

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUL 21 1 48 PM '97

July 14, 1997

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 Mid Year filing of FEC Form  
3X for the period January 1, 1997 through June 30, 1997.

Sincerely,



Timothy D. Arnold  
Assistant Treasurer

Enclosure

cc: Office of the Secretary of State  
P.O. Box 898  
Dover, DE 19903

State Board of Elections  
Swan Street Building, Core 1  
6 Empire State Plaza, Suite 201  
Albany, NY 12223-0002

State Election Commission  
P.O. Box 5987  
Columbia, SC 29250

cc: Report Less Schedule A

Elections Division  
Office of the Secretary of State  
P.O. Box 94125  
Baton Rouge, LA 70804-9125

Elections Division  
Office of the Secretary of State  
30 East Broad Street, 14th Floor  
Columbus, OH 43266-0418

Registry of Election Finance  
404 James Robertson Parkway, Suite 1614  
Nashville, TN 37243-1360

Campaign Reporting Office  
State Board of Elections  
PO Box 2169  
Raleigh, NC 27602-2169

Texas Ethics Commission  
P.O. Box 12070  
Capitol Station  
Austin, TX 78711-2070

State Board of Elections  
200 North Ninth Street, Suite 101  
Richmond, VA 23219-3497

Political Reform Division  
Office of the Secretary of State  
P.O. Box 1467  
Sacramento, CA 95812-1467

Bureau of Commissions, Elections and Legislation  
304 North Office Building  
Harrisburg, PA 17120-0029

Office of the Lieutenant Governor  
State Capitol, Room 203  
Salt Lake City, UT 84114-0601

**Elections Division**  
**Office of the Secretary of State**  
2 Martin Luther King, Jr. Drive, S.E.  
Suite 1104, West Tower  
Atlanta, GA 30334-1505

**Office of Campaign Finance**  
Reeves Municipal Center, Room 420  
2000 14<sup>th</sup> Street, N.W.  
Washington, DC 20009

**Elections Division**  
**Office of the Secretary of State**  
P.O. Box 5616  
Montgomery, AL 36103-5616

**Elections Division**  
**Office of the Secretary of State**  
State Capitol, 2<sup>nd</sup> Floor  
300 Southwest 10<sup>th</sup> Avenue  
Topeka, KS 66612-1594

**Ethics Commission**  
State Capitol Building, Room B-5  
Oklahoma City, OK 73105-4802

**State Board of Elections**  
Swan Street Building, Core 1  
6 Empire State Plaza, Suite 201  
Albany, NY 12223-1650

**Elections Division**  
**Office of the Secretary of State**  
180 State Office Building  
100 Constitution Avenue  
St. Paul, MN 55155-1299

**Indiana Election Commission**  
302 W. Washington Street, Room R-204  
Indianapolis, IN 46204-2767

Division of Elections  
Office of the Secretary of State  
The Capitol, Room 1801  
Tallahassee, FL 32399-0250

Office of the Lieutenant Governor  
State of Alaska  
P.O. Box 110015  
Juneau, AK 99811-0015

Elections Division  
Office of the Secretary of State  
The Capitol Building  
Cheyenne, WY 82002-0020

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUL 21 1 48 PM '97

C00171926	060297	F 252	orted	2. FEC IDENTIFICATION NUMBER
JOHN H KORENKO DUPONT GOOD GOVERNMENT FUND P O BOX 80268 WILMINGTON DE 19880				C00171926
				3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM IM)

## 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)

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 \_\_\_\_\_

Termination Report

Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>01/01/97</u> through <u>06/30/97</u>		
6. (a) Cash on Hand January 1, 1997		\$ 20,647.13
(b) Cash on Hand at Beginning of Reporting Period	\$ 20,647.13	
(c) Total Receipts (from line 19)	\$ 48,092.78	\$ 48,092.78
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 68,739.91	\$ 68,739.91
7. Total Disbursements (from Line 30)	\$ 38,529.00	\$ 38,529.00
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 30,210.91	\$ 30,210.91
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information: 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)	\$ 0.00	
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 <i>Timothy D. Arnold, ASSISTANT TREASURER</i>	Date <i>7/14/97</i>
Signature of Treasurer <i>Timothy D. Arnold</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5457g.

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FEC FORM 3X

(Revised 9/93)

# DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE <b>DoPort Good Government Fund</b>	REPORT COVERING PERIOD	
	FROM: <b>01/01/97</b>	TO: <b>06/30/97</b>
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	12,296.50	12,296.50
ii. Unitemized.....	35,324.50	35,324.50
iii. Total..... (add i and ii) >	47,621.00	47,621.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions..... (add aiii, b and c) >	47,621.00	47,621.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	20.00	20.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	451.78	451.78
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	48,092.78	48,092.78
20. Total Federal Receipts..... (subtract line 18 from line 19) >	48,092.78	48,092.78
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	979.00	979.00
c. Total Operating Expenditures..... (Add ai, aii, and b) >	979.00	979.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29,000.00	29,000.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441b(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees.....	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	0.00
d. Total Contribution Refunds..... (Add a, b, and c) >	0.00	0.00
29. Other Disbursements.....	8,550.00	8,550.00
30. Total Disbursements..... (Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	38,529.00	38,529.00
31. Total Federal Disbursements..... (Subtract line 21 all from line 30) >	38,529.00	38,529.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) (from line 11d).....	47,621.00	47,621.00
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32).....	47,621.00	47,621.00
35. Total Federal Operating Expenditures..... (add 21 ai and 21 b) >	979.00	979.00
36. Offsets to Operating Expenditures (from line 16).....	0.00	0.00
37. Net Operating Expenditures..... (subtract line 36 from 35) >	979.00	979.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE OF  
1 8  
FOR LINE NUMBER  
11 a 1

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)  
DuPont Good Government Fund

