

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See instructions)

Off. 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 (Home or street) 1700 N MOORE ST/ROOM 1600  
 (Check if address is changed) ARLINGTON VA 22209  
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
**mbrown@meatami.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)  
**http://www.meatami.com**

2. DATE **07 / 30 / 2002**

3. FEC IDENTIFICATION NUMBER **C00024281**

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 **Michael J. Brown**

Signature of Treasurer Electronically Filed by **Michael J. Brown** Date **07 / 30 / 2002**

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  |       |        |           | State    |
| Party Affiliation | Sought: | House | Senate | President | 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<br>or subordinate) committee of the | (Democratic,<br>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 J. Brown

Mailing Address 1700 N. Moore St.  
Suite 1600  
Arlington VA 22209

Title or Position ▼ Vice President CITY ▲ STATE ▲ ZIP CODE ▲  
 Telephone number 703 - 841 - 2400

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 J. Brown

Mailing Address 1700 N. Moore St.  
Suite 1600  
Arlington VA 22209

Title or Position ▼ Vice President CITY ▲ STATE ▲ ZIP CODE ▲  
 Telephone number 703 - 841 - 2400

Full Name of Designated Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

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.

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY Δ STATE Δ ZIP CODE Δ

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