FEC FORM 1

Image# 27930874191

## STATEMENT OF ORGANIZATION

| FORM 1  |                                  | See instructions)    | ON   |             | Office use only                 |
|---|----------------------------------|----------------------|--|-------------|---------------------------------|
| NAME OF COMMITTEE (in                         | (Cher<br>full) is cha            |                      | Example: If typying, type over the lines                                     | 12FE4M5     |                                 |
| DuPont Good                                   | Government Fund                  |                      |  |             |                                 |
|   |                                  |                      |  |             |                                 |
| ADDRESS (number and                           | street) 1007 Mark                | ket Street           |  |             |                                 |
| (Check if addr<br>is changed)                 | ress Wilmingto                   | pn                   |  | DE L        | 19898                           |
|   | # ADDDE00                        | CITY                 | ∕▲   | STATE       | ZIP CODE 📥                      |
| COMMITTEE'S E-MA                              |                                  |                      |  |             | 1                               |
|   |                                  |                      |  |             |                                 |
| COMMITTEE'S WEB                               | PAGE ADDRESS (URL)               |                      |  |             |                                 |
|   | 1 1 1 1 1 1 1 1 1                | 11111                | 1111111  | 1111        |                                 |
|   |                                  | 1 1 1 1 1            |  |             |                                 |
| COMMITTEE'S FAX I                             | NUMBER                           |                      |  |             |                                 |
| با لبنا                                       |                                  |                      |  |             |                                 |
| 2. DATE 0.7                                   | " DDD / Y Y Y 20                 | ° 7 °                |  |             |                                 |
| 3. FEC IDENTIFICA                             | ATION NUMBER                     | C                    | 00171926   |             |                                 |
| 4. IS THIS STATEMENT NEW (N) OR X AMENDED (A) |                                  |                      |  |             |                                 |
| I certify that I have exam                    | ined this Statement and to the   | best of my knowledge | e and belief it is true, correct ar  | nd complete | _                               |
| Type or Print Name of                         | Treasurer Christ                 | tine Held            |  |             |                                 |
| Signature of Treasure                         | Electronically Filed by          | Christine Held       |  | Date 07     | 002 Y Y Y Y Y                   |
| NOTE: Submission of fa                        | alse, erroneous, or incomplete i |                      | ect the person signing this Stat   | ·           | s of 2 U.S.C. S437g.            |
| Office<br>Use<br>Only                         |                                  |                      | For further information<br>Federal Election Commis<br>Toll Free 800-424-9530 |             | FEC FORM 1<br>(Revised 02/2003) |

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|----|--|---------------------------------------|--|--|--|
| 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 House Senate President  | State District                        |  |  |  |
|    | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.  |                                       |  |  |  |
|    | Name of Candidate  |                                       |  |  |  |
|    | (d) This committee is a (or subordinate) committee of the  | Democratic,<br>epublican,etc.) Party. |  |  |  |
|    | <ul> <li>(e) This committee is a separate segregated fund</li> <li>(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund</li> </ul> | und or party                          |  |  |  |
| ŝ. | Name of Any Connected Organization or Affiliated Committee   |                                       |  |  |  |
| L  | E.I. du Pont de Nemours Company  |                                       |  |  |  |
| L  |  |                                       |  |  |  |
|    | Mailing Address 1007 Market Street   |                                       |  |  |  |
|    |  |                                       |  |  |  |
|    | Wilmington DE 15   | 9898   _ [                            |  |  |  |
|    | CITY▲ STATE▲   | ZIP CODE 🛦                            |  |  |  |
|    | Relationship Connected Organization  |                                       |  |  |  |
|    | Type of Connected Organization:  |                                       |  |  |  |
|    | X Corporation Corporation w/o Capital Stock Labor Organization   | tion                                  |  |  |  |
|    | Membership Organization Trade Association Cooperative  |                                       |  |  |  |
|    |  |                                       |  |  |  |

|    | FEC Form 1                                  | (Revised 02/2003)                               |   |                    |                | Pa            | age <b>3</b> |
|----|---|---|---|--------------------|----------------|---------------|--------------|
| V  | Vrite or Type Commi                         | ttee Name                                       |   |                    |                |               |              |
|    | <b>DuPont Good</b>                          | Government Fund                                 |   |                    |                |               |              |
| 7. |   | cords: Identify by nam<br>Committee books and r | ne, address, (phone numb<br>ecords.                   | oer optional), and | position of th | e person in   |              |
|    | Full Name                                   | Ms Cresta Miller                                |   |                    |                |               |              |
|    | Mailing Address                             |   | PAC Services, LLC                                     |                    |                |               |              |
|    | 7700 Old Branch Avenue Suite D-103          |   |   |                    |                |               |              |
|    |   |   | Clinton   |                    | MD _           | 20735         |              |
|    | Title or Position ▼                         | r   | CITY A  | ;                  | STATE          | ZIP CO        | DE A         |
|    | C   | Custodian of Records                            | <b>.</b>  | Telephone numb     | <b>301</b>     | 868           | 1888         |
|    |   |   |   | i diopilono namb   |                | <del></del>   |              |
| 3. |   | ess of any designated                           | s (phone number option<br>agent (e.g., assistant trea |                    | of the commit  | ttee; and the |              |
|    | of Treasurer                                | Christine Held                                  |   |                    |                |               |              |
|    | Mailing Address Dupont Good Government Fund |   |   |                    |                |               |              |
|    |   |   | PO Box 80705  |                    |                |               |              |
|    |   |   | Wilmington  |                    | <u>DE</u>      | 19880 _       | 0705         |
|    | Title or Position ♥                         | ,   | CITY A  | :                  | STATE          | ZIP CO        | DE A         |
|    | 1   | <b>Freasurer</b>                                |   | Telephone numb     | oer 302        | 999           | 6647         |
|    | Full Name of<br>Designated<br>Agent         | Jacqueline Harris                               |   |                    |                |               |              |
|    | Mailing Address                             |   | DuPont Good Governi                                   | ment Fund          |                |               |              |
|    | 1007 Market Street D-13048                  |   |   |                    |                |               |              |
|    |   |   | Wilmington  |                    | DE             | 19898         |              |
|    | Title or Position ♥                         | ,   | CITY A  | \$                 | STATE A        | ZIP COI       | DE A         |
|    | ļ   | Assistant Treasurer                             |   | Telephone numb     | 302            | _ 773 _       | 0246         |
|    |   |   |   | i eleptione numb   |                |               |              |

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|----|--|---------------------------------------|----------------|
| 9. | Banks or Other Depositorie safety deposit boxes or maint | · · · · · · · · · · · · · · · · · · · | nts, rents     |
|    | Name of Bank, Depository, et                             | tc.                                   |                |
|    | <b>Bank</b>  | c of America                          |                |
|    | Mailing Address  | 7810 Old Branch Avenue                |                |
|    |  |                                       |                |
|    |  | Clinton MD 207                        | <b>735</b>   _ |
|    |  | CITY A STATE A ZI                     | P CODE △       |