Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) ConAgra Foods Inc. Good Government Association One ConAgra Drive ADDRESS (number and street) (Check if address is changed) Omaha 68102-5001 NE CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Megan.Garcia@conagrafoods.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00087874 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. Scott Messel Type or Print Name of Treasurer Scott Messel [Electronically Filed] 03 2016 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

Local 202-694-1100

FEC F	orm 1 (Revised 02/2009)	Page 2
	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. (Con information below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	nmittee: (National, State	(Domogratic
(d)	This committee is a committee of the committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
	X 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 scommittee. (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 Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Con	nmittees Participating in Joint Fundraiser	
1.		
2.		
3.	FEC ID number	
4		

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Write or Type Committee Name		- 9 -
ConAgra Foods	Inc. Good Government Association	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
ConAgra Foods		
	One ConAgra Drive	
Mailing Address		
	Omaha NE 68102-50	001
	Omaha NE 68102-50	
	CITY STATE	ZIP CODE
Relationship: X Connected	Organization Affiliated Committee Joint Fundraising Representative Le	adership PAC Sponsor
. Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person in pos	ssession of committee
Megan Ga	rcia	ı
Full Name	ıc/o PASS	
Mailing Address	1950 Roland Clarke Pl., Suite 300	
	Reston , VA , 20191	
	TKGSUN	
Title or Position	CITY STATE	ZIP CODE
Sr. DirGov Affairs		261 2002
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the na issistant treasurer).	me and address of
Full Name Scott Mess of Treasurer	el	
Mailing Address	Eleven ConAgra Drive MS 11-200	
	Omaha NE 68102-50	
Title or Position	CITY STATE	ZIP CODE
Treasurer		595 - 4063

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Full Name of Designated			
Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telep	phone number	
_l U,S	S. Bank		
U.S Mailing Address	S. Bank PO Box 64799 Saint Paul	MN ₅₅₁₆	4
	PO Box 64799	MN 5516	ZIP CODE
	PO Box 64799 Saint Paul CITY		
Mailing Address	PO Box 64799 Saint Paul CITY		
Mailing Address	PO Box 64799 Saint Paul CITY	STATE	
Mailing Address Name of Bank, Deposi	PO Box 64799 Saint Paul CITY	STATE	
Mailing Address Name of Bank, Deposi	PO Box 64799 Saint Paul CITY	STATE	

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: F1A Transaction ID:

This amendment is being filed to disclose the PAC's new email address and Custodian of Records. Please update your records accordingly.

Form/Schedule: Transaction ID: