Image# 279308111	72
------------------	----

FEC FORM 1

STATEMENT OF
ORGANIZATION
(See instructions)

	(866 1181/161	010)		Office use only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, typ over the lines	12FE4M5	
Premium Standard Fai	rms, Inc. Federal Better	Goverment Fund		
ADDRESS (number and street)	805 Pennsylvania A	\ve 		
(Check if address	Suite 200			
is changed)	Kansas City		MO	64105
COMMITTEE'S E-MAIL ADDRE	ee	CITY	STATE	ZIP CODE
drippe@psfarms.com				
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
COMMITTEE'S FAX NUMBER				
2. DATE M M 0 6	14 / Y Y Y Y 2007			
3. FEC IDENTIFICATION NUM	MBER	C C00339762	0	
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED ((A)	
I certify that I have examined this Sta		-	rrect and complete	
Type or Print Name of Treasurer	Dennis D. Rippo	e		
Signature of Treasurer Electro	onically Filed by Dennis D). Rippe	_ Date 0 6	M / D D / Y Y Y Y Y 14 2007
NOTE: Submission of false, erronec		ay subject the person signing the ATION SHOULD BE REPOR		
Office Use Only		For further inform Federal Election Co Toll Free 800-424- Local 202-694-110	ommission 9530	FEC FORM 1 (Revised 02/2003)

	FEO For	m 1 (Revised 02/2003)	Page 2
5.	TYPE OF CO	MMITTEE (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 information below.)	the candidate
	Name of Candidate	1	
	Candidate Party Affiliatic	n Office Sought: House Senate President	State
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	(d) (e) X	This committee is a separate segregated fund	(Democratic, Republican,etc.) Party.
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee.	ed fund or party
6.	Name of Any	Connected Organization or Affiliated Committee	
	SMITHFIEL	D FOODS INC POLITICAL ACTION COMMITTEE (HAMPAC)	
L		1050 CONNECTICUT AVE NW SUITE 1200	
	Mailing Addre	ss Liilii i i i i i i i i i i i i i i i i	
	Relationship	Affiliation	
	Type of Conn	ected Organization:	
	X Corp	oration Corporation w/o Capital Stock Labor Orga	nization
	Merr	bership Organization Trade Association Cooperative	9

FEC Form 1 (Revised 02/20	03)		Page 3
Vrite or Type Committee Name			
Premium Standard Farms,	Inc. Federal Better Goverment Fund		
Custodian of Records: Identiti possession of Committee boo	fy by name, address, (phone number oks and records.	optional), and position of th	e person in
Full Name			
Mailing Address			
_			
Title or Position ♥		STATE▲	ZIP CODE 🛦
	· · ·	Telephone number	
Treasurer: List the name and	d address (phone number optional) of signated agent (e.g., assistant treasurer	the treasurer of the commit).	tee; and the
Full Name			
name and address of any dea			
name and address of any dea Full Name of Treasurer			 ZIP CODE 🛦
name and address of any de Full Name of Treasurer Mailing Address 	CITY A		
name and address of any de Full Name of Treasurer Mailing Address 	CITY A		
name and address of any des Full Name of Treasurer Mailing Address Title or Position ♥ Full Name of Designated	CITY A		
name and address of any des Full Name of Treasurer		Telephone number	
name and address of any des Full Name of Treasurer Mailing Address Title or Position ♥ Full Name of Designated Agent	CITY A		

	FEC Form 1 (Revised 02/2003)																			Page 4																			
9.	safety deposit bo	anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts afety deposit boxes or maintains funds. ame of Bank, Depository, etc.															ts,	rer	nts																				
				_									1			1					1								[1					_
	Mailing Address																	I		1				I					I	I				1					
												L								1												[I	1					
																								L				l							- L				
															CI	ΓY	⊿							SI	A	ſE,	۵				:	ZIF	° C	OD	Έ	≙			