

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 APR 22 A 10:02

April 17, 2000

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

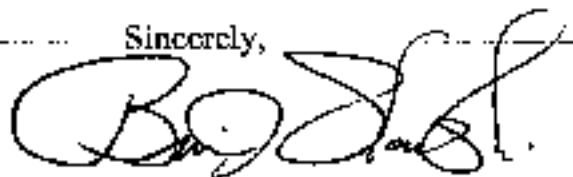
Federal Election Commission  
999 E Street, N.W.  
Washington, DC 20463

To Whom It May Concern:

Enclosed is the DuPont Good Government Fund's amended filing of FEC Form 3X for the period January 1, 1999 through June 30, 1999. A \$500 contribution to the Chambliss for Congress Committee was incorrectly identified as debt retirement. The contribution was for the 2000 primary election. This amendment also corrects Schedule A to include receipts previously not itemized.

I can be reached at (302) 695-4529 if you have any questions or require additional information.

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

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

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (or Club)  
**DuPont Good Government Fund**

ADDRESS (number and street)  Check if different than previously reported  
**DuPont Company, P.O. Box 80268**

CITY, STATE and ZIP CODE  
**Wilmington, DE 19880-0268**

RECEIVED  
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2. FEC IDENTIFICATION NUMBER  
**C00171928**

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 \_\_\_\_\_

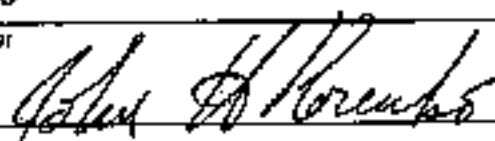
(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <u>01/01/99</u> through <u>06/30/99</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, <u>1999</u>		\$ <u>9,670.75</u>
(b)	Cash on Hand at Beginning of Reporting Period	\$ <u>9,670.75</u>	
(c)	Total Receipts (from Line 19)	\$ <u>39,116.16</u>	\$ <u>39,115.15</u>
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>48,785.90</u>	\$ <u>48,785.90</u>
7.	Total Disbursements (from Line 30)	\$ <u>16,997.00</u>	\$ <u>16,997.00</u>
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>31,788.90</u>	\$ <u>31,788.90</u>
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0.00</u>	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0.00</u>	

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  
**John Korenko**

Signature of Treasurer



Date

4/19/00

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 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE <b>DuPont Good Government Fund</b>		REPORT COVERING PERIOD	
		FROM <b>01/01/99</b>	TO <b>06/30/99</b>
		<b>COLUMN A</b>	<b>COLUMN B</b>
		<b>Total This Period</b>	<b>Calendar Year</b>
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		16,026.00	16,026.00
ii. Unitemized		22,868.00	22,868.00
iii. Total (add i and ii) >		38,894.00	38,894.00
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contributions (add a ii, b and c) >		38,894.00	38,894.00
12. Transfers From Affiliated/Other Party Committees		0.00	0.00
13. At-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		0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)		221.15	221.15
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) >		39,115.15	39,115.15
20. Total Federal Receipts (subtract line 18 from line 19) >		39,115.15	39,115.15
<b>II. Disbursements</b>			
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		197.00	197.00
c. Total Operating Expenditures (add a i, a ii, and b) >		197.00	197.00
22. Transfers to Affiliated/Other Party Committees		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		15,500.00	15,500.00
24. Independent Expenditures (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(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		1,300.00	1,300.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		16,997.00	16,997.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		16,997.00	16,997.00
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		38,894.00	38,894.00
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		38,894.00	38,894.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		197.00	197.00
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >		197.00	197.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 6  
FOR LINE NUMBER 118

