

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Jul 19 1 00 PM '99

July 15, 1999

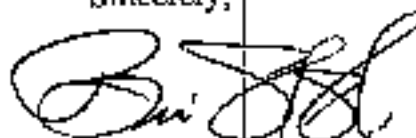
CERTIFIED MAIL
RETURN RECEIPT REQUESTED

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, 1999 through June 30, 1999.

Sincerely,



Brian J. Slominski
Custodian of Records

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

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

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

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

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

Elections Bureau
Office of the Secretary of State
P.O. Box 20126
Lansing, MI 48901-0726

Political Reform Division
Office of the Secretary of State
1500 11th Street, Room 495
Sacramento, CA 95814

Office of Campaign Finance
Reeves Municipal Center, Room 420
2000 14th Street, N.W.
Washington, D.C. 20009

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

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Jul 19 1 00 PM '99

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) DuPont Good Government Fund		2. FEC IDENTIFICATION NUMBER C00171926
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported DuPont Company, P.O. Box 80268		
CITY, STATE and ZIP CODE Wilmington, DE 19880-0268		
3. <input checked="" type="checkbox"/> 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:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

Twelfth day report preceding _____
(Type of Election)

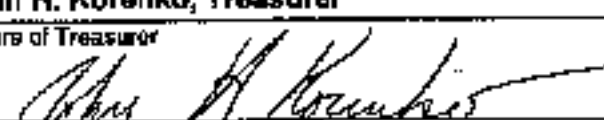
election on _____ in the State of _____

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	01/01/99 through 06/30/99		
6. (a) Cash on Hand January 1, 19 99			\$ 9,670.76
(b) Cash on Hand at Beginning of Reporting Period		\$ 9,670.75	
(c) Total Receipts (from Line 19)		\$ 39,115.16	\$ 39,115.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 48,785.90	\$ 48,785.90
7. Total Disbursements (from Line 30)		\$ 16,997.00	\$ 16,997.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 31,788.90	\$ 31,788.90
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$ 0.00	
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.			

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-9420

Type or Print Name of Treasurer John H. Korenko, Treasurer	Date
Signature of Treasurer 	7/13/99

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

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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 DuPont Good Government Fund	REPORT COVERING PERIOD		
	FROM	TO	
	01/01/99	06/30/99	
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)	8,661.00	8,661.00	11(a)(i)
ii. Unitemized	30,233.00	30,233.00	11(a)(ii)
iii. Total (add i and ii) >	38,894.00	38,894.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) >	38,894.00	38,894.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	221.15	221.15	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	39,115.15	39,115.15	19
20. Total Federal Receipts (subtract line 18 from line 19) >	39,115.15	39,115.15	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	197.00	197.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	197.00	197.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	15,500.00	15,500.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	1,300.00	1,300.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	16,997.00	16,997.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	16,997.00	16,997.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	38,894.00	38,894.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	38,894.00	38,894.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	197.00	197.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	197.00	197.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6
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 CHARLES HOLLIDAY PO BOX 2868 WILMINGTON, DE 19805	Name of Employer DUPONT COMPANY	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation CEO	Payroll Deduction	2,496.00 (\$416.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,496.00		
B. Full Name, Mailing Address and ZIP Code DENNIS REILLEY 6 DOGWOOD HILL LANE CHADDS FORD, PA 19317	Name of Employer DUPONT COMPANY	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation VP/GM	Payroll Deduction	625.00 (\$125.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 750.00		
C. Full Name, Mailing Address and ZIP Code HOWARD RUDGE 302 CENTENNIAL CIRCLE WILMINGTON, DE 19807	Name of Employer DUPONT COMPANY	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation SR VP	Payroll Deduction	750.00 (\$150.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 900.00		
D. Full Name, Mailing Address and ZIP Code WILLIAM HARRISON JR BOX 3597 GREENVILLE, DE 19807	Name of Employer DUPONT COMPANY	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation V.P. OPERATIONS	Payroll Deduction	750.00 (\$150.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 900.00		
E. Full Name, Mailing Address and ZIP Code WILLIAM KIRK BOX 779 UNIONVILLE, PA 19375	Name of Employer DUPONT COMPANY	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation VP/GM	Payroll Deduction	400.00 (\$100.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600.00		
F. Full Name, Mailing Address and ZIP Code STAGEY MOBLEY 141 DEER VALLEY LANE WILMINGTON, DE 19807	Name of Employer DUPONT COMPANY	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation SR VP	Payroll Deduction	320.00 (\$80.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 480.00		
G. Full Name, Mailing Address and ZIP Code JOHN SNYDER 4 GUYENNE RD WILMINGTON, DE 19807	Name of Employer DUPONT COMPANY	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation VP	Payroll Deduction	400.00 (\$100.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600.00		

