

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

Office Use Only

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

DuPont Good Government Fund

ADDRESS (Home or street) DuPont Government Affairs, Room Q-1

X (Check if address is changed) 1007 Market Street

Wilmington DE 19898

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

Sandra.L.Fidance@usa.dupont.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 08 / 03 / 2001

3. FEC IDENTIFICATION NUMBER C00171926

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 Mr. Marc Legere

Signature of Treasurer Electronically Filed by Mr. Marc Legere Date 08 / 03 / 2001

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 (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

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

DuPont Good Government Fund

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 **Ms Sandra Fidance**

Mailing Address **DuPont Government Affairs, Room D-**
1007 Market Street
Wilmington DE 19898 -

Title or Position ▼ **Communications Admin** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **302 - 773 - 6307**

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 **Mr. Marc Legere**

Mailing Address **DuPont Finance, Room B-4405**
1007 Market Street
Wilmington DE 19898 -

Title or Position ▼ **Business Analyst** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **302 - 773 - 3286**

Full Name of Designated Agent **Ms. Jacqueline Harris**

Mailing Address **DuPont Finance, Room D-6032**
1007 Market Street
Wilmington DE 19898 -

Title or Position ▼ **Business Analyst** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **302 - 773 - 0246**

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.

Wilmington Trust - Checking

Mailing Address

Wilmington DE -

CITY Δ

STATE Δ

ZIP CODE Δ