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Part of the  Foods Family

Candice J. Carlsen, Paralegal

November 30, 2001

VIA OVERNIGHT MAIL

Public Records Office
Federal Election Commission
999 E. Street NW
Washington, D.C. 20463

RE: IBP, inc. PAC
FEC ID# C00114223

To Whom It May Concern:

Enclosed please find our amended FEC Form 1 reflecting the change in Treasurer and Custodian of Records., effective November 30, 2001.

Should any questions arise, please feel free to contact me at (605) 235-2146.

Best Regards,



Candice J. Carlsen

Enclosure

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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

IBP-PAC
IBP, INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street) P. O. BOX 515

(Check if address is changed) DAKOTA CITY NE 68731-0515

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 11 30 2001

3. FEC IDENTIFICATION NUMBER C00114223

4. 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.

Type or Print Name of Treasurer MARK D. FEINER

Signature of Treasurer *Mark D. Feiner* Date 11 30 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

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

IBP PAC IBP, INC POLITICAL ACTION COMMITTEE C 00114223

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: MARK D. FEINER
Mailing Address: P. O. BOX 515
DAKOTA CITY NE 68731-0515
Title or Position: TREASURER - IBP-PAC
Telephone number: 605-235-2508

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: MARK D. FEINER
Mailing Address: P. O. BOX 515
DAKOTA CITY NE 68731-0515
Title or Position: TREASURER - IBP-PAC
Telephone number: 605-235-2508

Full Name of Designated Agent:
Mailing Address:
Title or Position:
CITY STATE ZIP CODE
Telephone number

B. 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.

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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