

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Ofc. Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Anheuser-Busch Political Action Committee

ADDRESS (Home or street) (Check if address is changed)

One Busch Place, 202-5

St. Louis MO 63118 - 1852

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

jo.blanchard@anheuser-busch.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.anheuser-busch.com

COMMITTEE'S FAX NUMBER

3147659005

2. DATE 02 / 18 / 2005

3. FEC IDENTIFICATION NUMBER **C C00034488**

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 WILLIAM J. KIMMINS JR.

Signature of Treasurer Electronically Filed by WILLIAM J. KIMMINS JR. Date 05 / 09 / 2005

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

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1100

FEC FORM 1
(Revised 02/2003)

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

Anheuser-Busch Companies, Inc. _____

Mailing Address _____

St. Louis _____ MO _____ 63118 - _____

CITY A STATE A ZIP CODE A

Relationship Connected _____

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

Anheuser-Busch 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 _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ 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 of Treasurer **WILLIAM J. KIMMINS JR.**

Mailing Address **ONE BUSCH PLACE**

_____ **ST. LOUIS** _____ **MO** _____ **63118** - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number **314** - **577** - **2329**

Full Name of Designated Agent **Mark A. Rawlins**

Mailing Address **ONE BUSCH PLACE**

_____ **ST. LOUIS** _____ **MO** _____ **63118** - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer Telephone number **314** - **577** - **7561**