A. Full Name, Mailing Address and Zip Code <b>JACK KROL</b> <b>1001 GENERAL STEVENS DR</b> <b>WEST CHESTER, PA 19382</b>	Name of Employer <b>DUPONT COMPANY</b>	Date (Month day, Year) Payroll	Amount of Each Receipt this Period  2,100.00 (\$350.00 Monthly)
	Occupation <b>CEO</b>	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>2,100.00</b>		
B. Full Name, Mailing Address and Zip Code <b>HOWARD RUDGE</b> <b>302 CENTENNIAL CIRCLE</b> <b>WILMINGTON, DE 19807</b>	Name of Employer <b>DUPONT COMPANY</b>	Date (Month day, Year) Payroll	Amount of Each Receipt this Period  1,650.00 (\$275.00 Monthly)
	Occupation <b>SR VP</b>	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>1,650.00</b>		
C. Full Name, Mailing Address and Zip Code <b>WILLIAM HARRISON JR</b> <b>BOX 3597</b> <b>GREENVILLE, DE 19807</b>	Name of Employer <b>DUPONT COMPANY</b>	Date (Month day, Year) Payroll	Amount of Each Receipt this Period  750.00 (\$150.00 Monthly)
	Occupation <b>V.P. OPERATIONS</b>	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>900.00</b>		
D. Full Name, Mailing Address and Zip Code <b>JOSEPH GLAS</b> <b>1010 LAMBOURNE RD</b> <b>WEST CHESTER, PA 19382</b>	Name of Employer <b>DUPONT COMPANY</b>	Date (Month day, Year) Payroll	Amount of Each Receipt this Period  400.00 (\$100.00 Monthly)
	Occupation <b>VP/GM</b>	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>600.00</b>		
E. Full Name, Mailing Address and Zip Code <b>WILLIAM KIRK</b> <b>BOX 779</b> <b>UNIONVILLE, PA 19375</b>	Name of Employer <b>DUPONT COMPANY</b>	Date (Month day, Year) Payroll	Amount of Each Receipt this Period  305.00 (\$80.00 Monthly)
	Occupation <b>VP/GM</b>	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>455.00</b>		
F. Full Name, Mailing Address and Zip Code <b>STACEY MOBLEY</b> <b>141 DEER VALLEY LANE</b> <b>WILMINGTON, DE 19807</b>	Name of Employer <b>DUPONT COMPANY</b>	Date (Month day, Year) Payroll	Amount of Each Receipt this Period  320.00 (\$80.00 Monthly)
	Occupation <b>SR VP</b>	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>480.00</b>		
G. Full Name, Mailing Address and Zip Code <b>DENNIS REILLEY</b> <b>6 DOGWOOD HILL LANE</b> <b>CHADDS FORD, PA 19317</b>	Name of Employer <b>DUPONT COMPANY</b>	Date (Month day, Year) Payroll	Amount of Each Receipt this Period  360.00 (\$90.00 Monthly)
	Occupation <b>VP/GM</b>	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>540.00</b>		

SUB TOTAL of Receipts This Page (Optional) ..... > **5,885.00**

TOTAL this Period (Last page this line number only) ..... >

**SCHEDULE A ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in full)  
DuPont Good Government Fund

<b>A. Full Name, Mailing Address and Zip Code</b> <b>JOHN SNYDER</b> <b>4 GUYENNE RD</b> <b>WILMINGTON, DE 19807</b>	<b>Name of Employer</b> <b>DUPONT COMPANY</b>	<b>Date (Month day, Year)</b> 	<b>Amount of Each Receipt this Period</b> 
	<b>Occupation</b> <b>VP</b>	<b>Payroll</b> <b>Deduction</b>	<b>400.00</b> <b>(\$100.00 Monthly)</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>600.00</b>		
<b>B. Full Name, Mailing Address and Zip Code</b> <b>MICHAEL HARTNAGEL</b> <b>1011 ORIENTE AVE</b> <b>WILMINGTON, DE 19807</b>	<b>Name of Employer</b> <b>DUPONT COMPANY</b>	<b>Date (Month day, Year)</b> 	<b>Amount of Each Receipt this Period</b> 
	<b>Occupation</b> <b>VP/GM</b>	<b>Payroll</b> <b>Deduction</b>	<b>400.00</b> <b>(\$100.00 Monthly)</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>600.00</b>		
<b>C. Full Name, Mailing Address and Zip Code</b> <b>JOHN MOONEY</b> <b>8 HOOPES DRIVE</b> <b>LANDENBERG, PA 19350</b>	<b>Name of Employer</b> <b>DUPONT COMPANY</b>	<b>Date (Month day, Year)</b> 	<b>Amount of Each Receipt this Period</b> 
	<b>Occupation</b> <b>PLANT MANAGER</b>	<b>Payroll</b> <b>Deduction</b>	<b>280.00</b> <b>(\$70.00 Monthly)</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>420.00</b>		
<b>D. Full Name, Mailing Address and Zip Code</b> <b>ARCHIE DUNHAM</b> <b>141 RADNEY</b> <b>HOUSTON, TX 77024</b>	<b>Name of Employer</b> <b>DUPONT COMPANY</b>	<b>Date (Month day, Year)</b> 	<b>Amount of Each Receipt this Period</b> 
	<b>Occupation</b> <b>PRESIDENT/CEO</b>	<b>Payroll</b> <b>Deduction</b>	<b>320.00</b> <b>(\$80.00 Monthly)</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>480.00</b>		
<b>E. Full Name, Mailing Address and Zip Code</b> <b>JOHN HIMES</b> <b>24 MCMULLAN FARM LANE</b> <b>WEST CHESTER, PA 19382</b>	<b>Name of Employer</b> <b>DUPONT COMPANY</b>	<b>Date (Month day, Year)</b> 	<b>Amount of Each Receipt this Period</b> 
	<b>Occupation</b> <b>VP</b>	<b>Payroll</b> <b>Deduction</b>	<b>180.00</b> <b>(\$60.00 Monthly)</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>360.00</b>		
<b>F. Full Name, Mailing Address and Zip Code</b> <b>PAUL LOGAN</b> <b>PO BOX 11570</b> <b>WILMINGTON, DE 19898</b>	<b>Name of Employer</b> <b>DUPONT COMPANY</b>	<b>Date (Month day, Year)</b> 	<b>Amount of Each Receipt this Period</b> 
	<b>Occupation</b> <b>ASST PROJECT DIRECTOR</b>	<b>Payroll</b> <b>Deduction</b>	<b>180.00</b> <b>(\$60.00 Monthly)</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>360.00</b>		
<b>G. Full Name, Mailing Address and Zip Code</b> <b>DONNIE SAM</b> <b>172 STEVEN LANE</b> <b>WILMINGTON, DE 19808</b>	<b>Name of Employer</b> <b>DUPONT COMPANY</b>	<b>Date (Month day, Year)</b> 	<b>Amount of Each Receipt this Period</b> 
	<b>Occupation</b> <b>TECHNICAL DIRECTOR</b>	<b>Payroll</b> <b>Deduction</b>	<b>180.00</b> <b>(\$60.00 Monthly)</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>360.00</b>		

