STATEMENT OF

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FORM 1		ORGA	NIZAT	ION		Office Use Only
NAME OF COMMITTEE (in	full)	(Check if na is changed)		xample:If typing, type ver the lines.	12FE4M5	
DARDEN R	ESTAL	JRANTS, IN	IC. EMP	PLOYEES GOO	DD GOVE	RNMENT FUND
ADDRESS (number a	nd street)	1000 Darden Center	Drive			
(Check if a is changed		ORLANDO CITY A			FL 3	2837 ZIP CODE ▲
COMMITTEE'S E-MA	AL ADDRES	SS				
(Check if a is changed		shulett@darden	.com			
		Optional Second E- pacservices@	Mail Address ddcpublica	affairs.com		
COMMITTEE'S WEB (Check if a is changed	address	RESS (URL)				
2. DATE 12	M / D 18	2014				
3. FEC IDENTIFIC	CATION NU	MBER ▶	C C00108	282		
4. IS THIS STATEM	MENT	NEW (N)	OR	X AMENDED (A)		
I certify that I have e	examined this	s Statement and to t	the best of m	y knowledge and belief it	is true, correct a	nd complete.
Type or Print Name	of Treasurer	Angela Simmons				
Signature of Treasure	er Angela	Simmons		[Electronically Filed]	Date 12	19 2014
NOTE: Submission of			-	subject the person signing t		ne penalties of 2 U.S.C. §437g.
Office Use Only				For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

	EEC Ea	rm 1 (Pavisad 02/2000)	Page 2
		rm 1 (Revised 02/2009) 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.)	plete 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 Cand	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 cor	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 two 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.		

	lage# 14330213333		
	_		_
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\	Write or Type Committee Nam	е	
_	DARDEN RESTA	URANTS, INC. EMPLOYEES GOOD GOVERNMI	ENT FUND
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
ם	Darden Restaurants,	nc.	
Ī			
	Mailing Address	1000 Darden Center Drive	
	Mailing Address		
		ORLANDO FL 32837	
		CITY STATE ZII	P CODE
7.	Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in posses	ssion of committee
	Mrs. Sher	ry Hulett	
	Full Name		
	Mailing Address	1000 Darden Center Drive	
		Orlando FL 32837	
	Title or Position	CITY STATE ZIF	P CODE
	Program Coordinator	Telephone number 407 – 249	5 4702
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	Full Name Angela Sir	mmons	
	of Treasurer		
	Mailing Address	1000 Darden Center Drive	

32837

407

ZIP CODE

5897

245

FL STATE

Telephone number

Orlando

Title or Position Treasurer CITY

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	-	
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