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

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>HUGH CAMPBELL JR</b> <b>7 APPLETON ACRES CT</b> <b>ELKTON, MD 21921</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>ENVIRONMENTAL MANAGER</b>	<b>Payroll Deduction</b>  	<b>300.00</b> <b>(\$55.00 Monthly)</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ <b>300.00</b>		
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>BERNARD REILLY</b> <b>103 MONTANA DRIVE</b> <b>CHADDS FORD, PA 19317</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>CORPORATE COUNSEL</b>	<b>Payroll Deduction</b>  	<b>300.00</b> <b>(\$50.00 Monthly)</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ <b>300.00</b>		
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>JOHN WINSKE</b> <b>311 ENDLESS RD</b> <b>COLLINSVILLE, VA 24078</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 Deduction</b>  	<b>300.00</b> <b>(\$50.00 Monthly)</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ <b>300.00</b>		
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>GEORGE MAC CORMACK</b> <b>12 COSSART MANOR RD</b> <b>CHADDS FORD, PA 19317</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>DIRECTOR</b>	<b>Payroll Deduction</b>  	<b>360.00</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</b> > \$ <b>360.00</b>		
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>THOMAS SAGER</b> <b>3 BREEZE HILL 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>ASSOCIATE GENERAL COUNSEL</b>	<b>Payroll Deduction</b>  	<b>240.00</b> <b>(\$40.00 Monthly)</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ <b>240.00</b>		
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>PAUL TEBO</b> <b>744 ISAAC TAYLOR DR</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 Deduction</b>  	<b>300.00</b> <b>(\$50.00 Monthly)</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ <b>300.00</b>		
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>TIMOTHY MC CANN</b> <b>440 OLDFIELD POINT RD</b> <b>ELKTON, MD 21921</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>PRODUCT MANAGER</b>	<b>Payroll Deduction</b>  	<b>240.00</b> <b>(\$50.00 Monthly)</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ <b>240.00</b>		

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

**2,040.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 2 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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM MCCABE 41 HARRIS CIRCLE NEWARK, DE 19711	DUPONT COMPANY	Payroll Deduction	240.00 (\$45.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	Aggregate Year-to-Date \$ 240.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KEITH SMITH 102 KNOXLYNFARM DR KENNETT SQUARE, PA 19348	DUPONT COMPANY	Payroll Deduction	300.00 (\$25.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BUSINESS MANAGER	Aggregate Year-to-Date \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL LOGAN PO BOX 11570 WILMINGTON, DE 19898	DUPONT COMPANY	Payroll Deduction	360.00 (\$0.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ASST PROJECT DIRECTOR	Aggregate Year-to-Date \$ 360.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT HEINE 4109 FT WORTH PL ALEXANDRIA, VA 22304	DUPONT COMPANY	Payroll Deduction	240.00 (\$40.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	Aggregate Year-to-Date \$ 240.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TED DAVIS 2830 PLANTATION LAKES DR MISSOURI CITY, TX 77459	CONOCO	Payroll Deduction	300.00 (\$0.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VICE PRESIDENT	Aggregate Year-to-Date \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STACEY MOBLEY 141 DEER VALLEY LANE WILMINGTON, DE 19807	DUPONT COMPANY	Payroll Deduction	480.00 (\$80.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SR VP	Aggregate Year-to-Date \$ 480.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT SMITH 1202 CHADD CT WEST CHESTER, PA 19382	DUPONT	Payroll Deduction	210.00 (\$35.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MANAGER	Aggregate Year-to-Date \$ 210.00	

**SUBTOTAL of Receipts This Page (optional)** ..... 2,130.00

**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 f

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NAME OF COMMITTEE (in Full)  
DuPont Good Government Fund

