

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

00216770 WILLIAM J. BARTON STACY E. BONITZ BRUSH WELLMAN GOOD GOVERNMENT FUND 17876 ST CLAIR AVENUE CLEVELAND OH 44110	061493 P 244
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1ed	2. FEC IDENTIFICATION NUMBER  000216770
3.	<input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

### 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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1 1 93</u> through <u>6 30 93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 3,567.75
(b) Cash on Hand at Beginning of Reporting Period	\$ 3,567.75	
(c) Total Receipts (from Line 19)	\$ 6,994.67	\$ 6,994.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 10,562.42	\$ 10,562.42
7. Total Disbursements (from Line 30)	\$ 3,013.39	\$ 3,013.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 7,549.03	\$ 7,549.03
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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 <b>STACY E. BONITZ</b>	
Signature of Treasurer <i>Stacy E. Bonitz</i>	Date <b>8/18/93</b>

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 1/1/81)

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
BRUSH WELLMAN GOOD GOVERNMENT FUND		FROM 1-1-93	TO 6-30-93
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	1,820 00	1,820 00	
ii. Unitemized .....	5,101 23	5,101 23	
iii. Total .....	6,921 23	6,921 23	
b. Political Party Committees .....			
c. Other Political Committees (such as PACs) .....			
d. Total Contributions .....	6,921 23	6,921 23	
12. Transfers From Affiliated/Other Party Committees .....			
13. All Loans Received .....			
14. Loan Repayments Received .....			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....			
17. Other Federal Receipts (Dividends, Interest, etc.) .....	73 44	73 44	
18. Transfers from Nonfederals: Account for Joint Activity .....			
19. Total Receipts .....	6,994 67	6,994 67	
20. Total Federal Receipts .....	6,994 67	6,994 67	
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....			
ii. Non-Federal Share .....			
b. Other Federal Operating Expenditures .....	13 39	13 39	
c. Total Operating Expenditures .....	13 39	13 39	
22. Transfers to Affiliated/Other Party Committees .....			
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	3,000 00	3,000 00	
24. Independent Expenditures (use Schedule E) .....			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) .....			
26. Loan Repayments Made .....			
27. Loans Made .....			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees .....			
b. Political Party Committees .....			
c. Other Political Committees (such as PACs) .....			
d. Total Contribution Refunds .....			
29. Other Disbursements .....			
30. Total Disbursements .....	3,013 39	3,013 39	
31. Total Federal Disbursements .....	3,013 39	3,013 39	
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d) .....	6,921 23	6,921 23	
33. Total Contribution Refunds (from line 28d) .....			
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	6,921 23	6,921 23	
35. Total Federal Operating Expenditures .....	13 39	13 39	
36. Offsets to Operating Expenditures (from line 15) .....			
37. Net Operating Expenditures .....	13 39	13 39	

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SCHEDULE A

ITEMIZED RECEIPTS

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

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)

BRUSH WELLMAN 2000 GOVERNMENT FUND

3303141

A. Full Name, Mailing Address and ZIP Code NATIONAL CITY BANK P.O. Box 5756 CLEVELAND, OH 44107 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 73.44	Date (month, day, year)	Amount of Each Receipt this Period
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)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11221

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NAME OF COMMITTEE (in Full)  
**BRUSH WELLMAN GOOD GOVERNMENT FUND**

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>GORDON HARNETT</b> 17970 ST. CLAIR CLEVELAND, OH 44110	<b>BRUSH WELLMAN</b>	1-1-76 1-30-78	600.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: <b>PRESIDENT, CGO</b>	Aggregate Year-to-Date: <b>&gt; \$ 1,000.00</b>	
<b>THOMAS MARKHAM</b> 17970 ST. CLAIR AVE CLEVELAND, OH 44110	<b>BRUSH WELLMAN</b>	"	300.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: <b>MEDICAL DIR.</b>	Aggregate Year-to-Date: <b>&gt; \$ 300.00</b>	
<b>HUGH HANES</b> 1139 BY-THE-SACLES HURON, OH 44839	<b>BRUSH WELLMAN</b>	"	200.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: <b>V.P. ENVIRONMENTAL AND GOV. AFFAIRS</b>	Aggregate Year-to-Date: <b>&gt; \$ 200.00</b>	
<b>BRYAN MOORE</b> 4904 FARMING RIDGE READING, PA 19600	<b>BRUSH WELLMAN</b>	"	240.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: <b>DIR. OF QUALITY</b>	Aggregate Year-to-Date: <b>&gt; \$ 240.00</b>	
<b>DAVE SCURMAN</b> 61 WYOMISSING <del>ROAD</del> HILLS WYOMISSING, PA 19609	<b>BRUSH WELLMAN</b>	"	240.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: <b>PLANT MANAGER</b>	Aggregate Year-to-Date: <b>&gt; \$ 240.00</b>	
<b>SAM MOYER</b> 9551 E. 29TH TUCSON, AZ 85748	<b>BRUSH WELLMAN</b>	"	240.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: <b>PLANT MGR</b>	Aggregate Year-to-Date: <b>&gt; \$ 240.00</b>	
<b>G.</b> 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"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation:	Aggregate Year-to-Date: <b>&gt; \$</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1,620.00</b>

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules) for each category of the Detailed Summary Page

PAGE 1 OF 1

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)

BUSH WELLMAN GOOD GOVERNMENT FUND

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A. 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
JOHN MCRAIN REELECTION COMMITTEE 517 3RD STREET NE WASHINGTON, D.C. 20003		3/5	1,000 00
CITIZENS FOR ALLEN SPEAKER 447 E WALNUT ST PHILADELPHIA, PA 19106		3/5	2,000 00
C. Full Name, Mailing Address and ZIP Code			
D. Full Name, Mailing Address and ZIP Code			
E. Full Name, Mailing Address and ZIP Code			
F. Full Name, Mailing Address and ZIP Code			
G. Full Name, Mailing Address and ZIP Code			
H. Full Name, Mailing Address and ZIP Code			
I. Full Name, Mailing Address and ZIP Code			

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	3,000 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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

8-19-93

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

*GMH*  
PREPARER

8-23-93  
DATE PREPARED

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