PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Employees of DuPont PAC - E.I. DuPont de Nemours Company 500 New Jersey Ave NW - 4th Floor ADDRESS (number and street) c/o James D. Carstensen (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS pleeman@ddcpublicaffairs.com (Check if address is changed) Optional Second E-Mail Address james.d.carstensen@dupont.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00171926 FEC IDENTIFICATION NUMBER 3. X 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. Sullivan, Katherine, L.,, Type or Print Name of Treasurer

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.

[Electronically Filed]

	Office			For further information contact:
1	Use			Federal Election Commission
	Only			Toll Free 800-424-9530 Local 202-694-1100

Sullivan, Katherine, L.,,

Signature of Treasurer

2019

13

05

Date

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye z
Can	ndidate	Committee:	
(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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(Daniel and the
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

	_				
	FEC Form 1 (Revised	02/2009)			Page 3
V	Vrite or Type Committee Nam	e			<u> </u>
I	Employees of [DuPont PAC - E.I. Du	uPont de Ne	emours Co	ompany
6.	Name of Any Connected	Organization, Affiliated Committee, Joi	int Fundraising Repre	sentative, or Leade	rship PAC Sponsor
Ε	.I. DuPont de Nemo	urs Company			
	Mailing Address	500 New Jersey Ave NW - 4th Floor			
		Washington		DC 20001	
		CITY		STATE	ZIP CODE
	Relationship: Connected	ed Organization Affiliated Committee	Joint Fundraising F	Representative L	eadership PAC Sponsor
	Custodian of Records: Ide books and records.	entify by name, address (phone number -	optional) and positio	n of the person in p	ossession of committee
	PAC Serv	vices, DDC, , ,			
	Full Name	,805 15th St, NW - Suite 300			
	Mailing Address				
		Attn: Philip Leeman			
		Washington		DC 20005	
	Title or Position	CITY	S	STATE	ZIP CODE
	Custodian of Records		Telephone numb	per	830
3.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) o assistant treasurer).	f the treasurer of the o	committee; and the i	name and address of
	Full Name Sullivan, Full Name	Katherine, L., ,			
	Mailing Address	500 New Jersey Ave NW - 4th Floor			
	-	c/o James D. Carstensen			1
		Washington		DC 20001	
		CITY	5	STATE	ZIP CODE
	Title or Position Treasurer		Telephone numb	er	

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Full Name of Designated Carstenso Agent LILL	en, James, D., ,		
Mailing Address	500 New Jersey Ave NW - 4th Floor		
	Washington	DC 20001 STATE	ZIP CODE
Title or Position Assistant Treasurer	Telephone nu	mber	
safety deposit boxes or ma Name of Bank, Depository,		ttee deposits funds, hol	ds accounts, rents
Mailing Address	6011 Oxon Hill Rd		
	Oxon Hill	MD 20745	
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
			, , , , , , , , I

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
4.			
ame of Any Connected	l Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spon
The Dow AgroSc	iences LLC Employee PAC (AgPA(C)	
	_I 9330 Zionsville Road		
Mailing Address	9330 Ziorsville Road		
	Indianapolis	IN IN	46268
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee	oint Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposited the state of	CITY A	STATE ▲ Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mane of Bank,	CITY A	STATE ▲ Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mane of Bank,	CITY A	STATE ▲ Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	CITY A	STATE ▲ Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A	STATE ▲ Telephone Number	ZIP CODE A