<p>A. Full Name, Mailing Address and ZIP Code <b>HOWARD RUDGE</b> 302 CENTENNIAL CIRCLE 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 <b>DUPONT COMPANY</b></p> <p>Occupation <b>SR VP</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>900.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>900.00</b></p> <p><b>(\$0.00 Monthly)</b></p>
<p>B. Full Name, Mailing Address and ZIP Code <b>FORREST CHUMLEY</b> 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 <b>DUPONT COMPANY</b></p> <p>Occupation <b>RESEARCH SUPERVISOR</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>240.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>240.00</b></p> <p><b>(\$45.00 Monthly)</b></p>
<p>C. Full Name, Mailing Address and ZIP Code <b>JOHN MOONEY</b> 8 HOOPES DRIVE LANDENBERG, PA 19350</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>DUPONT COMPANY</b></p> <p>Occupation <b>PLANT MANAGER</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>420.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>420.00</b></p> <p><b>(\$70.00 Monthly)</b></p>
<p>D. Full Name, Mailing Address and ZIP Code <b>JOHN SNYDER</b> 4 GUYENNE 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 <b>DUPONT COMPANY</b></p> <p>Occupation <b>VP</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>600.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>600.00</b></p> <p><b>(\$100.00 Monthly)</b></p>
<p>E. Full Name, Mailing Address and ZIP Code <b>GARL LUKACH</b> 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 <b>DUPONT COMPANY</b></p> <p>Occupation <b>FINANCIAL MANAGER</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>300.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>300.00</b></p> <p><b>(\$50.00 Monthly)</b></p>
<p>F. Full Name, Mailing Address and ZIP Code <b>JOHN HIMES</b> 24 MCMULLAN FARM LANE WEST CHESTER, PA 19382</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>DUPONT COMPANY</b></p> <p>Occupation <b>VP</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>360.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>360.00</b></p> <p><b>(\$60.00 Monthly)</b></p>
<p>G. Full Name, Mailing Address and ZIP Code <b>JAMES COLLINS JR</b> 1201 CROWN PT DR HURRICANE, WV 25526</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>DUPONT COMPANY</b></p> <p>Occupation <b>PROJECT MANAGER</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>240.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>240.00</b></p> <p><b>(\$40.00 Monthly)</b></p>

**SUBTOTAL** of Receipts This Page (optional) ..... **3,060.00**

**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 1181

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 ROBERT RIDOUT 129 EDGEWOOD ROAD WILMINGTON, DE 19803  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DUPONT COMPANY  Occupation DIRECTOR  Aggregate Year-to-Date > \$ 240.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  240.00 (\$40.00 Monthly)
B. Full Name, Mailing Address and ZIP Code GARY PFEIFFER 4 SHADOW LANE CHADDS FORD, PA 19317  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DUPONT  Occupation CFO  Aggregate Year-to-Date > \$ 300.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  300.00 (\$50.00 Monthly)
C. Full Name, Mailing Address and ZIP Code THOMAS HUMPHREY 3 BITTERSWEET DR WEST CHESTER, PA 19382  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DUPONT COMPANY  Occupation DIRECTOR  Aggregate Year-to-Date > \$ 210.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  210.00 (\$35.00 Monthly)
D. Full Name, Mailing Address and ZIP Code DAVID REA 119 ROCKLAND CIRCLE WILMINGTON, DE 19803  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DUPONT COMPANY  Occupation VP  Aggregate Year-to-Date > \$ 300.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  300.00 (\$50.00 Monthly)
E. Full Name, Mailing Address and ZIP Code JOHN DERR 3502 TREE LANE KINGWOOD, TX 77339  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CONOCO  Occupation  Aggregate Year-to-Date > \$ 300.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  300.00 (\$0.00 Monthly)
F. Full Name, Mailing Address and ZIP Code WILLIAM KIRK BOX 779 UNIONVILLE, PA 19376  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DUPONT COMPANY  Occupation VP/IGM  Aggregate Year-to-Date > \$ 600.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  600.00 (\$100.00 Monthly)
G. Full Name, Mailing Address and ZIP Code DONALD CONDON JR 13531 SUNDOWNER DR HOUSTON, TX 77041  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CONOCO  Occupation MANAGER  Aggregate Year-to-Date > \$ 240.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  240.00 (\$0.00 Monthly)

