

FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

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Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12FB4M5

F M C T E C H N O L O G I E S G O O D G O V E R N M E N T P R O G R A M

ADDRESS (number and street) 200 EAST RANDOLPH DRIVE

(Check if address is changed)

CHICAGO IL 60601

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

joseph.meyer@fmceti.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 06/28/2001

3. FEC IDENTIFICATION NUMBER C00366211

4. IS THIS STATEMENT NEW (N) OR X 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 Joseph J. Meyer

Signature of Treasurer *Joseph J. Meyer* Date 06/28/2001

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.

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

F M C , T E C H N O L O G I E S , I N C . _____

Mailing Address 2 0 0 E A S T R A N D O L P H , D R I V E _____

C H I C A G O I L 6 0 6 0 1 _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship C O N N E C T E D _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

FMC CORPORATION GOOD GOVERNMENT PROGRAM (SAME ADDRESS) AFFILIATE

Write or Type Committee Name

FMC TECHNOLOGIES GOOD GOVERNMENT PROGRAM

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 J I L L E M I T C H E L L

Mailing Address F M C T E C H N O L O G I E S I N C
1 8 0 3 G E A R S R O A D
H O U S T O N T X 7 7 0 6 7

Title or Position S U P E R V I S O R CITY STATE ZIP CODE

Telephone number 2 8 1 - 5 9 1 - 4 1 6 6

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 J O S E P H M E Y E R

Mailing Address F M C T E C H N O L O G I E S I N C
2 0 0 E A S T R A N D O L P H D R I V E
C H I C A G O I L 6 0 6 0 1

Title or Position D I R E C T O R CITY STATE ZIP CODE

Telephone number 3 1 2 - 8 6 1 - 6 1 4 6

Full Name of Designated Agent J I L L E M I T C H E L L

Mailing Address F M C T E C H N O L O G I E S I N C
1 8 0 3 G E A R S R O A D
H O U S T O N T X 7 7 0 6 7

Title or Position S U P E R V I S O R CITY STATE ZIP CODE

Telephone number 2 8 1 - 5 9 1 - 4 1 6 6

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.

N O R T H E R N T R U S T

Mailing Address

5 0 S O U T H L A S A L L E S T R E E T

C H I C A G O I L 6 0 6 7 5 -

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>7-3-01</i>
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Jm 10</i> PREPARER	<i>7-3-01</i> DATE PREPARED