

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
MAIL ROOM

MAY 8 9 37 AM '95

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
BRUSH WELLMAN GOOD GOVERNMENT FUND

ADDRESS (number and street) Check if different than previously reported
17876 ST. CLAIR AVENUE

CITY, STATE and ZIP CODE
CLEVELAND, OHIO 44110

2. FEC IDENTIFICATION NUMBER
000210770

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)

- 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 _____

Termination Report

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>11/29/94 through 12/31/94</u>		
6. (a) Cash on Hand January 1, 1994			\$ 12,895.15
(b) Cash on Hand at Beginning of Reporting Period		\$ 6,461.28	
(c) Total Receipts (from Line 1B)		\$ 1,478.68	\$ 14,800.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 7,939.96	\$ 27,695.82
7. Total Disbursements (from Line 3D)		\$ 1,000.00	\$ 20,755.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 6,939.96	\$ 6,939.96
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -	

For further information contact:
Federal Election Commission
800 E Street, NW
Washington, DC 20463
Toll Free 800-424-9520
Local 202-218-0420

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
STACY E. BONITZ

Signature of Treasurer
Stacy E. Bonitz

Date
5/3/95

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §457g.

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FEC FORM 3X
(revised 9/95)

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)

BUUSH WELLMAN GOOD GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code NATIONAL CITY BANK P.O. Box 5150 Cleveland, OH 44101 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): INTEREST	Name of Employer Occupation Aggregate Year-to-Date > \$ 470.81	Date (month, day, year) 11/30 - 12/31/94	Amount of Each Receipt this Period 66.33
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

66.33

11 (4) (2)

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NAME OF COMMITTEE (in Full)

BREXIT WELLMAN GOOD GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
W. WILLIAM NOLDS 5748 Seven Gates Dayton, OH 45426 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	BREXIT WELLMAN Occupation: Regional Sales Mgr Aggregate Year-to-Date > \$ 330.00		- 0 -
GORDON HARNETT 17876 St. Clair Ave Cleveland, OH 44110 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	" " Occupation: President, CEO Aggregate Year-to-Date > \$ 840.00	Payroll Deduction	90.00 (30 Bikes)
J. H. BROPHY 31905 Jackson Rd CHAMBERLAIN FALLS, OH 44022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	" " Occupation: V.P. Technology Aggregate Year-to-Date > \$ 450.00	Payroll Deduction	75.00 (25 Bikes)
TOM MACKNAM 20308 Lake Rd Bay Village, OH 44110 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	" " Occupation: Medical Director Aggregate Year-to-Date > \$ 515.00		60.00 (400 Bikes)
T. M. REID 17876 St. Clair Ave Cleveland, OH 44110 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	" " Occupation: Dr. Investment Relations Aggregate Year-to-Date > \$ 300.00	Payroll Deduction	37.50 (12.50 Bikes)
CARL RISPOLI 1878 Eden Hall Dr. Lyndhurst, OH 44124 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	" " Occupation: Dir of Information Sys. Aggregate Year-to-Date > \$ 300.00	7/21/94	- 0 -
CLARK WATKINS 857 Hardwood Court Gates Mills, OH 44048-9609 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	" " Occupation: CFO Aggregate Year-to-Date > \$ 600	7/15/94	- 0 -

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

262.50

15
1
0
5
3
9
7
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2

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NAME OF COMMITTEE (in Full)

BENSH WILLIAMS GOOD CONVENEMENT FUND

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Ex Receipt This Per
LARRY CHASE 3040 S. Opfer - Lantz Rd Woodville, OH 43469	BENSH WILLIAMS	Payroll Deduction	36.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: H.R. Gen. Control Dept	Aggregate Year-to-Date > \$ 288.00	(12.00 B...)
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Ex Receipt This Per
MARK SMY 907 NAPOLGON ST. Fremont, OH 43420	"	"	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SE Technologist	Aggregate Year-to-Date > \$ 300.00	(15.00 B)
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Ex Receipt This Per
HUGH HANES 1138 Bystru-Shares Dr. Huron, OH 44829	"	"	-0-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P. GOVT / ENV AFFAIRS	Aggregate Year-to-Date > \$ 235.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Ex Receipt This Per
DONALD KACZYNSKI 6334 N. Lamy St. Oak Harbor, OH 43449	"	"	-0-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Ex Receipt This Per
DAVID MYLANDER 2139 S. Postage S. Road Oak Harbor, OH 43449	"	Payroll Deduction	37.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MGR. Sales Admin	Aggregate Year-to-Date > \$ 285.00	(12.50 B...)
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Ex Receipt This Per
BRYAN MOORE 4904 FARMIX RIDGE BLVD Reading, PA 19606	"	Payroll Deduction	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir. of PROCTY	Aggregate Year-to-Date > \$ 480.00	(20.00 B...)
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Ex Receipt This Per
DAVE SCHEVEMAN 61 WYOMISSING HILLS BLVD WYOMISSING HILLS, PA 19009	"	Payroll Deduction	-0-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Plant Manager	Aggregate Year-to-Date > \$ 315.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

