RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Jul 19 11 59 AM '96

BATTELLE GOOD GOVERNMENT COMMITTEE
(A MULTICANDIDATE COMMITTEE)
126 South Parkview Avenue
Columbus, Ohio 43209

July 15, 1996

Public Records Office
Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

Gentlemen:

Enclosed is our July 15 Quarterly Report of Receipts and Disbursements covering the period April 1 through June 30, 1996.

The Battelle Good Government Committee does not have separate federal and non-federal accounts, so the allocation rules do not apply. Consequently, there are no Schedules H's with our report.

Sincerely,

Jerome R. Bahlmann
Treasurer

Enclosure

CERTIFIED MAIL
Return Receipt Requested

c:BGGC\ltrs96.715 lmp

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 (In Full)
C00208462 052996 n 251
J R BAHLMANN
BATTELLE MEMORIAL INSTITUTE GO
OD GOVERNMENT COMMITTEE(AKA BA
126 SOUTH PARKVIEW AVENUE
COLUMBUS OH 43209

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 19 11 59 AM '96

2. FEC IDENTIFICATION NUMBER
C00208462

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
(prior to 1/1/94)

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report

[X] 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 [x] NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 4/1/96 through 6/30/96		
6. (a)	Cash on Hand January 1, 1996		$ 12,964.54
(b)	Cash on Hand at Beginning of Reporting Period	$ 13,115.69	
(c)	Total Receipts (from Line 19)	$ 4,951.59	$ 8,028.73
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 18,067.28	$ 20,993.27
7.	Total Disbursements (from Line 30)	$ 6,667.44	$ 9,593.43
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 11,399.84	$ 11,399.84
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ - 0 -	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ - 0 -	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
J. R. Bahlmann

Signature of Treasurer

Date
July 15, 1996

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/98)

FEBA/ncsb

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

(revised 1/1/91)

NAME OF COMMITTEE: BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

REPORT COVERING PERIOD FROM 4/1/96 TO: 6/30/96

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,442.50	1,442.50	11(a)(i)
ii. Unitemized	3,469.99	6,485.98	11(a)(ii)
iii. Total (add i and ii) ➤	4,912.49	7,928.48	11(a)(iii)
b. Political Party Committees	–	–	11(b)
c. Other Political Committees (such as PACs)	–	–	11(c)
d. Total Contributions (add a iii, b and c) ➤	4,912.49	7,928.48	11(d)
12. Transfers From Affiliated/Other Party Committees	–	–	12
13. All Loans Received	–	–	13
14. Loan Repayments Received	–	–	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	–	–	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	–	–	16
17. Other Federal Receipts (Dividends, Interest, etc.)	39.10	100.25	17
18. Transfers from Nonfederal Account for Joint Activity	–	–	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	4,951.59	8,028.73	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4,951.59	8,028.73	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	–	–	21(a)(i)
ii. Non-Federal Share	–	–	21(a)(ii)
b. Other Federal Operating Expenditures	17.44	43.43	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	17.44	43.43	21(c)
22. Transfers to Affiliated/Other Party Committees	–	–	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,750.00	8,500.00	23
24. Independent Expenditures (use Schedule E)	–	–	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	–	–	25
26. Loan Repayments Made	–	–	26
27. Loans Made	–	–	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	–	–	28(a)
b. Political Party Committees	–	–	28(b)
c. Other Political Committees (such as PACs)	–	–	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	–	–	28(d)
29. Other Disbursements	900.00	1,050.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6,667.44	9,593.43	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	6,667.44	9,593.43	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	4,912.49	7,928.47	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,912.49	7,928.47	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	17.44	43.43	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	17.44	43.43	37

FE6AN069

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER 11.a.i.

