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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) is changed) over the lines. Zoetis Good Government Fund 701 8th Street, NW ADDRESS (number and street) Suite 500 (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mklesher@wms-jen.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2013 C00541177 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. Meredith Lesher Type or Print Name of Treasurer Meredith Lesher [Electronically Filed] 06 2013 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

	EEC Ec	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye Z
Car	ndidate	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. (Cominformation below.)	nplete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		X Corporation Corporation w/o 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 so committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

1.0	FEC Form 1 (Revised C		Page 3
	Irite or Type Committee Name		
		overnment Fund	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	PAC Sponsor
Z	oetis 		
		5 Giralda Farms	
	Mailing Address		
		Madison NJ 07940	. 1-1
		CITY STATE Z	P CODE
	Relationship: X Connected		ership PAC Sponsor
	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person in posse	ession of committee
	Meredith L	esher	
	Full Name	,701 8th Street, NW	
	Mailing Address	Suite 500	
		Washington DC 20001	
	Title or Position	CITY STATE ZI	P CODE
		Telephone number 202 – 65	69 - 8201
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
	Full Name Meredith Le	esher	
	Mailing Address	701 8th Street, NW	
		Suite 500	<u> </u>
		Washington DC 20001	
	Title or Position , Treasurer		P CODE 9 , , 8201 ,
		Telephone number 202 65	- 6201

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Full Name of Designated		
Agent		
Mailing Address	s <u> </u>	
	CITY STATE	ZIP CODE
Title or Position	1	
	Telephone number	
safety deposit	er Depositories: List all banks or other depositories in which the committee deposits funds, boxes or maintains funds. Depository, etc.	
safety deposit	boxes or maintains funds. Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue	
safety deposit Name of Bank,	boxes or maintains funds. Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue	
safety deposit Name of Bank,	boxes or maintains funds. Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue	
safety deposit Name of Bank,	boxes or maintains funds. Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue	
safety deposit Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue McLean VA 221	01
safety deposit Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue McLean VA 221	01
safety deposit Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue McLean VA 221	01
safety deposit Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue McLean VA 221 CITY STATE Depository, etc.	01
safety deposit Name of Bank, Mailing Addres Name of Bank,	boxes or maintains funds. Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue McLean VA 221 CITY STATE Depository, etc.	01
safety deposit Name of Bank, Mailing Addres Name of Bank,	boxes or maintains funds. Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue McLean VA 221 CITY STATE Depository, etc.	01