

DGGF



DuPont Good Government Fund

1007 Market Street
Wilmington, Delaware 19896
302/773-6308
Fax 302/773-2010
APR 12 10 55 AM '94

April 8, 1994

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, 1994 through
March 31, 1994.

Sincerely,

Mary Dill Hoffman
Mary Dill Hoffman
Assistant 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



340338703163

cc: Report Less Schedule A

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

24038703154

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
ABSTRACT

APR 12 10 55 AM

USE FEC MAILING LABEL
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
DuPont Good Government Fund

ADDRESS (number and street) Check if different than previously reported
DuPont Company PO Box 80268

CITY, STATE and ZIP CODE
Wilmington, De 19880-0268

2. FEC IDENTIFICATION NUMBER
000171926

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	1-1-94 through 3-31-94		
6. (a) Cash on Hand January 1, 19 94			\$20,535.60
(b) Cash on Hand at Beginning of Reporting Period		\$20,535.60	
(c) Total Receipts (from Line 19)		\$11,673.73	\$11,673.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$32,209.33	\$32,209.33
7. Total Disbursements (from Line 30)		\$537.00	\$537.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$31,672.33	\$31,672.33
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$0.00	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)		\$0.00	

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
Mary Dill Hoffman - Assistant Treasurer

Signature of Treasurer: *Mary Dill Hoffman* Date: **4/2/94**

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

0 4 0 3 8 2 0 3 1 6 5

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO:	
I. Receipts			
11. Contributors (other than loans) From:	COLUMN A	COLUMN B	
	Total This Period	Calendar Year	
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	2,690.00	2,690.00	11(a)(i)
ii. Unitemized	8,856.50	8,856.50	11(a)(ii)
iii. Total (add i and ii) >	11,546.50	11,546.50	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a ii, b and c) >	11,546.50	11,546.50	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	127.23	127.23	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	11,673.73	11,673.73	19
20. Total Federal Receipts (subtract line 18 from line 19) >	11,673.73	11,673.73	20
ii. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	37.00	37.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	37.00	37.00	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.00	500.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	537.00	537.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	500.00	500.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	11,546.50	11,546.50	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	11,546.50	11,546.50	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	37.00	37.00	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

7 4 3 8 7 0 3 1 5 6

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
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)

DuPont Good Government Fund

34-39703-67

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John A Kral 1001 General Stevens Dr. West Chester PA. 19382 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	DuPont Occupation: Vice Chairman Aggregate Year-to-Date > \$ 750.00	Payroll Deduction	750.00 (250.00/month)
B. Full Name, Mailing Address and ZIP Code Paul Z. Larson 706 Foxdale Rd. Wilmington, DE 19803 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	DuPont Occupation: VP - MFG Aggregate Year-to-Date > \$ 210.00	Payroll deduction	210.00 (70.00/month)
C. Full Name, Mailing Address and ZIP Code Robert Luft 971 Badle Ln West Chester PA 19382 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	DuPont Occupation: SR VP Aggregate Year-to-Date > \$ 750.00	Payroll Deductions	750.00 (250.00/month)
D. Full Name, Mailing Address and ZIP Code Stacey J. Mobley 141 Deer Valley Lane Wilmington, DE 19807 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	DuPont Occupation: SR VP Aggregate Year-to-Date > \$ 240.00	Payroll Deduction	240.00 (80.00/month)
E. Full Name, Mailing Address and ZIP Code D.J. Ogren 21 Wood Road Wilmington, DE 19806 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	DuPont Occupation: SR VP Aggregate Year-to-Date > \$ 240.00	Payroll Deduction	240.00 (80.00/month)
F. Full Name, Mailing Address and ZIP Code John F. Shmutz 107 Rockwood Rd Wilmington, DE 19809 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	DuPont Occupation: SR VP Aggregate Year-to-Date > \$ 300.00	Payroll Deduction	300.00 (100.00/month)
G. Full Name, Mailing Address and ZIP Code Arthur H. Roede 7 Wabgon Rd Newark DE 19711 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	DuPont Occupation: Manager Aggregate Year-to-Date > \$ 200.00	1/17/94	200.00

SUBTOTAL of Receipts This Page (optional) 2,690.00

TOTAL This Period (last page this line number only) 2,690.00

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

3 4 5 3 8 7 0 3 1 5 5

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wilmington Trust Company Rodney Square North Wilmington DE 19890 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Interest on money Market Account Occupation Aggregate Year-to-Date > \$ 127.23	monthly Payments	127.23
B. 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
C. 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
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

SUBTOTAL of Receipts This Page (optional)	127.23
TOTAL This Period (last page this line number only)	127.23

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOH LINE NUMBER

215

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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 Disbursement This Period
IRS - US Government Washington, DC	Taxes Paid Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/1/94	37.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

243303159

SUBTOTAL of Disbursements This Page (optional)

37.00

TOTAL This Period (last page this line number only)

37.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 17
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

DuPont Good Government Fund

94033303170

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Condit for Congress 164 W West Street Alexandria, VA, 22314	GARY Condit US - Representative	1/11/94	500.00
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 Disbursement 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 Disbursement 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 Disbursement 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 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)

500.00

TOTAL This Period (last page this line number only)

500.00

**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.

Hand Delivered

DATE OF RECEIPT

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Registered/Certified Mail

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4-9-94

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

AG

PREPARER

4-13-94

DATE PREPARED

3403303171