SUB TOTAL of Receipts This Page (Optional).....>	1,940.00
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 3 OF 8  
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in full)  
DuPont Good Government Fund

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
<b>HUGH CAMPBELL JR</b> <b>7 APPLETON ACRES CT</b> <b>ELKTON, MD 21921</b>	<b>DUPONT COMPANY</b>		
	Occupation <b>ENVIRONMENTAL MANAGER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	<b>270.00</b>	Payroll Deduction 90.00 (\$45.00) Monthly)
<b>JAMES FLYNN</b> <b>24 QUARTZ MILL RD</b> <b>NEWARK, DE 19711</b>	<b>DUPONT COMPANY</b>		
	Occupation <b>ENGINEERING DIRECTOR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	<b>290.00</b>	Payroll Deduction 90.00 (\$40.00) Monthly)
<b>RICK HARRINGTON</b> <b>5503 PILLAR PARK CIRCLE</b> <b>HOUSTON, TX 77041</b>	<b>CONOCO</b>		
	Occupation <b>VP/GC</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	<b>300.00</b>	Payroll Deduction 100.00 (\$50.00) Monthly)
<b>DAVID REA</b> <b>119 ROCKLAND CIRCLE</b> <b>WILMINGTON, DE 19803</b>	<b>DUPONT COMPANY</b>		
	Occupation <b>VP</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	<b>300.00</b>	Payroll Deduction 100.00 (\$50.00) Monthly)
<b>WILLIAM BRISTER</b> <b>203 REMINGTON DR</b> <b>DR</b> <b>LAFAYETTE, LA 70503</b>	<b>CONOCO</b>		
	Occupation <b>DIVISION MANAGER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	<b>300.00</b>	Payroll Deduction 100.00 (\$50.00) Monthly)
<b>DERRYL COLLINS</b> <b>6803 SHADY LANE</b> <b>RICHMOND, TX 77469</b>			
	Occupation <b>ASSOCIATE GENERAL COUNSEL</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	<b>300.00</b>	Payroll Deduction 100.00 (\$50.00) Monthly)
<b>RICHARD SEVERANCE</b> <b>1503 AUTUMN</b> <b>PONCA CITY, OK 74604</b>	<b>CONOCO</b>		
	Occupation <b>GENERAL MANAGER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	<b>300.00</b>	Payroll Deduction 100.00 (\$50.00) Monthly)

SUB TOTAL of Receipts This Page (Optional).....> **680.00**

TOTAL this Period (Last page this line number only).....>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in full)  
DuPont Good Government Fund

A. Full Name, Mailing Address and Zip Code <b>TED DAVIS</b> 2830 PLANTATION LAKES DR MISSOURI CITY, TX 77459	Name of Employer <b>CONOCO</b>	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 100.00 (\$50.00 Monthly)
	Occupation <b>VICE PRESIDENT</b>	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
B. Full Name, Mailing Address and Zip Code <b>THOMAS KNUDSON</b> 518 WEST FOREST DR HOUSTON, TX 77079	Name of Employer <b>CONOCO</b>	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 100.00 (\$50.00 Monthly)
	Occupation <b>VICE PRESIDENT</b>	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
C. Full Name, Mailing Address and Zip Code <b>ROBERT IRELAN</b> 4810 RUSTIC TRAIL MIDLAND, TX 79707	Name of Employer <b>CONOCO</b>	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 100.00 (\$50.00 Monthly)
	Occupation <b>MANAGER</b>	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
D. Full Name, Mailing Address and Zip Code <b>CAROLYN VAN PELT</b> 4785 WEATHERHILL DR WILMINGTON, DE 19808	Name of Employer <b>DUPONT COMPANY</b>	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 84.00 (\$42.00 Monthly)
	Occupation <b>STAFF PATHOLOGIST</b>	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 252.00		
E. Full Name, Mailing Address and Zip Code <b>BERNARD REILLY</b> 103 MONTANA DRIVE CHADDS FORD, PA 19317	Name of Employer <b>DUPONT COMPANY</b>	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 100.00 (\$50.00 Monthly)
	Occupation <b>CORPORATE COUNSEL</b>	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
F. Full Name, Mailing Address and Zip Code <b>CARL LUKACH</b> 105 CHALFONTE LANE KENNETT SQUARE, PA 19348	Name of Employer <b>DUPONT COMPANY</b>	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 100.00 (\$50.00 Monthly)
	Occupation <b>FINANCIAL MANAGER</b>	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
G. Full Name, Mailing Address and Zip Code <b>JOHN SARGENT</b> 904 DUPONT RD, WESTOVER HILLS WILMINGTON, DE 19807	Name of Employer <b>DUPONT COMPANY</b>	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 100.00 (\$50.00 Monthly)
	Occupation <b>VP/TREASURER</b>	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		

SUB TOTAL of Receipts This Page (Optional) ..... 684.00

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 **5** OF **8**  
FOR LINE NUMBER **11 a 1**

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NAME OF COMMITTEE (in full)  
DuPont Good Government Fund

