FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1 (See instructions)												
		(See matructio) is j					Off	ice use or	ly		
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple: If typyin the lines	g, type	12F	E4M	5				
DuPont Good	Government F	und						ш		Ш		ш
			111					1 1	1 1	ш		1 1
ADDRESS (number and	d street)	07 Market Street	111									
(Check if add	dress					ш		11		ш	Щ	
is changed)	W	lmington			ш	L D	E	Ш	198	98 _		
COMMITTEE'S E-MA	AIL ADDRESS		CITY			STAT	Έ Δ		ZI	P CODI	E 📥	
dupont@myf	ecnotices.com							1 1				1 1
					1 1		1 1	1 1	1 1			1 1
COMMITTEE'S WEE	B PAGE ADDRESS	(URL)			' '		-, -,					
								1 1	1 1			
COMMITTEE'S FAX	NUMBER							- 1 - 1			!_	
2. DATE 0	M / D D /	Y Y Y Y Y Y Y										
3. FEC IDENTIFIC	ATION NUMBER		C COO	171926								
4. IS THIS STATE	MENT N	EW (N) OR	X	AMENI	DED (A)							
I certify that I have exar	nined this Statement	and to the best of my kno	owledge an	d belief it is tru	ue, correct a	ınd comp	lete					
Type or Print Name o	f Treasurer	Mr. Thomas M.	Rossiter	1								
Signature of Treasure	er Electronically I	Filed by Mr. Thom	as M. R	ossiter		Date	0	1 /	12	2 / Y	2	0 [°] 0 7 [°]
NOTE: Submission of f		complete information ma	-		_				of 2 U.S.	C. S43	7g.	
Office Use Only				For further i Federal Elect Toll Free 800 Local 202-69	tion Commis 0-424-9530		:		FEC (Revis	FOR ed 02/2		l

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5. TYPE OF COMMITTEE (Check One)								
(a) This committee is a principal campaign committee. (Complete the candidate information b	elow.)							
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)								
Name of Candidate								
Candidate Office Party Affiliation Sought: House Senate	State President District							
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	e.							
Name of Candidate								
(d) This committee is a (National, State (or subordinate) committee of the (e) X This committee is a separate segregated fund	(Democratic, Republican,etc.) Party.							
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separat committee.	te segregated fund or party							
6. Name of Any Connected Organization or Affiliated Committee								
<u> </u>								
Mailing Address 1007 Market Street								
Wilmington PE	19898] _ [
CITY STATE A	ZIP CODE 🛦							
Relationship Connected Organization								
Type of Connected Organization:								
X Corporation Corporation w/o Capital Stock	_abor Organization							
Membership Organization Trade Association	Cooperative							

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Write	or Type Committee I	Name							
Dι	Pont Good Go	vernment Fund							
		s: Identify by name, a mittee books and reco		nber optional), and po	sition of th	e person in			
Full	Name	As Cresta Miller							
Mai	Mailing Address Political Action Committee Service								
		77	00 Old Branch Ave	enue Suite D-103					
		CI	inton				20735		
Title	e or Position 🔻		CITY A	STA	ATE A	ZIP COI	DE A		
	PAC	Administrator			301	868	1888		
				Telephone number					
Mai	ling Address		Dupont Good Government Fund 4417 Lancaster Pike BMP 24-1274						
			ilmington		DE	19805 _			
Title	e or Position 🔻		CITY A	STA	STATE		ZIP CODE A		
	Trea	surer		Telephone number	302	992	2226		
	Name of signated	acqueline Harris							
Mai	ling Address	DuPont Good Government Fund							
		10	07 Market Street D)-13048					
		W	ilmington		<u> </u>	19898_ –			
Title	e or Position 🔻		CITY A	STA	ATE A	ZIP CODE A			
	Assi	stant Treasurer		Telephone number	302	_ 773 _	0246		

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds account safety deposit boxes or maintains funds. Name of Bank, Depository, etc.						
	Mailing Address	Bank of America 7810 Old Branch Avenue					
		Clinton	<u> </u>				
		CITY △ STATE △ ZIP C	CODE A				