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

2,190.00

**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

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FOR LINE NUMBER 11 a

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

A. Full Name, Mailing Address and ZIP Code CHARLES HOLLIDAY PO BOX 2888 WILMINGTON, DE 19805  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DUPONT COMPANY  Occupation CEO  Aggregate Year-to-Date > \$ 2,496.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  2,496.00 (\$400.00 Monthly)
B. Full Name, Mailing Address and ZIP Code JAMES PORTER JR PO BOX 1127 CHADDS FORD, PA 19317  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DUPONT COMPANY  Occupation DIRECTOR  Aggregate Year-to-Date > \$ 300.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  300.00 (\$30.00 Monthly)
C. Full Name, Mailing Address and ZIP Code JAMES CLARK 1085 GALWAY BEAUMONT, TX 77706  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DUPONT COMPANY  Occupation SR CONSULTANT  Aggregate Year-to-Date > \$ 240.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  240.00 (\$40.00 Monthly)
D. Full Name, Mailing Address and ZIP Code WILLIAM HARRISON JR BOX 3697 GREENVILLE, DE 19807  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DUPONT COMPANY  Occupation V.P. OPERATIONS  Aggregate Year-to-Date > \$ 900.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  900.00 (\$150.00 Monthly)
E. Full Name, Mailing Address and ZIP Code DENNIS REILLEY 8 DOGWOOD HILL LANE CHADDS FORD, PA 19317  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DUPONT COMPANY  Occupation VP/ISM  Aggregate Year-to-Date > \$ 750.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  750.00 (\$0.00 Monthly)
F. Full Name, Mailing Address and ZIP Code DERRYL COLLINS 6803 SHADY LANE RICHMOND, TX 77469  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CONOCO  Occupation ASSOCIATE GENERAL COUNSEL  Aggregate Year-to-Date > \$ 300.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  300.00 (\$0.00 Monthly)
G. Full Name, Mailing Address and ZIP Code RICHARD SEVERANCE 1503 AUTUMN PONCA CITY, OK 74604  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CONOCO  Occupation GENERAL MANAGER  Aggregate Year-to-Date > \$ 300.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  300.00 (\$0.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... 5,286.00

**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 1181

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

A. Full Name, Mailing Address and ZIP Code ERIC MELIN 102 GIDEON DRIVE KENNETT SQUARE, PA 19348  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DUPONT COMPANY  Occupation MANAGER  Aggregate Year-to-Date > \$ 300.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  300.00 (\$50.00 Monthly)
B. Full Name, Mailing Address and ZIP Code LYNN FLAIM 28743 S WINFIELD RD MONEE, IL 60449  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DUPONT COMPANY  Occupation PLANT MANAGER  Aggregate Year-to-Date > \$ 210.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  210.00 (\$0.00 Monthly)
C. Full Name, Mailing Address and ZIP Code WILLIAM BRISTER 203 REMINGTON DR DR LAFAYETTE, LA 70503  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CONOCO  Occupation DIVISION MANAGER  Aggregate Year-to-Date > \$ 300.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  300.00 (\$0.00 Monthly)
D. Full Name, Mailing Address and ZIP Code THOMAS KNUDSON 518 WEST FOREST DR HOUSTON, TX 77079  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CONOCO  Occupation VICE PRESIDENT  Aggregate Year-to-Date > \$ 300.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  300.00 (\$0.00 Monthly)
E. Full Name, Mailing Address and ZIP Code RICHARD WILDER 1685 WATERGLENN DRIVE WEST CHESTER, PA 19382  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DUPONT COMPANY  Occupation CHIEF MEDICAL OFFICER  Aggregate Year-to-Date > \$ 210.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  210.00 (\$50.00 Monthly)
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)   Payroll Deduction	Amount of Each Receipt this Period   300.00
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)   Payroll Deduction	Amount of Each Receipt this Period   300.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1,320.00

