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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) E.I. du Pont de Nemours Company Good Government Fund (DuPont Good Government Fund) 601 Pennsylvania Ave NW ADDRESS (number and street) Suite 325, The North Building (Check if address is changed) Washington 20004 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS pleeman@ddcpublicaffairs.com (Check if address X is changed) Optional Second E-Mail Address CURTIS.V.MARAJH@dupont.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 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. Marajh, Curtis, V.,, Type or Print Name of Treasurer Marajh, Curtis, V.,, [Electronically Filed] 02 13 2017 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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5. TYPE OF COMMITTEE Candidate 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. (Complete the candidate information below.)			
Name of Candidate				
Candidate Party Affiliat	on Office Sought: House Senate President	State		
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate				
Party Cor	mmittee: (National, State - (Democratic,			
(d)		Republican, etc.) Party.		
Political A	ction Committee (PAC):			
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected				
	Corporation Wo 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 segregation committee. (i.e., nonconnected committee)				
	In addition, this committee is a Lobbyist/Registrant PAC.			
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Joint Fund	Iraising Representative:			
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political		
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political		
Com	Committees Participating in Joint Fundraiser			
1.	FEC ID number			
2.	FEC ID number			
3.	FEC ID number			
4				

ı	FEC Form 1 (Revised 0)2/2009)	Page 3				
W	/rite or Type Committee Name		. ago C				
Е	E.I. du Pont de Nemo	urs Company Good Government Fund (DuPont Good Gove	ernment Fund)				
—— 6.		Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi					
_	E.I. du Pont de Nemours Company						
Ľ	ii. du Foilt de Neilloc						
	Mailing Address	601 Pennsylvania Ave NW					
		Suite 325, The North Building					
		Washington DC 20004					
		CITY STATE Z	IP CODE				
	Relationship: x Connected	d Organization Affiliated Committee Joint Fundraising Representative Lead	lership PAC Sponsor				
١.	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person in posse	ession of committee				
PAC Services, DDC, , ,							
	Full Name	₁ 805 15th St, NW - Suite 300					
	Mailing Address	Attn: Philip Leeman					
		Washington , DC , 20005					
		Washington					
	Title or Position	CITY STATE ZI	IP CODE				
	Custodian of Records		30 2104				
3.	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 Marajh, Cu	rtis, V., ,					
	Mailing Address	Experimental Station 328/407					
	3	200 Powder Mill Rd					
		Wilmington	. -				
			IP CODE				
_	Title or Position Treasurer		95 4529				

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Full Name of Designated	Designated Sheridan, Kelly, , ,				
Agent	. 601 Pannaylyania Aya NM/				
Mailing Address	601 Pennsylvania Ave NW				
	Suite 325, The North Building				
	Washington DC 20004				
Title or Position	CITY STATE ZIF	P CODE			
Assistant Treas	urer Telephone number 202 870	0 7504			
safety deposit bo	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.				
	Bank of America				
Mailing Address	6011 Oxon Hill Rd				
	Oxon Hill MD 20745				
	CITY STATE ZII	P CODE			
Name of Bank, [Depository, etc.				
Mailing Address					
	CITY STATE ZII	P CODE			