SUBTOTAL of Receipts This Page (optional)

6,741.00

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 6
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 JOHN MOONEY 8 HOOPES DRIVE LANDENBERG, PA 19350	Name of Employer DUPONT COMPANY	Date (month, day, year) Payroll	Amount of Each Receipt this Period 280.00 (\$70.00 Monthly)
	Occupation PLANT MANAGER	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 420.00		
B. Full Name, Mailing Address and ZIP Code JOHN HIMES 24 MCMULLAN FARM LANE WEST CHESTER, PA 19382	Name of Employer DUPONT COMPANY	Date (month, day, year) Payroll	Amount of Each Receipt this Period 180.00 (\$60.00 Monthly)
	Occupation VP	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 360.00		
C. Full Name, Mailing Address and ZIP Code GEORGE MAC CORMACK 12 COSSART MANOR RD CHADDS FORD, PA 19317	Name of Employer DUPONT COMPANY	Date (month, day, year) Payroll	Amount of Each Receipt this Period 180.00 (\$60.00 Monthly)
	Occupation DIRECTOR	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 360.00		
D. Full Name, Mailing Address and ZIP Code PAUL LOGAN PO BOX 11570 WILMINGTON, DE 19888	Name of Employer DUPONT COMPANY	Date (month, day, year) Payroll	Amount of Each Receipt this Period 180.00 (\$60.00 Monthly)
	Occupation ASST PROJECT DIRECTOR	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 360.00		
E. Full Name, Mailing Address and ZIP Code HUGH CAMPBELL JR 7 APPLETON ACRES CT ELKTON, MD 21921	Name of Employer DUPONT COMPANY	Date (month, day, year) Payroll	Amount of Each Receipt this Period 100.00 (\$50.00 Monthly)
	Occupation ENVIRONMENTAL MANAGER	Payroll 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 ERIC MELIN 102 GIDEON DRIVE KENNETT SQUARE, PA 19348	Name of Employer DUPONT COMPANY	Date (month, day, year) Payroll	Amount of Each Receipt this Period 100.00 (\$50.00 Monthly)
	Occupation MANAGER	Payroll 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 JAMES PORTER JR PO BOX 1127 CHADDS FORD, PA 19317	Name of Employer DUPONT COMPANY	Date (month, day, year) Payroll	Amount of Each Receipt this Period 100.00 (\$50.00 Monthly)
	Occupation DIRECTOR	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		

SUBTOTAL of Receipts This Page (optional)