<b>A. Full Name, Mailing Address and Zip Code</b> <b>JOHN WINSKE</b> <b>311 ENDLESS RD</b> <b>COLLINSVILLE, VA 24078</b>	Name of Employer <b>DUPONT COMPANY</b>	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period  100.00 (\$50.00 Monthly)
	Occupation <b>PLANT MANAGER</b>	Aggregate Year-to-date > \$ <b>300.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>B. Full Name, Mailing Address and Zip Code</b> <b>THOMAS BARRY</b> <b>226 JUPITER DRIVE</b> <b>NEWARK, DE 19711</b>	Name of Employer <b>DUPONT COMPANY</b>	Date (Month day, Year) <b>06/10/97</b>	Amount of Each Receipt this Period  25.00
	Occupation <b>SR CONSULTANT</b>	Aggregate Year-to-date > \$ <b>265.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>C. Full Name, Mailing Address and Zip Code</b> <b>MARK NELSON</b> <b>6700 BONAVENTURE CT</b> <b>BETHESDA, MD 20817</b>	Name of Employer <b>DUPONT COMPANY</b>	Date (Month day, Year) <b>06/10/97</b>	Amount of Each Receipt this Period  250.00
	Occupation <b>VP FEDERAL AFFAIRS</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>D. Full Name, Mailing Address and Zip Code</b> <b>KURT LANDGRAFT</b> <b>111 MONTANA DRIVE</b> <b>CHADDS FORD, PA 19317</b>	Name of Employer	Date (Month day, Year) <b>06/10/97</b>	Amount of Each Receipt this Period  1,000.00
	Occupation <b>CFO</b>	Aggregate Year-to-date > \$ <b>1,000.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>E. Full Name, Mailing Address and Zip Code</b> <b>JAMES BOREL</b> <b>1012 WYLIE ROAD</b> <b>WEST CHESTER, PA 19382</b>	Name of Employer <b>DUPONT COMPANY</b>	Date (Month day, Year) <b>06/16/97</b>	Amount of Each Receipt this Period  500.00
	Occupation <b>DIRECTOR</b>	Aggregate Year-to-date > \$ <b>500.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>F. Full Name, Mailing Address and Zip Code</b> <b>VIC KLEINFELTER</b> <b>102 D SENATORIAL DRIVE</b> <b>WILMINGTON, DE 19807</b>	Name of Employer <b>DUPONT COMPANY</b>	Date (Month day, Year) <b>06/16/97</b>	Amount of Each Receipt this Period  400.00
	Occupation <b>MANAGER</b>	Aggregate Year-to-date > \$ <b>400.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>G. Full Name, Mailing Address and Zip Code</b> <b>DAVID GILLESPIE</b> <b>303 N ALLEN AVE</b> <b>RICHMOND, VA 23220-3522</b>	Name of Employer <b>DUPONT COMPANY</b>	Date (Month day, Year) <b>06/23/97</b>	Amount of Each Receipt this Period  250.00
	Occupation <b>RESEARCH FELLOW</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....> **2,525.00**

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 6 OF 8  
FOR LINE NUMBER 1151

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NAME OF COMMITTEE (In full)  
DuPont Good Government Fund

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
<b>HOWARD BRECHT</b> 790 MOUVIS RD BOCKESSIN, DE 19707	<b>DUPONT COMPANY</b>		
	Occupation <b>CONSULTANT</b>	Payroll Deduction	35.00 (\$35.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>210.00</b>		<b>Monthly</b>
<b>GEORGE CATERMOLE</b> 907 AUGUSTA RD WILMINGTON, DE 19807	<b>DUPONT COMPANY</b>		
	Occupation <b>DIRECTOR, CORPORATE MARKETING</b>	Payroll Deduction	30.00 (\$30.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>230.00</b>		<b>Monthly</b>
<b>FORREST CHUMLEY</b> 800 HOPETON RD WILMINGTON, DE 19807	<b>DUPONT COMPANY</b>		
	Occupation <b>RESEARCH SUPERVISOR</b>	Payroll Deduction	35.00 (\$35.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>210.00</b>		<b>Monthly</b>
<b>JAMES CLARK</b> 1085 GALWAY BEAUMONT, TX 77706	<b>DUPONT COMPANY</b>		
	Occupation <b>SR CONSULTANT</b>	Payroll Deduction	40.00 (\$40.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>240.00</b>		<b>Monthly</b>
<b>LYNN FLAIM</b> 26743 S WINFIELD RD MONEE, IL 60449	<b>DUPONT COMPANY</b>		
	Occupation <b>PLANT MANAGER</b>	Payroll Deduction	35.00 (\$35.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>210.00</b>		<b>Monthly</b>
<b>ROGER GREGG</b> 435 FOX MEADOW LANE WEST CHESTER, PA 19382	<b>DUPONT COMPANY</b>		
	Occupation <b>DIRECTOR</b>	Payroll Deduction	40.00 (\$40.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>240.00</b>		<b>Monthly</b>
<b>KARL HAAS</b> 2605 COLLEGE DR VICTORIA, TX 77901	<b>DUPONT COMPANY</b>		
	Occupation <b>TECH FELLOW</b>	Payroll Deduction	37.50 (\$37.50)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>225.00</b>		<b>Monthly</b>

SUB TOTAL of Receipts This Page (Optional).....> **252.50**

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 7 OF 8  
FOR LINE NUMBER 11 of 1

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NAME OF COMMITTEE (in full)  
DuPont Good Government Fund

