

FEDERAL ELECTION COMMISSION
MAIL ROOM
JUL 26 11 58 AM '93

July 19, 1993

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

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

To Whom It May Concern:

Enclosed is the DuPont Good Government Fund's filing of
FEC Form 3X for the period January 1, 1993 through
June 30, 1993.

Sincerely,

Barry J. Niziolak
Barry J. Niziolak
Treasurer

Enclosure

cc: Office of the Secretary of State
P. O. Box 1401
Dover, DE 19901

New York State Board of Elections
Swan Street Building, Core 1
Empire State Plaza
Albany, New York 12223-0002

State Ethics Commission
1122 Lady Street, Suite 930
Columbia, SC 29201

2
3
4
5
6
7
8
9
0
1
2
3
4
5
6
7
8
9
0

FEDERAL
COMMISSION
MAIL ROOM

JUN 76 11 58 AM '93

cc: Report Less Schedule A

Election Division
Office of the Secretary of State
1560 Broadway, Suite 200
Denver, CO 80202

Office of the Secretary of State
Capitol, Room 234 North
Topeka, KS 66612-1594

Campaign Reporting Office
State Board of Elections
PO Box 1934
Raleigh NC 27602

Disclosure Filing Division
Office of the Secretary of State
Austin, Tx 78711

State Board of Elections
101 Ninth Street Office Building
Richmond, VA 23219

2
3
4
5
6
7
8
9
0
1
2
3
4
5
6
7
8
9
0

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

NOV 26 11 57 AM '93
MAIL ROOM

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) EE DuPont De Nemours Stamp Good Government Fund		2. FEC IDENTIFICATION NUMBER C00171926
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported DuPont Company Po Box 80268		
CITY, STATE and ZIP CODE Wilmington De 19880-0268		3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

2 5 0 3 3 3 0 0 0 0 0 0 4

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	1/1/93 through 6/30/93		
6. (a) Cash on Hand January 1, 19 93			\$ 2,917.99
(b) Cash on Hand at Beginning of Reporting Period		\$ 2,917.89	
(c) Total Receipts (from Line 19)		\$ 9,425.46	\$ 9,425.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 12,343.35	\$ 12,343.35
7. Total Disbursements (from Line 30)		\$ 5,977.00	\$ 5,977.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 6,366.35	\$ 6,366.35
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BARRY NIZIOLEK	Date 7/19/93
Signature of Treasurer <i>Barry Niziolek</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
EZ DuPont De Nemours & Company Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward J. Bassett 1221 Fairville Road Chadds Ford, Pa 19317	DuPont	Payroll Deduction	600.00 (100.00/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: USE President Aggregate Year-to-Date > \$ 600.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Trudy Bryan 2317 Connecticut Ave NW apt 105 Washington DC 20008	DuPont	Payroll Deduction	300.00 (50.00/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SR External Affairs AD Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rick Harrington 1145 Tall Trees Dr. Pittsburgh, PA	DuPont	Payroll Deduction	300.00 (50.00/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: General Council Aggregate Year-to-Date > \$ 300.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John F Kane PO Box 2516 Monroeville De 1710	DuPont	Payroll Deduction	300.00 (50.00/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Financial Analyst Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Kane Jr. 32 Clinton Dr. Kenneth Sq. PA 19348	DuPont	Payroll Deduction	300.00 (50.00/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Plant Manager Aggregate Year-to-Date > \$ 300.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John A Krol 1001 General Stevens Dr. West Chester, PA 19382	DuPont	Payroll Deduction	1,500.00 (250.00/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice Chairman Aggregate Year-to-Date > \$ 1,500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Z. Larson 706 Foxdale Rd. Wilmington, De 19803	DuPont	Payroll Deduction	420.00 (70.00/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP - MFG Aggregate Year-to-Date > \$ 420.00		

SUBTOTAL of Receipts This Page (optional) 3 720.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 2
FOR LINE NUMBER 11a

