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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

CUMMINS-ALLISON CORP. EMPLOYEES FOR GOOD GOVERNMENT

ADDRESS (number and street) C/O ROBIN F. DAVIES

(Check if address is changed) 1919 ALGONQUIN ROAD

ROLLING MEADOWS | IL | 60008 - 4101

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

NONE

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE

COMMITTEE'S FAX NUMBER

847 - 255 - 9177

2. DATE 10 05 2004

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT X 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 ROBIN F. DAVIES

Signature of Treasurer Robin F. Davies Date 01 10 2005

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.

Office Use Only				

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

FEC FORM 1
(Revised 09/2003)

FE3PRV2.PDF

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

(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) X 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

CUMMINS-ALLISON CORP.

Mailing Address 891 FERGANVILLE DRIVE

MOUNT PROSPECT | IL | 60056 -

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: CONNECTED ORGANIZATION

Type of Connected Organization:

X Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

CUMMINS-ALLISON CORP. EMPLOYEES FOR GOOD GOVERNMENT

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: ROBIN E. DAVIES

Mailing Address: 1919 ALGONQUIN ROAD

ROLLING MEADOWS IL 60008 - 4101

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER

Telephone number 847 - 255 - 5077

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: ROBIN E. DAVIES

Mailing Address: 1919 ALGONQUIN ROAD

ROLLING MEADOWS IL 60008 - 4101

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER

Telephone number 847 - 255 - 5077

Full Name of Designated Agent: NONE

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.

MOUNT PROSPECT NATIONAL BANK

Mailing Address 50 N. MAIN STREET

MOUNT PROSPECT IL 60056

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission

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