - _____

