FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruction			Office use only
NAME OF COMMITTEE (in a		(Check if name is changed)	Example: If typying, typover the lines	12FE4M5	
ContiGroup Co	ompanies, Inc. Po	litical Action Co	ommittee	11111	
	11111	<u> </u>	1111111	11111	
ADDRESS (number and s	street) 277 P	ark Avenue			
(Check if addre	ess				
is changed)	New	ork		ŅY	10172
COMMITTEE'S E-MAI	I ADDRESS		CITY▲	STATE▲	ZIP CODE 📥
	erry@conti.com				1
COMMITTEE'S WEB	PAGE ADDRESS (UI	<u> </u>			
1					
1					
COMMITTEE'S FAX N					
		J			
2. DATE 0.6	D D Y Y 26	^Y 2 0 0 7			
3. FEC IDENTIFICA	TION NUMBER	C	C00155853		
4. IS THIS STATEM	ENT X NEW	(N) OR	AMENDED ((A)	
I certify that I have exami	ned this Statement and	to the best of my know	rledge and belief it is true, co	rrect and complete	
Type or Print Name of	Treasurer N	ichael Mayberry	1		
Signature of Treasurer	Electronically Filed	by Michael Ma	ayberry	_ Date 0 6	M / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal			subject the person signing the		
Office Use Only			For further inform Federal Election C Toll Free 800-424- I ocal 202-694-110	ommission 9530	FEC FORM 1 (Revised 02/2003)

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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 information below.)	candidate
	Name of Candidate	
	Candidate Office House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	(d) This committee is a (or subordinate) committee of the	Democratic, epublican,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 from committee. 	und or party
6.	Name of Any Connected Organization or Affiliated Committee	
	ContiGroup Companies, Inc.	
L		
	Mailing Address 277 Park Avenue	
	New York New York NY	0172
	CITY▲ STATE ▲	ZIP CODE 🛦
	Relationship Connected	
	Type of Connected Organization:	
	X Corporation Corporation w/o Capital Stock Labor Organiza	tion
	Membership Organization Trade Association Cooperative	

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٧	Vrite or Type Committee Name				
	ContiGroup Companie	es, Inc. Political Action Committee			
7.		of Records: Identify by name, address, (phone number optional), and position of the person in of Committee books and records.			
	Full Name				
	Mailing Address				
				<u>.</u>	
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A	
			Telephone number		
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				nittee; and the	
		ael Mayberry 277 Park Avenue			
	Mailing Address				
		New York	NY	10172	
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A	
	Treasure	r	Telephone number 212		
	Full Name of Designated Agent				
	Mailing Address				
	Title or Position ♥	CITY A	STATE ▲	ZIP CODE A	

Telephone number

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds. Name of Bank, Depository, etc.			
	Mailing Address	Citibank PO Box 5870 Grand Central Station		
		New York NY 10163	3	

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷

Membership Organization

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Banks or Other Depo safety deposit boxes or	r maintains funds.	posits funds, holds accounts, rents [ADDITIONAL]
Name of Bank, Deposit	tory, etc.	[ADDITIONAL]
Mailing Address		
	CITY 🛦	STATE ZIP CODE
Name of Any Connec	cted Organization or Affiliated Committee	[ADDITIONAL]
WAYNE FARMS L	LC POLITICAL ACTION COMMITTEE WAYNE FARMS PAC	
Mailing Address	4110 CONTINENTAL DRIVE	
Mailing Address		
	OAKWOOD	GA , 30566 _ , , , ,
	9,111,111	4.
	CITYA	STATE A ZIP CODE A
Relationship	Affiliated	
Type of Connected Or	rganization:	
X Corporation	Corporation w/o Capital Stock	Labor Organization
Jorporation	Sorporation w/o Sapital Stock	

Trade Association

Cooperative

Designated Agent		[A	ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE A	ZIP CODE A
	Te	lephone number	