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
EI DuPont De Nemours & Company Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert W. Luft 917 Bridle Ln West Chester Pa. 19382 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	DuPont Occupation: SR-VP Aggregate Year-to-Date > \$ 1,500.00	Payroll Deduction 4/5/93	\$1,500.00 (125.00/month)
John E. Malloy 196 Brecks Ln Greenville, De 19807 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	DuPont Occupation: SR-VP Aggregate Year-to-Date > \$ 750.00	Payroll Deduction 4/5/93	750.00 (125.00/month)
W. Earl Tatum 233 Plantation Circle S Ponte Vedra - B Florida 32082 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	DuPont Occupation: SR-VP Aggregate Year-to-Date > \$ 2000.00	4/5/93	2000.00
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50

SUBTOTAL of Receipts This Page (optional)	4250.00
TOTAL This Period (last page this line number only)	7970.00

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
ET Dupont De Nemours & Company Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Canoco Employees' Good Government Fund of PA Dupont Company PO Box 80268 Wilmington, DE 19850-0268 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Close of CEGGF of PA to Affiliated Public Action Committee Occupation	4/23/83	301.00
Aggregate Year-to-Date > \$		301.00	
B. Full Name, Mailing Address and ZIP Code			
Name of Employer			
Date (month, day, year)			
Amount of Each Receipt this Period			
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
C. Full Name, Mailing Address and ZIP Code			
Name of Employer			
Date (month, day, year)			
Amount of Each Receipt this Period			
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code			
Name of Employer			
Date (month, day, year)			
Amount of Each Receipt this Period			
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code			
Name of Employer			
Date (month, day, year)			
Amount of Each Receipt this Period			
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code			
Name of Employer			
Date (month, day, year)			
Amount of Each Receipt this Period			
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code			
Name of Employer			
Date (month, day, year)			
Amount of Each Receipt this Period			
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)	\$301.00
TOTAL This Period (last page this line number only)	\$301.00

000000300

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
EZ DuPont De Nemours & Company Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kay Bailey Hutchinson for Senate Committee 3900 First City Center Dallas, TX 75201	Kay Bailey Hutchinson Card US Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/13/93	1,000.00
Laughlin for Congress PO Box 504 W. Columbia, TX 77406	FABG Laughlin Card US House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/5/93	1,000.00
Campbell Victory Fund 1129 Pennsylvania Street Denver, CO 80203	Ben Nighthorse Campbell Card US Senate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement	4/5/93	500.00
Biley for Congress 3830 Ingalls Avenue Alexandria Va 22302	Thomas Biley Card US House Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Fund Raiser	6/28/93	500.00
Pat Roberts for Congress PO Box 15 Dodge City, KS 67801	Pat Roberts Card US House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28/93	500.00
Campbell Victory Fund 1129 Pennsylvania Street Denver, CO 80203	Ben Nighthorse Campbell Card US Senate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement	6/28/93	500.00
Goodlatte for Congress PO Box 292 Roanoke, Va 24002	Bob Goodlatte Card US House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28/93	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	4,500.00
TOTAL This Period (last page this line number only)	4,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

EI DuPont De Nemours & Company Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Bob Bullock Campaign PO Box 2243 Austin TX 78769</i>	<i>Bob Bullock Cand TX G. Governor Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</i>	<i>6/28/93</i>	<i>\$1,000.00</i>
<i>Campaign to reelect Ron Lewis PO Box 322 Mauriceville, TX 78340</i>	<i>Ron Lewis Cand TX Representative Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>Debt retirement</i></i>	<i>1/7/93</i>	<i>\$250.00</i>
<i>Senator Warren's Campaign Comm John Minges, Finance chairman PO Box 7247 Greenville, NC 27835</i>	<i>ED Nelson Warren Cand NC Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</i>	<i>1/7/93</i>	<i>\$100.00</i>
<i>EI DuPont De Nemours & Comp 1007 Market Street Wilmington De 19898</i>	<i>To mail Tennessee Election Law Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)</i>	<i>3/18/93</i>	<i>\$15.00</i>
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	<i>\$1,365.00</i>
TOTAL This Period (last page this line number only)	<i>\$1,365.00</i>

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.

Hand Delivered DATE OF RECEIPT

First Class Mail POSTMARKED
7/22/93

Registered/Certified Mail POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records and Registration DATE OF RECEIPT

Received from the Senate Office of Public Records DATE OF RECEIPT

Other (Specify): POSTMARKED
and/or DATE OF RECEIPT

 PREPARER 7/20/93
 DATE PREPARED

730360J0000