<p>A. Full Name, Mailing Address and Zip Code <b>ROBERT HEINE</b> 4109 FT WORTH PL ALEXANDRIA, VA 22304</p>	<p>Name of Employer <b>DUPONT COMPANY</b></p> <p>Occupation <b>DIRECTOR</b></p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p style="text-align: right;">40.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>240.00</b></p>		<p><b>(\$40.00 Monthly)</b></p>
<p>B. Full Name, Mailing Address and Zip Code <b>THOMAS HUMPHREY</b> 3 BITTERSWEET DR WEST CHESTER, PA 19382</p>	<p>Name of Employer <b>DUPONT COMPANY</b></p> <p>Occupation <b>DIRECTOR</b></p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p style="text-align: right;">35.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>210.00</b></p>		<p><b>(\$35.00 Monthly)</b></p>
<p>C. Full Name, Mailing Address and Zip Code <b>PAUL TEBO</b> 744 ISAAC TAYLOR DR WEST CHESTER, PA 19382</p>	<p>Name of Employer <b>DUPONT COMPANY</b></p> <p>Occupation <b>VP</b></p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p style="text-align: right;">40.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>215.00</b></p>		<p><b>(\$40.00 Monthly)</b></p>
<p>D. Full Name, Mailing Address and Zip Code <b>THOMAS SAGER</b> 3 BREEZE HILL RD WILMINGTON, DE 19807</p>	<p>Name of Employer <b>DUPONT COMPANY</b></p> <p>Occupation <b>ASSOCIATE GENERAL COUNSEL</b></p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p style="text-align: right;">40.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>240.00</b></p>		<p><b>(\$40.00 Monthly)</b></p>
<p>E. Full Name, Mailing Address and Zip Code <b>JOHN DERR</b> 3502 TREE LANE KINGWOOD, TX 77339</p>	<p>Name of Employer <b>CONOCO</b></p> <p>Occupation</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p style="text-align: right;">40.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>240.00</b></p>		<p><b>(\$40.00 Monthly)</b></p>
<p>F. Full Name, Mailing Address and Zip Code <b>GEORGE MAC CORMACK</b> 12 COSSART MANOR RD CHADDS FORD, PA 19317</p>	<p>Name of Employer <b>DUPONT COMPANY</b></p> <p>Occupation <b>DIRECTOR</b></p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p style="text-align: right;">60.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>260.00</b></p>		<p><b>(\$60.00 Monthly)</b></p>
<p>G. Full Name, Mailing Address and Zip Code <b>THOMAS BARRY</b> 226 JUPITER DRIVE NEWARK, DE 19711</p>	<p>Name of Employer <b>DUPONT COMPANY</b></p> <p>Occupation <b>SR CONSULTANT</b></p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p style="text-align: right;">40.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>265.00</b></p>		<p><b>(\$40.00 Monthly)</b></p>

<p>SUB TOTAL of Receipts This Page (Optional).....&gt;</p>	<p style="text-align: right;">295.00</p>
<p>TOTAL this Period (Last page this line number only).....&gt;</p>	<p style="text-align: right;">&gt;</p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 8 OF 8

FOR LINE NUMBER 11 a f

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NAME OF COMMITTEE (in full)  
DuPont Good Government Fund

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
<b>RICHARD WILDER</b> 1685 WATERGLENN DRIVE WEST CHESTER, PA 19382	<b>DUPONT COMPANY</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>CHIEF MEDICAL OFFICER</b>	Payroll Deduction	35.00 (\$35.00 Monthly)
	Aggregate Year-to-date > \$	210.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation		
	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation		
	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation		
	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation		
	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation		
	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation		
	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional)..... > 35.00

TOTAL this Period (Last page this line number only)..... > 12,296.50

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in full)  
DuPont Good Government Fund

A. Full Name, Mailing Address and Zip Code WILMINGTON TRUST RODNEY SQUARE NORTH WILMINGTON, DE 19890	Name of Employer  Occupation	Date (Month day, Year) 04/30/97	Amount of Each Receipt this Period  84.14
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) <u>INTEREST INCOME</u>		Aggregate Year-to-date > \$ 451.78	
B. Full Name, Mailing Address and Zip Code WILMINGTON TRUST RODNEY SQUARE NORTH WILMINGTON, DE 19890	Name of Employer  Occupation	Date (Month day, Year) 05/31/97	Amount of Each Receipt this Period  90.32
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) <u>INTEREST INCOME</u>		Aggregate Year-to-date > \$ 451.78	
C. Full Name, Mailing Address and Zip Code WILMINGTON TRUST RODNEY SQUARE NORTH WILMINGTON, DE 19890	Name of Employer  Occupation	Date (Month day, Year) 06/30/97	Amount of Each Receipt this Period  89.81
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) <u>INTEREST INCOME</u>		Aggregate Year-to-date > \$ 451.78	
D. Full Name, Mailing Address and Zip Code	Name of Employer  Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
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  Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
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  Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
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  Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$	

SUB TOTAL of Receipts This Page (Optional).....>	264.27
TOTAL this Period (Last page this line number only).....>	264.27

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21B

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NAME OF COMMITTEE (in full)  
DuPont Good Government Fund

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
DELAWARE DIVISION OF REVENUE 820 NORTH FRENCH STREET, PO BOX 2044 WILMINGTON, DE 19899-2044	1997 TENTATIVE TAX PAYMENT Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	03/05/97	177.00
DELAWARE DIVISION OF REVENUE 820 NORTH FRENCH STREET, PO BOX 2044 WILMINGTON, DE 19899-2044	Voided Check Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	03/10/97	-103.00
DELAWARE DIVISION OF REVENUE 820 NORTH FRENCH STREET, PO BOX 2044 WILMINGTON, DE 19899-2044	Voided Check Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	03/10/97	-177.00
DELAWARE DIVISION OF REVENUE 820 NORTH FRENCH STREET, PO BOX 2044 WILMINGTON, DE 19899-2044	1997 DELAWARE TENTATIVE INCOME TAX Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	03/10/97	179.00
WILMINGTON TRUST <i>Rockney Square North</i> WILMINGTON, DE 19890	1996 FEDERAL INCOME TAX Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	03/05/97	686.00
WILMINGTON TRUST <i>Rockney Square North</i> WILMINGTON, DE 19890	Voided Check Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	03/10/97	-686.00
WILMINGTON TRUST <i>Rockney Square North</i> WILMINGTON, DE 19890	1996 FEDERAL INCOME TAX Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	03/10/97	695.00
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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ..... > 771.00

TOTAL this Period (Last page this line number only) ..... > 771.00



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE	OF
1	6
FOR LINE NUMBER	
23	

