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P.O. Box 1749 Jackson, MS 39215  
700 North Street Jackson, MS 39207  
601 949-7550 Fax: 601 949-0286

2003 FEB 26 A 10 21



February 25, 2003

VIA FEDERAL EXPRESS

Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

RE: ChemFirst Inc. Political Action Committee

Dear Sir or Madam:

Enclosed for filing is a Form 1 for the above-referenced PAC.

I am also enclosing a photocopy of the form to be receipt-stamped and returned in the envelope provided.

Thank you for your attention to this matter. Please call me at 800-829-0050 or (601) 949-0286 if you have any questions or need anything further.

Sincerely yours,

**CHEMFIRST INC.**

A handwritten signature in black ink, appearing to read 'Tisha S. Green'.

Tisha S. Green, CLA  
Senior Legal Assistant

cc: Elaine Olsen, DuPont Good Government Fund

c:\my doc\FEC PAC.doc

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2003 FEB 26 A 10 21  
Office Use Only

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

(See instructions)

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

ChemFirst Inc. Political Action Committee

ADDRESS (number and street) 700 North Street  
(Check if address is changed) Jackson MS 39202  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 02 25 2003

3. FEC IDENTIFICATION NUMBER C 00325365

4. IS THIS STATEMENT NEW (N) OR X 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 Troy B. Browning

Signature of Treasurer

Date 02 25 2003

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 Use Only				
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For further information contact:  
Federal Election Commission  
Tel Free 800-424-9630  
Local 202-694-1100

FEC FORM 1  
(Revised 1/01)

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
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- (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.
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- (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

DuPont Good Government Fund

Mailing Address

DuPont Government Affairs, Room D-11028

1007 Market Street

Wilmington DE 19898

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Affiliated PAC

Type of Connected Organization:

- |   |                               |                    |
|---|-------------------------------|--------------------|
| <input checked="" type="checkbox"/> Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization                         | Trade Association             | Cooperative        |

Write or Type Committee Name

**ChemFirst Inc. Political Action Committee**

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-11078**

**1007 Market Street**

**Wilmington DE 19888**

Title or Position: CITY STATE ZIP CODE

**Communications Admin.** 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

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

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, forns safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

## ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>2-26-03</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Negible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JS</i> PREPARER	<i>2-26-03</i> DATE PREPARED

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