1,120.00

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 6
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 DAVID REA 119 ROCKLAND CIRCLE WILMINGTON, DE 19803	Name of Employer DUPONT COMPANY	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 100.00 (\$50.00 Monthly)
	Occupation VP Aggregate Year-to-Date > \$ 300.00	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
B. Full Name, Mailing Address and ZIP Code KEITH SMITH 102 KNOXLYNFARM DR KENNETT SQUARE, PA 19340	Name of Employer DUPONT COMPANY	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 100.00 (\$50.00 Monthly)
	Occupation BUSINESS MANAGER Aggregate Year-to-Date > \$ 300.00	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
C. Full Name, Mailing Address and ZIP Code PAUL TEO 744 ISAAC TAYLOR DR WEST CHESTER, PA 19382	Name of Employer DUPONT COMPANY	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 100.00 (\$50.00 Monthly)
	Occupation VP Aggregate Year-to-Date > \$ 300.00	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
D. Full Name, Mailing Address and ZIP Code WILLIAM BRISTER 203 REMINGTON DR DR LAFAYETTE, LA 70503	Name of Employer CONOCO	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 100.00 (\$50.00 Monthly)
	Occupation DIVISION MANAGER Aggregate Year-to-Date > \$ 300.00	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
E. Full Name, Mailing Address and ZIP Code DERRYL COLLINS 6803 SHADY LANE RICHMOND, TX 77469	Name of Employer CONOCO	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 100.00 (\$50.00 Monthly)
	Occupation ASSOCIATE GENERAL COUNSEL Aggregate Year-to-Date > \$ 300.00	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
F. Full Name, Mailing Address and ZIP Code RICHARD SEVERANCE 1503 AUTUMN PONCA CITY, OK 74604	Name of Employer CONOCO	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 100.00 (\$50.00 Monthly)
	Occupation GENERAL MANAGER Aggregate Year-to-Date > \$ 300.00	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
G. Full Name, Mailing Address and ZIP Code TED DAVIS 2830 PLANTATION LAKES DR MISSOURI CITY, TX 77459	Name of Employer CONOCO	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 100.00 (\$50.00 Monthly)
	Occupation VICE PRESIDENT Aggregate Year-to-Date > \$ 300.00	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	

SUBTOTAL of Receipts This Page (optional) 700.00

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 4 OF 6
FOR LINE NUMBER 11 a)

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NAME OF COMMITTEE (in Full)
DuPont Good Government Fund

<p>A. Full Name, Mailing Address and ZIP Code JOHN DERR 3502 TREE LANE KINGWOOD, TX 77339</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CONOCO</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p> <p>(\$50.00 Monthly)</p>
<p>B. Full Name, Mailing Address and ZIP Code THOMAS KNUDSON 518 WEST FOREST DR HOUSTON, TX 77079</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CONOCO</p> <p>Occupation VICE PRESIDENT</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p> <p>(\$50.00 Monthly)</p>
<p>C. Full Name, Mailing Address and ZIP Code BERNARD REILLY 103 MONTANA DRIVE CHADDS FORD, PA 19317</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer DUPONT COMPANY</p> <p>Occupation CORPORATE COUNSEL</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p> <p>(\$50.00 Monthly)</p>
<p>D. Full Name, Mailing Address and ZIP Code CARL LUKACH 105 CHALFONTE LANE KENNETT SQUARE, PA 19348</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer DUPONT COMPANY</p> <p>Occupation FINANCIAL MANAGER</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p> <p>(\$50.00 Monthly)</p>
<p>E. Full Name, Mailing Address and ZIP Code JOHN WINSKE 311 ENDLESS RD COLLINSVILLE, VA 24078</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer DUPONT COMPANY</p> <p>Occupation PLANT MANAGER</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p> <p>(\$50.00 Monthly)</p>
<p>F. Full Name, Mailing Address and ZIP Code GARY PFEIFFER 4 SHADOW LANE CHADDS FORD, PA 19317</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer DUPONT</p> <p>Occupation CFO</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p> <p>(\$50.00 Monthly)</p>
<p>G. Full Name, Mailing Address and ZIP Code FORREST CHUMLEY 800 HOPETON RD WILMINGTON, DE 19807</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer DUPONT COMPANY</p> <p>Occupation RESEARCH SUPERVISOR</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>40.00</p> <p>(\$40.00 Monthly)</p>

SUBTOTAL of Receipts This Page (optional) **540.00**

TOTAL This Period (last page this line number only) **540.00**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 6
FOR LINE NUMBER 11 & 1

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NAME OF COMMITTEE (in Full)
DuPont Good Government Fund

