

**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 Meat Institute Political Action Committee

ADDRESS (Number and street) 1150 Connecticut Ave.
 Suite 1200
 X (Check if address is changed) Washington DC 20036
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
 mmcqueeney@meatami.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
 www.meatami.com

COMMITTEE'S FAX NUMBER
 2025874300

2. DATE 11 / 22 / 2004

3. FEC IDENTIFICATION NUMBER C C00024281

4. IS THIS STATEMENT X 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 Michael Brown

Signature of Treasurer Electronically Filed by Michael Brown Date 12 / 01 / 2004

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

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	Office				
Party Affiliation	Sought:	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 _____ (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 Meat Institute 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 Michael Brown

Mailing Address 1150 Connecticut Avenue
Suite 1200
Washington DC 20036

Title or Position ▼ SVP Legis. Affairs CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 202 - 587 - 4200

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 Michael Brown

Mailing Address 1150 Connecticut Avenue
Suite 1200
Washington DC 20036

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number - -

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number - -