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NAME OF COMMITTEE (in Full)  
DuPont Good Government Fund

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>BILL THOMAS CAMPAIGN COMMITTEE</b> P.O. BOX 395 BAKERSFIELD, CA 93302	<b>BILL THOMAS, U.S. HOUSE 21st CA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/97	500.00
<b>BENNET '98 COMMITTEE</b> P.O. BOX 8841 FALLS CHURCH, VA 22041	<b>ROBERT BENNET, U.S. SENATE VT</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/23/97	1,000.00
<b>BLUMENAUER FOR CONGRESS</b> C/O LORI LAFAYE 6282 OCCOQUAN FOREST DRIVE MANASSAS, VA 20112	<b>EARL BLUMENAUER, U.S. HOUSE 3rd OR</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/23/97	500.00
<b>BORSKI FOR CONGRESS COMMITTEE</b> P.O. BOX 26846 PHILADELPHIA, PA 19134	<b>ROBERT BORSKI, U.S. HOUSE 3rd PA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/28/97	1,000.00
<b>BOUCHER FOR CONGRESS</b> PO BOX 2000 ABINGDON, VA 24210	<b>Rick Boucher, U.S. HOUSE 9th VA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/16/97	1,000.00
<b>JOHN BREAUX COMMITTEE</b> P.O. BOX 4042 BATON ROUGE, LA 70821	<b>JOHN BREAUX, U.S. SENATE LA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/23/97	1,000.00
<b>JOHN BREAUX COMMITTEE</b> P.O. BOX 4042 BATON ROUGE, LA 70821	<b>JOHN BREAUX, U.S. SENATE LA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/23/97	1,000.00
<b>JOHN BREAUX COMMITTEE</b> P.O. BOX 4042 BATON ROUGE, LA 70821	<b>JOHN BREAUX, U.S. SENATE LA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/23/97	1,000.00
<b>CHRIS CANNON FOR CONGRESS</b> 51 SOUTH UNIVERSITY AVE. #317 PROVO, UT 84606	<b>CHRISTOPHER CANNON, U.S. HOUSE 3rd UT</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/18/97	1,000.00

SUB TOTAL of Disbursements this page (Optional).....> 8,000.00

TOTAL this Period (Last page this line number only).....>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
 DuPont Good Government Fund

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>TOM DELAY CONGRESSIONAL COMMITTEE</b> 4010 FRANCONIA ROAD ALEXANDRIA, VA 22310-2136	<b>Tom DeLay, U.S. HOUSE 22nd TX</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/18/97	1,000.00
<b>PEOPLE FOR ENGLISH</b> PO BOX 1940 ERIE, PA 16512	<b>Phil English, U.S. HOUSE 21st PA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/22/97	500.00
<b>FRIENDS OF NEWT GINGRICH</b> 1085 HOLCOMB BRIDGE RD ROSWELL, GA 30076	<b>Newt Gingrich, U.S. HOUSE 6th GA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/18/97	1,000.00
<b>VIRGIL GOODE FOR CONGRESS</b> P.O. BOX 2884 WASHINGTON, DC 20013	<b>VIRGIL GOODE, U.S. HOUSE 5th VA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/23/97	500.00
<b>GOODLATTE FOR CONGRESS</b> P.O. BOX 292 ROANOKE, VA 24002	<b>Robert W. Goodlatte, U.S. HOUSE 6th VA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/08/97	500.00
<b>HILLIARD FOR CONGRESS CAMPAIGN</b> 1614 THIRD AVENUE, NORTH BIRMINGHAM, AL 35203	<b>Earl F. Hilliard, U.S. HOUSE 7th AL</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/02/97	500.00
<b>HOBSON FOR CONGRESS COMMITTEE</b> 82 WEST COLUMBIA SPRINGFIELD, OH 45502	<b>David L. Hobson, U.S. HOUSE 7th OH</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/08/97	500.00
<b>THE JEFFERSON COMMITTEE</b> PO BOX 76337 WASHINGTON, DC 20013	<b>William J. Jefferson, U.S. HOUSE 2nd LA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/27/97	500.00
<b>FRIENDS OF SAM JOHNSON</b> P.O. BOX 860096 PLANO, TX 75086-0096	<b>SAM JOHNSON, U.S. HOUSE 3rd TX</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/23/97	500.00

SUB TOTAL of Disbursements this page (Optional)..... > 5,500.00

TOTAL this Period (Last page this line number only)..... >

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
**DuPont Good Government Fund**

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>FRIENDS OF BOB LIVINGSTON 5163 GENERAL DEGAULLE DR, SUITE 210 NEW ORLEANS, LA 70131</b>	<b>Robert L. Livingston, U.S. HOUSE 1st LA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>05/15/97</b>	<b>1,000.00</b>
<b>MATSUI FOR CONGRESS PO BOX 1347 SACRAMENTO, CA 95806</b>	<b>Robert T. Matsui, U.S. HOUSE 5th CA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>06/10/97</b>	<b>500.00</b>
<b>COMMITTEE TO ELECT MIKE McINTYRE P.O. BOX 1 LUMBERTON, NC 28359</b>	<b>MIKE McINTYRE, U.S. HOUSE 7th NC</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>05/02/97</b>	<b>500.00</b>
<b>MORAN FOR CONGRESS P.O. BOX 1151 HAYS, KS 67601</b>	<b>JERRY MORAN, U.S. HOUSE 1th KS</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>06/23/97</b>	<b>500.00</b>
<b>MORAN FOR CONGRESS 1225 19TH ST., N.W. FIFTH FLOOR WASHINGTON, DC 20036</b>	<b>JIM MORAN, U.S. HOUSE 8th VA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>06/23/97</b>	<b>500.00</b>
<b>NEW REPUBLICAN MAJORITY FUND C/O JANET BLAIN 3001 PARK CENTER DRIVE SUITE 1105 ALEXANDRIA, VA 22302</b>	<b>Purpose of Disbursement</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>02/12/97</b>	<b>1,000.00</b>
<b>FRIENDS OF SENATOR NICKLES P.O. BOX 1549 PONCA CITY, OK 74602</b>	<b>DON NICKLES, U.S. SENATE OK</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>02/05/97</b>	<b>1,000.00</b>
<b>FRIENDS OF SENATOR NICKLES P.O. BOX 1549 PONCA CITY, OK 74602</b>	<b>DON NICKLES, U.S. SENATE OK</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>06/23/97</b>	<b>2,000.00</b>
<b>PAXON FOR CONGRESS P.O. BOX 1995 WILLIAMSVILLE, NY 14231</b>	<b>Bill Paxon, U.S. HOUSE 27th NY</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>03/18/97</b>	<b>1,000.00</b>