A. Full Name, Mailing Address and ZIP Code JAMES CLARK 1085 GALWAY BEAUMONT, TX 77708	Name of Employer DUPONT COMPANY	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation SR CONSULTANT	Payroll Deduction	40.00 (\$40.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		
B. Full Name, Mailing Address and ZIP Code LYNN FLAIM 26743 S WINFIELD RD MONEE, IL 60448	Name of Employer DUPONT COMPANY	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation PLANT MANAGER	Payroll Deduction	35.00 (\$35.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 210.00		
C. Full Name, Mailing Address and ZIP Code ROBERT HEINE 4109 FT WORTH PL ALEXANDRIA, VA 22304	Name of Employer DUPONT COMPANY	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation DIRECTOR	Payroll Deduction	40.00 (\$40.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		
D. Full Name, Mailing Address and ZIP Code THOMAS HUMPHREY 3 BITTERSWEET DR WEST CHESTER, PA 19382	Name of Employer DUPONT COMPANY	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation DIRECTOR	Payroll Deduction	35.00 (\$35.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 210.00		
E. Full Name, Mailing Address and ZIP Code WILLIAM MCCABE 41 HARRIS CIRCLE NEWARK, DE 19711	Name of Employer DUPONT COMPANY	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation DIRECTOR	Payroll Deduction	40.00 (\$40.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		
F. Full Name, Mailing Address and ZIP Code THOMAS SAGER 3 BREEZE HILL RD WILMINGTON, DE 19807	Name of Employer DUPONT COMPANY	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation ASSOCIATE GENERAL COUNSEL	Payroll Deduction	40.00 (\$40.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		
G. Full Name, Mailing Address and ZIP Code DONALD CONDON JR 13531 SUNDOWNER DR HOUSTON, TX 77041	Name of Employer CONOCO	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation MANAGER	Payroll Deduction	40.00 (\$40.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		

SUBTOTAL of Receipts This Page (optional) **270.00**

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 6
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 TIMOTHY MC CANN 440 OLDFIELD POINT RD ELKTON, MD 21921	Name of Employer DUPONT COMPANY	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation PRODUCT MANAGER	Payroll Deduction	40.00 (\$40.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		
B. Full Name, Mailing Address and ZIP Code ROBERT RIDOUT 129 EDGEWOOD ROAD WILMINGTON, DE 19803	Name of Employer DUPONT COMPANY	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation DIRECTOR	Payroll Deduction	40.00 (\$40.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		
C. Full Name, Mailing Address and ZIP Code JAMES COLLINS JR 1201 CROWN PT DR HURRICANE, WV 26526	Name of Employer DUPONT COMPANY	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation PROJECT MANAGER	Payroll Deduction	40.00 (\$40.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		
D. Full Name, Mailing Address and ZIP Code RICHARD WILDER 1685 WATERGLENN DRIVE WEST CHESTER, PA 19382	Name of Employer DUPONT COMPANY	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation CHIEF MEDICAL OFFICER	Payroll Deduction	35.00 (\$35.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 210.00		
E. Full Name, Mailing Address and ZIP Code ROBERT SMITH 1202 CHADD CT WEST CHESTER, PA 19382	Name of Employer DUPONT	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation MANAGER	Payroll Deduction	35.00 (\$35.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 210.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Payroll Deduction	
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	Payroll Deduction	
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) **190.00**

TOTAL This Period (last page this line number only) **8,661.00**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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)

Delaware Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>WILMINGTON TRUST RODNEY SQUARE NORTH WILMINGTON, DE 19890</i>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): <i>INTEREST INCOME</i>	Occupation	<i>01/31/99</i>	<i>21.43</i>
		Aggregate Year-to-Date > \$	<i>21.43</i>
<i>WILMINGTON TRUST RODNEY SQUARE NORTH WILMINGTON, DE 19890</i>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): <i>INTEREST INCOME</i>	Occupation	<i>02/26/99</i>	<i>26.91</i>
		Aggregate Year-to-Date > \$	<i>48.34</i>
<i>WILMINGTON TRUST RODNEY SQUARE NORTH WILMINGTON, DE 19890</i>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): <i>INTEREST INCOME</i>	Occupation	<i>04/16/99</i>	<i>21.94</i>
		Aggregate Year-to-Date > \$	<i>70.18</i>
<i>WILMINGTON TRUST RODNEY SQUARE NORTH WILMINGTON, DE 19890</i>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): <i>INTEREST INCOME</i>	Occupation	<i>04/30/99</i>	<i>68.23</i>
		Aggregate Year-to-Date > \$	<i>138.41</i>
<i>WILMINGTON TRUST RODNEY SQUARE NORTH WILMINGTON, DE 19890</i>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): <i>INTEREST INCOME</i>	Occupation	<i>5/21/99</i>	<i>82.74</i>
		Aggregate Year-to-Date > \$	<i>221.15</i>
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)

