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ELECTION COMMISSION CENTER  
2006 DEC 19 P 12:15

**ARMBRUST & BROWN, L.L.P.**  
ATTORNEYS AND COUNSELORS

100 CONGRESS AVENUE, SUITE 1300  
AUSTIN, TEXAS 78701-2744  
512-435-2300

FACSIMILE 512-435-2360

DAVID B. ARMBRUST  
(512) 435-2301  
darmbrust@abastin.com

December 12, 2006

**VIA CERTIFIED MAIL -**  
**RETURN RECEIPT REQUESTED**

Public Records Office  
Federal Election Commission  
999 E Street, NW  
Washington, D.C. 20463

RE: JPI Good Government Fund  
Email Address

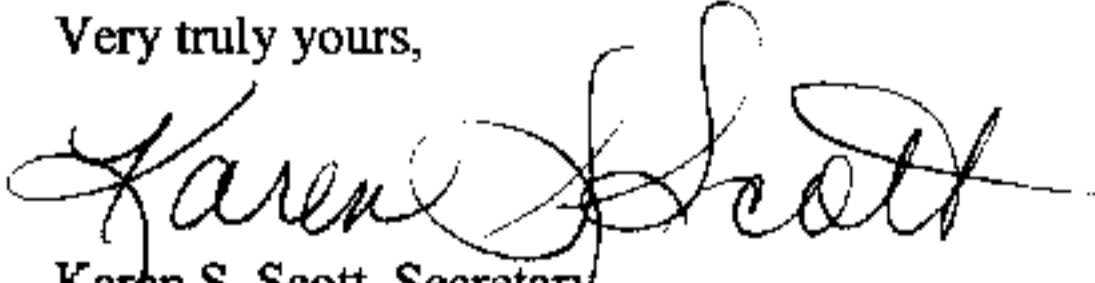
Gentlemen:

Enclosed please find a completed FEC Form 1 for the purpose of supplying an email address and fax number for the referenced PAC.

In the event you have any questions or need further information, please do not hesitate to contact me (512) 435-2350.

Thank you.

Very truly yours,



Karen S. Scott, Secretary  
to David B. Armbrust

26039313229

REGISTRATION CENTER

2006 DEC 19 P 12:15

FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

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

DPI GOOD GOVERNMENT FUND (FKA SOUTHLAND FINANCIAL CORPORATION POL)

ADDRESS (number and street) 100 CONGRESS AVENUE SUITE 1300

(Check if address is changed) AUSTIN TX 78701-2744

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS D.ARMBRUST@ABAAUSTIN.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER 512-435-2369

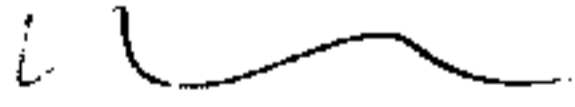
2. DATE 12 12 2006

3. FEC IDENTIFICATION NUMBER ► C 00115774

4. 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.

Type or Print Name of Treasurer DAVID B. ARMBRUST

Signature of Treasurer  Date 12 12 2006

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.

26039313230

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)  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

20030914M01

Write or Type Committee Name

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

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

26039313232

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.

[Empty grid line for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid line for Mailing Address]

[Empty grid line for Mailing Address]

[Empty grid line for Mailing Address]

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[Empty grid line for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid line for Mailing Address]

[Empty grid line for Mailing Address]

[Empty grid line for Mailing Address]

CITY ▲

STATE ▲

ZIP CODE ▲

M)  
M)  
C)  
M)  
11  
M)  
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**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)  
12-12-06

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*JWP*  
**PREPARER**  
 (3/2005)

*12-15-06*  
**DATE PREPARED**

26039313234