SUB TOTAL of Disbursements this page (Optional).....>	<b>8,000.00</b>
TOTAL this Period (Last page this line number only).....>	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)  
DuPont Good Government Fund

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>PAXON FOR CONGRESS</b> P.O. BOX 1995 WILLIAMSVILLE, NY 14231	<b>Bill Paxon, U.S. HOUSE 27th NY</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/18/97	1,000.00
<b>PAXON FOR CONGRESS</b> P.O. BOX 1995 WILLIAMSVILLE, NY 14231	<b>Voided Check</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/18/97	-1,000.00
<b>PAXON FOR CONGRESS</b> P.O. BOX 1995 WILLIAMSVILLE, NY 14231	<b>Bill Paxon, U.S. HOUSE 27th NY</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/18/97	1,000.00
<b>PORTMAN FOR CONGRESS COMMITTEE</b> PO BOX 2365 CINCINNATI, OH 45201	<b>Rob Portman, U.S. HOUSE 2nd OH</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/97	500.00
<b>PORTMAN FOR CONGRESS COMMITTEE</b> PO BOX 2365 CINCINNATI, OH 45201	<b>Rob Portman, U.S. HOUSE 2nd OH</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/97	500.00
<b>PORTMAN FOR CONGRESS COMMITTEE</b> PO BOX 2365 CINCINNATI, OH 45201	<b>Voided Check</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/97	-500.00
<b>VOLUNTEER COMMITTEE</b> C/O JILL ROWLINSON 8100 PENN AVE., SOUTH; SUITE 104 BLOOMINGTON, MN 55431	<b>JIM RAMSTAD, U.S. HOUSE 3rd MN</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/97	500.00
<b>VOLUNTEER COMMITTEE</b> C/O JILL ROWLINSON 8100 PENN AVE., SOUTH; SUITE 104 BLOOMINGTON, MN 55431	<b>Voided Check</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/97	-500.00
<b>VOLUNTEER COMMITTEE</b> C/O JILL ROWLINSON 8100 PENN AVE., SOUTH; SUITE 104 BLOOMINGTON, MN 55431	<b>JIM RAMSTAD, U.S. HOUSE 3rd MN</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/97	500.00

SUB TOTAL of Disbursements this page (Optional)..... > 2,000.00

TOTAL this Period (Last page this line number only)..... >

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
 DuPont Good Government Fund

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>RANGEL FOR CONGRESS COMMITTEE</b> 2030 ALLEN PLACE, NW WASHINGTON, DC 20009	<b>Charles B. Rangel, U.S. HOUSE 15th NY</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/22/97	500.00
<b>HOOSIERS FOR TIM ROEMER</b> P.O. BOX 99 SOUTH BEND, IN 46634	<b>TIM ROEMER, U.S. HOUSE 3rd IN</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/97	500.00
<b>BOB SMITH FOR CONGRESS COMMITTEE</b> C/O MIKE WHELAN 4301 WILSON BLVD ARLINGTON, VA 22203-1861	<b>Bob Smith, U.S. HOUSE 2nd OR</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/25/97	1,000.00
<b>STENHOLM FOR CONGRESS COMMITTEE</b> 4710 NORTH 40TH STREET ARLINGTON, VA 22207	<b>Charles W. Stenholm, U.S. HOUSE 17th TX</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/05/97	1,000.00
<b>THURMAN FOR CONGRESS</b> PO BOX 5058 INVERNESS, FL 34450-5058	<b>Karen L. Thurman, U.S. HOUSE 5th FL</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/05/97	500.00
<b>COMMITTEE TO RE-ELECT CONGRESSMAN FLORENCE STOWNS</b> PO BOX 2884 WASHINGTON, DC 20013	<b>Florence Stowns, U.S. HOUSE 10th NY</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/06/97	500.00
<b>WES WATKINS FOR CONGRESS</b> 1511 CIMARRON PLAZA STILLWATER, OK 74075	<b>WES WATKINS, U.S. HOUSE 3rd OK</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/97	500.00
<b>WES WATKINS FOR CONGRESS</b> 1511 CIMARRON PLAZA STILLWATER, OK 74075	<b>WES WATKINS, U.S. HOUSE 3rd OK</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/97	500.00
<b>WES WATKINS FOR CONGRESS</b> 1511 CIMARRON PLAZA STILLWATER, OK 74075	<b>Voided Check</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/97	-500.00

SUB TOTAL of Disbursements this page (Optional).....>	4,500.00
TOTAL this Period (Last page this line number only).....>	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)  
 DuPont Good Government Fund

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
ALASKANS FOR DON YOUNG PO BOX 100298 ANCHORAGE, AK 99510-0298	Don Young, U.S. HOUSE AL AK Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/10/97	1,000.00
B. 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 Disb. this Period
C. 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 Disb. this Period
D. 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 Disb. this Period
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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	1,000.00
TOTAL this Period (Last page this line number only).....>	29,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)  
**DaPort Good Government Fund**