**TOTAL** This Period (last page this line number only) ..... 18,026.00

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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
WILMINGTON TRUST RODNEY SQUARE NORTH WILMINGTON, DE 19890		01/31/99	21.43
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): INTEREST INCOME	Occupation	Aggregate Year-to-Date > \$ 21.43	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WILMINGTON TRUST RODNEY SQUARE NORTH WILMINGTON, DE 19890		02/25/99	26.91
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): INTEREST INCOME	Occupation	Aggregate Year-to-Date > \$ 48.34	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WILMINGTON TRUST RODNEY SQUARE NORTH WILMINGTON, DE 19890		04/16/99	21.84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): INTEREST INCOME	Occupation	Aggregate Year-to-Date > \$ 70.18	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WILMINGTON TRUST RODNEY SQUARE NORTH WILMINGTON, DE 19890		04/30/99	68.23
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): INTEREST INCOME	Occupation	Aggregate Year-to-Date > \$ 138.41	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WILMINGTON TRUST RODNEY SQUARE NORTH WILMINGTON, DE 19890		5/21/99	82.74
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): INTEREST INCOME	Occupation	Aggregate Year-to-Date > \$ 221.15	
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 > \$	

UBTOTAL 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 4 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
<b>NEW DEMOCRAT NETWORK</b> 501 CAPITOL COURT, N.E. SUITE 200 WASHINGTON, DC 20002	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>1999</b>	05/19/99	1,000.00
<b>LAMPSON FOR CONGRESS 2000</b> 38 IVY STREET, SE WASHINGTON, DC 20003	Purpose of Disbursement <b>U.S. HOUSE 9th TX</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>2000</b>	06/21/99	500.00
<b>ROTH SENATE COMMITTEE</b> ATTN: ED RAHAL 425 SECOND STREET, NE WASHINGTON, DC 20002	Purpose of Disbursement <b>ROTH, U.S. SENATE DE</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>1998</b>	06/21/99	1,000.00
<b>FRIENDS OF DON SHERWOOD</b> 81 WARREN STREET TUNKHANNOCK, PA 18657	Purpose of Disbursement <b>DONALD SHERWOOD, U.S. HOUSE 10th PA</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>2000</b>	06/21/99	500.00
<b>KEN BENTSEN FOR CONGRESS COMMITTEE</b> 5615 MORNINGSIDE #301 HOUSTON, TX 77005	Purpose of Disbursement <b>KEN BENTSEN, U.S. HOUSE 25th TX</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>2000</b>	06/30/99	500.00
<b>CHAMBLISS FOR CONGRESS</b> PO BOX 4084 MACON, GA 31208	Purpose of Disbursement <b>Sally Chambliss, U.S. HOUSE 8th GA</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Debt Retirement</b>	06/30/99	500.00
<b>COMBEST CONGRESSIONAL COMMITTEE</b> P.O. BOX 10667 LUBBOCK, TX 79408	Purpose of Disbursement <b>Larry Combest, U.S. HOUSE 19th TX</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>2000</b>	06/30/99	1,000.00
<b>TOM DELAY CONGRESSIONAL COMMITTEE</b> 10707 CORPORATE DRIVE SUITE 130 STAFFORD, TX 77477	Purpose of Disbursement <b>Tom Delay, U.S. HOUSE 22nd TX</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>2000</b>	06/30/99	1,000.00
<b>DOOLEY FOR CONGRESS</b> 44 CANAL CENTRE PLAZA SUITE 400 ALEXANDRIA, VA 22314	Purpose of Disbursement <b>Calvin Dooley, U.S. HOUSE 20th CA</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>2000</b>	06/30/99	1,000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7,000.00</b>
<b>TOTAL</b> 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
<b>PEOPLE FOR ENGLISH COMMITTEE</b> 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
<b>FRIENDS FOR HOUGHTON</b> PO BOX 1107 CORNING, NY 14830	Arno 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
<b>FRIENDS OF SAM JOHNSON</b> G/O CLARK BRINER P.O. BOX 860095 PLANO, TX 75086-0095	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
<b>LAMPSON FOR CONGRESS 2000</b> 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
<b>LEVIN FOR CONGRESS</b> 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
<b>FRIENDS OF S. WEINIS CAMPAIGN COMMITTEE</b> P.O. BOX 3157 GRAND JUNCTION, CO 81502	SCOTT WEINIS, 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
<b>ROTH SENATE COMMITTEE</b> ATTN: ED RAHAL 425 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	06/30/99	1,000.00
<b>FRIENDS OF DON SHERWOOD</b> 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
<b>SISISKY FOR CONGRESS</b> P.O. BOX 2062 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) .....	7,000.00

