

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DATE 10/6/94
DIVISION

(a) NAME OF COMMITTEE IN FULL (Check if name is changed):
Kimble Glass Inc., Good Citizenship Fund

(b) Number and Street Address (Check if address is changed):
537 Crystal Avenue

(c) City, State and ZIP Code:
Vineland, N.J. 08360

FEC IDENTIFICATION NUMBER: **00298034**

OCT 10 1 51 PM '94

IS THIS STATEMENT AN AMENDMENT?
 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.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- (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 or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Kimble Glass Inc.	537 Crystal Avenue Vineland, N.J. 08360	connected

Type of Connected Organization:
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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

Full Name	Mailing Address	Title or Position
David E. McCormick	537 Crystal Ave., Vineland, N.J.	V.P., Dir. of Personnel

8. 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).

Full Name	Mailing Address	Title or Position
Nancy E. Weller	537 Crystal Ave., Vineland, N.J. 08360	V.P. Chief Financial Officer
Charles J. Styles	537 Crystal Ave., Vineland, N.J.	Div. Fin. Serv. Mgr.

9. 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.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Kimble Federal Credit Union	Crystal Avenue, Vineland, N.J. 08360-2843

*Changed Depository From Original

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER NANCY E. WELLER	SIGNATURE OF TREASURER <i>Nancy E. Weller</i>	DATE 10/14/94
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

94032891

**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.

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|---|------------------------|
| <input type="checkbox"/> Hand Delivered | DATE OF RECEIPT |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
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10-14-94 |
| <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 |

MMR
 PREPARER

10-18-94
 DATE PREPARED

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