221.15

TOTAL This Period (last page this line number only)

221.15

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 23

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NEW DEMOCRAT NETWORK 501 CAPITOL COURT, N.E. SUITE 200 WASHINGTON, DC 20002	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	06/19/99	1,000.00
B. Full Name, Mailing Address and ZIP Code LAMPSON FOR CONGRESS 2000 38 IVY STREET, SE WASHINGTON, DC 20003	Purpose of Disbursement U.S. HOUSE 9th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 06/24/99	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code ROTH SENATE COMMITTEE ATTN: ED RAHAL 425 SECOND STREET, NE WASHINGTON, DC 20002	Purpose of Disbursement ROTH, U.S. SENATE DE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	Date (month, day, year) 06/21/99	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code FRIENDS OF DON SHERWOOD 81 WARREN STREET TUNKHANNOCK, PA 18657	Purpose of Disbursement DONALD SHERWOOD, U.S. HOUSE 10th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 06/21/99	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code KEN BENTSEN FOR CONGRESS COMMITTEE 5616 MORNINGSIDE #301 HOUSTON, TX 77005	Purpose of Disbursement KEN BENTSEN, U.S. HOUSE 25th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 06/30/99	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code CHAMBLISS FOR CONGRESS PO BOX 4084 MACON, GA 31208	Purpose of Disbursement Saxby Chambliss, U.S. HOUSE 8th GA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement	Date (month, day, year) 06/30/99	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code COMBEST CONGRESSIONAL COMMITTEE P.O. BOX 10667 LUBBOCK, TX 79408	Purpose of Disbursement Larry Combest, U.S. HOUSE 19th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 06/30/99	Amount of Each Disbursement This Period 1,000.00
H. Full Name, Mailing Address and ZIP Code TOM DELAY CONGRESSIONAL COMMITTEE 10707 CORPORATE DRIVE SUITE 130 STAFFORD, TX 77477	Purpose of Disbursement Tom DeLay, U.S. HOUSE 22nd TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 06/30/99	Amount of Each Disbursement This Period 1,000.00
I. Full Name, Mailing Address and ZIP Code DOOLEY FOR CONGRESS 44 CANAL CENTRE PLAZA SUITE 400 ALEXANDRIA, VA 22314	Purpose of Disbursement Calvin Dooley, U.S. HOUSE 20th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 06/30/99	Amount of Each Disbursement This Period 1,000.00

SUBTOTAL of Disbursements This Page (optional)

7,000.00

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

PAGE 2 OF 3
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 Disbursement This Period
PEOPLE FOR ENGLISH COMMITTEE 1208 PALO ALTO PITTSBURG, PA 15212	Phil English, U.S. HOUSE 21st PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/30/99	1,000.00
FRIENDS FOR HOUGHTON PO BOX 1107 CORNING, NY 14830	Amo Houghton, U.S. HOUSE 31st NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/30/99	1,000.00
FRIENDS OF SAM JOHNSON C/O CLARK BRINER P.O. BOX 860096 PLANO, TX 75086-0096	SAM JOHNSON, U.S. HOUSE 3rd TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/30/99	1,000.00
LAMPSON FOR CONGRESS 2000 38 IVY STREET, SE WASHINGTON, DC 20003	U.S. HOUSE 9th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/30/99	500.00
LEVIN FOR CONGRESS PO BOX 1092 WARREN, MI 48090-1092	Sander M. Levin, U.S. HOUSE 12th MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/30/99	1,000.00
FRIENDS OF S. McINNIS CAMPAIGN COMMITTEE P.O. BOX 3157 GRAND JUNCTION, CO 81502	SCOTT McINNIS, U.S. HOUSE 3rd CO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/30/99	500.00
ROTH SENATE COMMITTEE ATTN: ED RAHAL 426 SECOND STREET, NE WASHINGTON, DC 20002	ROTH, U.S. SENATE DE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/30/98	1,000.00
FRIENDS OF DON SHERWOOD 81 WARREN STREET TUNKHANNOCK, PA 18657	DONALD SHERWOOD, U.S. HOUSE 10th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/30/99	500.00
SISISKY FOR CONGRESS P.O. BOX 2082 PETERSBURG, VA 23804	NORMAN SISISKY, U.S. HOUSE 4th VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/30/99	500.00