**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
<b>FRIENDS OF JOHN TANNER</b> PO BOX 1994 UNION CITY, TN 3821	<b>John Tanner, U.S. HOUSE 8th TN</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/30/99	1,000.00
<b>COMMITTEE TO RE-ELECT ED TOWNS</b> 360 CLINTON AVE APT. 6-R BROOKLYN, NY 11238	<b>Edolphus Towns, U.S. HOUSE 10th NY</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/30/99	500.00
<b>FRIENDS FOR HOUGHTON</b> PO BOX 1107 CORNING, NY 14830	<b>Voided Check</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1988	06/30/99	-1,000.00
<b>FRIENDS FOR HOUGHTON</b> PO BOX 1107 CORNING, NY 14830	<b>Aino Houghton, U.S. HOUSE 31st NY</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/30/99	1,000.00
<b>CHAMBLISS FOR CONGRESS</b> PO BOX 4084 MACON, GA 31208	<b>Saxby Chambliss, U.S. HOUSE 8th GA</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/30/99	500.00
<b>CHAMBLISS FOR CONGRESS</b> PO BOX 4084 MACON, GA 31208	<b>Collection: Not Debt Retirement 03/17/00</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement	06/30/99	-500.00
<b>Q. Full Name, Mailing Address and ZIP Code</b>	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
<b>R. Full Name, Mailing Address and ZIP Code</b>	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
<b>I. Full Name, Mailing Address and ZIP Code</b>	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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1,500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>16,600.00</b>

**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
<b>NORTH CAROLINA SENATE COMMITTEE</b> 220 HILLSBOROUGH STREET RALEIGH, NC 27603	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>1999</b>	01/20/99	250.00
<b>NORTH CAROLINA REPUBLICAN LEGISLATIVE TRUST</b> P.O. BOX 10674 RALEIGH, NC 27605	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>1999</b>	01/20/99	250.00
<b>COOPER FOR SENATE</b> P.O. BOX 4538 ROCKY MOUNT, NC 27803	Purpose of Disbursement <b>Voided Check</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Debt Retirement</b>	01/20/99	-300.00
<b>COMMITTEE TO REELECT PENN PFIFFNER</b> 38 S ZINNIA WAY LAKEWOOD, CO 80228	Purpose of Disbursement <b>Voided Check</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Debt Retirement</b>	01/25/99	-100.00
<b>FAATZ FOR SENATE</b> 2903 S QUITMAN ST DENVER, CO 80236	Purpose of Disbursement <b>Voided Check</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Debt Retirement</b>	01/25/99	-100.00
<b>OWEN FOR SENATE</b> 2722 BUENA VISTA DR GREELEY, CO 80631	Purpose of Disbursement <b>Voided Check</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Debt Retirement</b>	01/25/99	-100.00
<b>COMMITTEE TO REELECT DEBBIE ALLEN</b> 942 S WALDEN ST #9-205 AURORA, CO 80017	Purpose of Disbursement <b>Voided Check</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Debt Retirement</b>	01/25/99	-100.00
<b>COMMITTEE TO RE-ELECT RICH DAVIS</b> 6 STALLION DRIVE NEWARK, DE 19713	Purpose of Disbursement <b>RICHARD DAVIS, STATE HOUSE REP.</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Debt Retirement</b>	02/11/99	250.00
<b>BILL DOWEES CAMPAIGN COMMITTEE</b> P.O. BOX 613 HARRISBURG, PA 17108	Purpose of Disbursement <b>H. WILLIAM DOWEES, STATE HOUSE REP.</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>2000</b>	06/21/99	500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>550.00</b>

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 4-20-00
<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>SL</i> PREPARER	4-22-00 DATE PREPARED