178 50

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NAME OF COMMITTEE (in Full)

BUSH WILLMAN GOOD GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MICHAEL ANDERSON 8976 BLUESKY LANE MENTOR, OH 44060	BUSH WILLMAN	Payroll Deduction	15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir. of Marketing		(75.00 B. WEEK)
	Aggregate Year-to-Date > \$ 270.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DAN MONTEZ 8905 RIDGE RD WICKLIFFE, OH 44092	"		-0-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: APPLICATION DES. TEAM LEADER		
	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
D. MOORE 32720 SQUODA CIRCLE New Baltimore, MD 46047	"		39.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dist. etc Manager	PAYROLL Deduction	(12.00 B. WEEK)
	Aggregate Year-to-Date > \$ 312.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Peter Lynch 21 Second St. Attleboro, MA 02703	"		-0-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir. of Administration	PAYROLL Deduction	
	Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SAM MOYER 2619 W. OLD GLENY DR TUCSON, AZ 85741	"		45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIR OPERATIONS	PAYROLL Deduction	(15.00 B. WEEK)
	Aggregate Year-to-Date > \$ 410.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DON McHILLAN 432 E. 220 NORTH DELTA, UTAH 84624	"	4/1/94	-0-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir of OPERATIONS		
	Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jim Harder 2888 Warrington Rd Shaker Hts, OH 44128	"		30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MANAGER / R.D. LAB	Payroll Deduction	(10.00 B. WEEK)
	Aggregate Year-to-Date > \$ 254.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (see page this line number only)

129.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4
FOR LINE NUMBER 11021

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NAME OF COMMITTEE (in Full)

BRUSH WELLMAN GOOD GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt this Period
MIKE HASYCHAK 1083 BROOKPOINT Medina, OH 44256	BRUSH WELLMAN	Payroll	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SECRETARY, TREASURER	DEDUCTION	(10.00 Biw)
	Aggregate Year-to-Date > \$ 240.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt this Period
DAN SLOTH 254 Cranberry Trail SASAMORE HILLS, OH 44017	"	Payroll	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR OF HUMAN RESOURCES	DEDUCTION	(10.00 Biw)
	Aggregate Year-to-Date > \$ 240.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt this Period
LAWRENCE HATTAN 7008 Eldon Dr Sylvania, OH 43560	"	PAYROLL	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRODUCT LINE MFG. LEADER	DEDUCTION	(10.00 Biw)
	Aggregate Year-to-Date > \$ 240.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt this Period
ANDREW HUDEC 2195 Brookside Dr Gerrard, OH 43430	"	Payroll	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SR. SYSTEMS MAINT. ENGINEER	DEDUCTION	(10.00 Biw)
	Aggregate Year-to-Date > \$ 240.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt this Period
SUSAN SLANSKY 17230 Station Rd Columbia Station, OH 44028	"	PAYROLL	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PROGRAMMER/ANALYST	DEDUCTION	(10.00 Biw)
	Aggregate Year-to-Date > \$ 240.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt this Period
William Smith 13698 OTUSSEY DR. Parrysburg, OH 43551	"	Payroll	36.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director of Purchasing	DEDUCTION	(10.00 Biw)
	Aggregate Year-to-Date > \$ 239.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	186.00
TOTAL This Period (last page this line number only)	756.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

BRUSH WELLMAN GOOD GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DON YOUNG 2331 RANDOLPH WASHINGTON D.C. 20515	HOUSE OF REP - ALASKA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/8/94	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1,000.00

2003090530:7

**Federal Election Commission
 ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

5/4/95

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
 and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

E.S.
 PREPARER

5/8/95
 DATE PREPARED

9. 15 0 3 2 7 5 5 0 7 9