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Sincerely,  
*Barry D. Niziolok*  
Barry D. Niziolok  
Treasurer

Enclosed is an amended statement of organization for the DuPont Good Government Fund.  
This statement reflects the appointment of Danya L. Foxwell as Custodian of Records. This letter also updates the current address of the DuPont Good Government Fund and the affiliated PAC, Conoco Employees' Good Government Fund. Please note that the Conoco Employees' Good Government Fund was terminated on June 30, 1994. If this PAC becomes active again in federal elections, we will re-register the PAC at that time.

To Whom It May Concern:

Federal Election Commission  
999 E Street NW  
Washington, DC 20463

Carried Mail  
Return Receipt Requested

September 23, 1994

DuPont Good Government Fund



RECEIVED  
FEDERAL ELECTION  
COMMISSION  
SEP 30 12 02 PM '94

1007 Market Street  
Wilmington, Delaware 19888  
302/773-8308  
Fax 302/773-2010

STATEMENT OF ORGANIZATION

(see reverse side for instructions)

1. (a) Name of Committee (in Full)  Check if name or address is changed. **DUPONT GOOD GOVERNMENT FUND**

(b) Address (Number and Street) **P.O. Box 80268**

(c) City, State and ZIP Code **Wilmington, DE 19880-0268**

2. Date **September 22, 1994**

3. FEC Identification Number **00171926**

4. Is this an amended statement?  YES  NO

5. TYPE OF COMMITTEE (check one):

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

6. Name of Candidate \_\_\_\_\_

Candidate Party Affiliation \_\_\_\_\_

Officer Sought \_\_\_\_\_

State/District \_\_\_\_\_

(c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.

(d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund nor a party committee.

7. TYPE OF COMMITTEE (check one):

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

8. Name of Any Connected Organization or Affiliated Committee \_\_\_\_\_

Mailing Address and ZIP Code \_\_\_\_\_

Relationship \_\_\_\_\_

9. CONOCO EMPLOYEES' GOOD GOVT. FD. **Affiliated**

DUPONT MERCK PROGRAM FOR ACTIVE CITIZENSHIP, INC. **Affiliated**

10. If the registering political committee has identified a "connected organization" above, please indicate type of organization:

Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

11. Custodian of Records: Identify by name, address (phone number - optional) and position, the person in possession of committee books and records.

12. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

13. Full Name \_\_\_\_\_

Mailing Address and ZIP Code \_\_\_\_\_

Title or Position \_\_\_\_\_

14. Full Name \_\_\_\_\_

Mailing Address and ZIP Code \_\_\_\_\_

Title or Position \_\_\_\_\_

15. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

16. Name of Bank, Depository, etc. \_\_\_\_\_

Mailing Address and ZIP Code \_\_\_\_\_

17. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

18. Full Name \_\_\_\_\_

Mailing Address and ZIP Code \_\_\_\_\_

Title or Position \_\_\_\_\_

19. Full Name \_\_\_\_\_

Mailing Address and ZIP Code \_\_\_\_\_

Title or Position \_\_\_\_\_

20. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

21. Name of Bank, Depository, etc. \_\_\_\_\_

Mailing Address and ZIP Code \_\_\_\_\_

22. Full Name \_\_\_\_\_

Mailing Address and ZIP Code \_\_\_\_\_

Title or Position \_\_\_\_\_

23. Full Name \_\_\_\_\_

Mailing Address and ZIP Code \_\_\_\_\_

Title or Position \_\_\_\_\_

24. Full Name \_\_\_\_\_

Mailing Address and ZIP Code \_\_\_\_\_

Title or Position \_\_\_\_\_

25. Full Name \_\_\_\_\_

Mailing Address and ZIP Code \_\_\_\_\_

Title or Position \_\_\_\_\_

26. Full Name \_\_\_\_\_

Mailing Address and ZIP Code \_\_\_\_\_

Title or Position \_\_\_\_\_

27. Full Name \_\_\_\_\_

Mailing Address and ZIP Code \_\_\_\_\_

Title or Position \_\_\_\_\_

28. Full Name \_\_\_\_\_

Mailing Address and ZIP Code \_\_\_\_\_

Title or Position \_\_\_\_\_

<b>FEDERAL ELECTION COMMISSION</b> <b>ENVELOPE REPLACEMENT PAGE</b> <b>FOR INCOMING DOCUMENTS</b> The Commission has added this page to the end of this filing to indicate how it was received.	
DATE OF RECEIPT	<input type="checkbox"/> Hand Delivered
POSTMARKED	<input type="checkbox"/> First Class Mail
POSTMARKED <i>9-27-94</i>	<input checked="" type="checkbox"/> Registered/Carried Mail
DATE OF RECEIPT	<input type="checkbox"/> No Postmark
DATE OF RECEIPT	<input type="checkbox"/> Postmark Illegible
DATE OF RECEIPT	<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
POSTMARKED	<input type="checkbox"/> Other (Specify):
AND/OR DATE OF RECEIPT	PREPARED <i>JML</i>
DATE PREPARED <i>9-30-94</i>	

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