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>KEN ARMBRISTER CAMPAIGN</b> P.O. BOX 5017 VICTORIA, TX 77903	<b>KENNETH ARMBRISTER, STATE SENATOR 18th TX</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) <b>Debt Retirement</b>	<b>06/24/97</b>	<b>500.00</b>
<b>TEEL BIVINS CAMPAIGN</b> 203 W. 8TH STREET AMARILLO, TX 79101	<b>TEEL BIVINS, STATE SENATOR 31st TX</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) <b>Debt Retirement</b>	<b>06/24/97</b>	<b>500.00</b>
<b>BUSTER BROWN CAMPAIGN</b> P.O. BOX 1616 LAKE JACKSON, TX 77566	<b>J.E. "BUSTER" BROWN, STATE SENATOR 17th TX</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) <b>Debt Retirement</b>	<b>06/24/97</b>	<b>500.00</b>
<b>DAVIDSON FOR STATE REPRESENTATIVE CO</b> 865 MACON COLUMBUS, OH 43206	<b>W. FRED DAVIDSON, STATE HOUSE REP. 24th OH</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) <b>1998</b>	<b>05/09/97</b>	<b>250.00</b>
<b>DAVIDSON FOR STATE REPRESENTATIVE CO</b> 865 MACON COLUMBUS, OH 43206	<b>DAVIDSON, STATE HOUSE REP. 24th OH</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) <b>1998</b>	<b>05/09/97</b>	<b>-250.00</b>
<b>DAVIDSON FOR STATE REPRESENTATIVE CO</b> 865 MACON COLUMBUS, OH 43206	<b>DAVIDSON, STATE HOUSE REP. 24th OH</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) <b>1998</b>	<b>05/09/97</b>	<b>250.00</b>
<b>BILL DeWEESE CAMPAIGN COMMITTEE</b> P.O. BOX 513 HARRISBURG, PA 17103	<b>H. WILLIAM DeWEESE, STATE HOUSE REP. 50th PA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) <b>1998</b>	<b>05/22/97</b>	<b>500.00</b>
<b>GERINGER FOR GOVENOR COMMITTEE</b> C/O PAWPAC 951 WERNER CT. SUITE 100 CASPER, WY 82601	<b>JIM GERINGER, GOVERNOR WY</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) <b>Debt Retirement</b>	<b>03/18/97</b>	<b>1,000.00</b>
<b>FRIENDS OF TRE HARGETT</b> 6361 BRIERGATE DRIVE BARTLETT, TN 38134	<b>TRE HARGETT, STATE HOUSE REP. 99th TN</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) <b>Debt Retirement</b>	<b>01/02/97</b>	<b>250.00</b>

SUB TOTAL of Disbursements this page (Optional).....>	<b>3,500.00</b>
TOTAL this Period (Last page this line number only).....>	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)  
DuPont Good Government Fund

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>TOM HAYWOOD CAMPAIGN</b> P.O. BOX 8552 WICHITA FALLS, TX 76307	<b>TOM HAYWOOD, STATE SENATOR</b> 30th TX Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) <b>Debt Retirement</b>	06/24/97	500.00
<b>CITIZENS FOR JOHNSON</b> 57 E. GAY STREET, 3RD FL. COLUMBUS, OH 43215	<b>BRUCE JOHNSON, STATE SENATE</b> OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) <b>1998</b>	05/09/97	250.00
<b>COMMITTEE TO REELECT ROSLAND KURITA</b> 211 DEERWOOD ROAD CLARKSVILLE, TN 37043	<b>ROSLAND KURITA, STATE SENATE</b> TN Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) <b>Debt Retirement</b>	06/24/97	300.00
<b>Steve Ogden Campaign</b> Box 3126 Bryan, TX 77805-3126	<b>Steve Ogden, STATE HOUSE REP. 5th</b> TX Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) <b>Special Election</b>	01/15/97	500.00
<b>OKLAHOMA STATE SENATE DEMOCRATS</b> P.O. BOX 614 NORMAN, OK 73070-0614	<b>OKLAHOMA STATE SENATE DEMOCRATS</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) <b>1998</b>	06/24/97	250.00
<b>OKLAHOMA STATE REPUBLICAN SENATORIAL</b> P.O. BOX 20854 OKLAHOMA CITY, OK 73156	<b>OKLAHOMA STATE REPUBLICAN SENATORIAL COMMITTEE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) <b>1998</b>	06/24/97	250.00
<b>PATTERSON CAMPAIGN</b> 4010 FAIRMONT PARKWAY SUITE 391 PASADENA, TX 77504	<b>JERRY PATTERSON, STATE</b> <b>SENATOR 11th TX</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) <b>Debt Retirement</b>	06/24/97	500.00
<b>DAVID SIBLEY REELECTION CAMPAIGN</b> 900 WASHINGTON AVE WACO, TX 76701	<b>DAVID SIBLEY, STATE SENATOR</b> 22nd TX Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) <b>Debt Retirement</b>	06/24/97	500.00
<b>PETE SPRINGER CAMPAIGN COMMITTEE</b> 4551 ELKINS DRIVE CENTERVILLE, TN 37033	<b>PETE SPRINGER, SENATOR 14th TN</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) <b>Debt Retirement</b>	01/02/97	250.00

SUB TOTAL of Disbursements this page (Optional)..... > **3,200.00**

TOTAL this Period (Last page this line number only)..... >



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)

DuPont Good Government Fund

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>PETE SPRINGER CAMPAIGN COMMITTEE</b> 4551 ELKINS DRIVE CENTERVILLE, TN 37033	<b>Voided Check</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) <b>Debt Retirement</b>	01/02/97	-250.00
<b>PETE SPRINGER CAMPAIGN COMMITTEE</b> 4551 ELKINS DRIVE CENTERVILLE, TN 37033	<b>PETE SPRINGER, SENATOR 24th TN</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) <b>Debt Retirement</b>	01/02/97	250.00
<b>PETE SPRINGER CAMPAIGN COMMITTEE</b> 4551 ELKINS DRIVE CENTERVILLE, TN 37033	<b>PETE SPRINGER, SENATOR 24th TN</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) <b>1998</b>	06/05/97	250.00
D. 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 Disb. this Period
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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ..... > 250.00

TOTAL this Period (Last page this line number only) ..... > 7,050.00

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 type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
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<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
<i>RBW</i> PREPARER	<i>7/21/97</i> DATE PREPARED