SUBTOTAL of Disbursements This Page (optional)

7,000.00

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

PAGE 3 OF 3
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 Disbursement This Period
FRIENDS OF JOHN TANNER PO BOX 1994 UNION CITY, TN 3821	John Tanner, U.S. HOUSE 8th TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/30/99	1,000.00
B. Full Name, Mailing Address and ZIP Code COMMITTEE TO RE-ELECT ED TOWNS 380 CLINTON AVE APT. 8-R BROOKLYN, NY 11238	Edolphus Towns, U.S. HOUSE 10th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/30/99	600.00
C. Full Name, Mailing Address and ZIP Code FRIENDS FOR HOUGHTON PO BOX 1107 CORNING, NY 14830	Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/30/99	-1,000.00
D. Full Name, Mailing Address and ZIP Code FRIENDS FOR HOUGHTON PO BOX 1107 CORNING, NY 14830	Amo Houghton, U.S. HOUSE 31st NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/30/99	1,000.00
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)

1,500.00

TOTAL This Period (set page this line number only)

16,600.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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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
NORTH CAROLINA SENATE COMMITTEE 220 HILLSBOROUGH STREET RALEIGH, NC 27803	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	01/20/99	250.00
B. Full Name, Mailing Address and ZIP Code NORTH CAROLINA REPUBLICAN LEGISLATIVE TRUST P.O. BOX 10674 RALEIGH, NC 27805	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	01/20/99	250.00
C. Full Name, Mailing Address and ZIP Code COOPER FOR SENATE P.O. BOX 4538 ROCKY MOUNT, NC 27803	Purpose of Disbursement Voided Check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement	Date (month, day, year) 01/20/99	Amount of Each Disbursement This Period -300.00
D. Full Name, Mailing Address and ZIP Code COMMITTEE TO REELECT PENN PFIFFNER 38 S ZINNIA WAY LAKEWOOD, CO 80228	Purpose of Disbursement Voided Check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement	Date (month, day, year) 01/25/99	Amount of Each Disbursement This Period -100.00
E. Full Name, Mailing Address and ZIP Code FAATZ FOR SENATE 2903 S QUITMAN ST DENVER, CO 80236	Purpose of Disbursement Voided Check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement	Date (month, day, year) 01/25/99	Amount of Each Disbursement This Period -100.00
F. Full Name, Mailing Address and ZIP Code OWEN FOR SENATE 2722 BUENA VISTA DR GREELEY, CO 80631	Purpose of Disbursement Voided Check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement	Date (month, day, year) 01/25/99	Amount of Each Disbursement This Period -100.00
G. Full Name, Mailing Address and ZIP Code COMMITTEE TO REELECT DEBBIE ALLEN 942 S WALDEN ST #9-205 AURORA, CO 80017	Purpose of Disbursement Voided Check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement	Date (month, day, year) 01/25/99	Amount of Each Disbursement This Period -100.00
H. Full Name, Mailing Address and ZIP Code COMMITTEE TO RE-ELECT RICH DAVIS 6 STALLION DRIVE NEWARK, DE 19743	Purpose of Disbursement RICHARD DAVIS, STATE HOUSE REP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement	Date (month, day, year) 02/11/99	Amount of Each Disbursement This Period 250.00
I. Full Name, Mailing Address and ZIP Code BILL DEWEESE CAMPAIGN COMMITTEE P.O. BOX 613 HARRISBURG, PA 17108	Purpose of Disbursement H. WILLIAM DEWEESE, STATE HOUSE REP. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 06/21/99	Amount of Each Disbursement This Period 500.00

SUBTOTAL of Disbursements This Page (optional)

550.00

TOTAL This Period (last page this line number only)

550.00

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
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7-16-99
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>MJ</i>	 7-19-99
PREPARER	DATE PREPARED