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)

BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. J.R. Bahlmann 126 S. Parkview Columbus, Ohio 43209 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $ 390	4/30/96 5/31/96 6/28/96	65.00 65.00 65.00
B. J. H. Doster 8388 Susanwoods Ct. Cincinnati, Ohio 45249 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $ 375	4/30/96 5/31/96 6/28/96	62.50 62.50 62.50
C. B. G. Maiden 55 W. Livingston Ave #305 Columbus, Ohio 43215 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $ 375	4/30/96 5/31/96 6/28/96	62.50 62.50 62.50
D. D. J. Mitchell 8349 Breckenridge Way Worthington, Ohio 43238 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $ 375	4/30/96 5/31/96 6/28/96	62.50 62.50 62.50
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) > 757.50

TOTAL This Period (last page this line number only) >

FE3AN096

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11.a.i.

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NAME OF COMMITTEE (In Full)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Ronald A. Walters 3800 W. 43d Ave Kennewick, Wa 99337 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Battelle Memorial Inst Occupation: Manager Aggregate Year-to-Date > $ 240	4/02/96	240
B. William J. Madia 430 Broadmoor Richland, Wa 99352 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Battelle Memorial Inst Occupation: Manager Aggregate Year-to-Date > $ 390	4/26/96 5/24/96 6/21/96	65 65 65
C. R. E. Leber 4411 King Drive W. Richland, Wa 99352 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Battelle Memorial Inst Occupation: Manager Aggregate Year-to-Date > $ 250	4/14/96	250
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Battelle Memorial Inst Occupation: Manager Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Battelle Memorial Inst Occupation: Manager Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Battelle Memorial Inst Occupation: Manager Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Battelle Memorial Inst Occupation: Manager Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	685
TOTAL This Period (last page this line number only)	1,442.50

*BLANKS

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stevens for Senate P. O. Box 1766 Washington, D.C. 20013	U.S. Senate - AR Disbursement for: [ ] Primary [x] General [ ] Other (specify)	6/17/96	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

A. Full Name, Mailing Address and ZIP Code Republican Governors Association 310 First Street SE Washington, D.C. 20003	Purpose of Disbursement Contribution Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 4/2/96	Amount of Each Disbursement This Period 2,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			2,000.00
TOTAL This Period (last page this line number only)			

FE5AN005

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

A. Full Name, Mailing Address and ZIP Code Pickering for Congress P. O. Box 6440 Laurel, MS 39441	Purpose of Disbursement U.S. House - MS Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 5/22/96	Amount of Each Disbursement This Period 250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	250.00
TOTAL This Period (last page this line number only)	

FE5AN069

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 6

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

A. Full Name, Mailing Address and ZIP Code Stokes for Congress Committee P. O. Box 66364 Washington, D. C. 20035	Purpose of Disbursement U.S. House - OH Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 6/17/96	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

FE3AN006

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 6

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jim Bunn P. O. Box 5141 Salem, OR 97304	U.S. House - OR Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	5/22/96	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

FE3AN066

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
People for Patty Murray P. O. Box 3662 Seattle, WA 98124	U.S. Senate - WA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	4/3/96	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Norm Dicks for Congress Committee 400 N. Capital Street NW Washington, D.C. 20001	U.S. House - WA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/20/96	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jennifer Dunn P. O. Box 40110 Bellevue, WA 98015	U.S. House - WA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6/10/96	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of George Nethercutt 723 Second Street NE Washington, D. C. 20002	U.S. House - WA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6/17/96	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	2,000.00
TOTAL This Period (last page this line number only)	5,750.00

FE5AH088

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)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Ricksecker c/o Randy White 152 S. Stanwood Columbus, Ohio 43209	Ohio House Disbursement for: [ ] Primary [x] General [ ] Other (specify)	5/20/96	175.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Salerno c/o Bill Curlis, Treas. 865 Macon Alley Columbus, Ohio 43206	Ohio House Disbursement for: [ ] Primary [x] General [ ] Other (specify)	5/22/96	125.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Davidson for State Representative Committee 1163 Neil Avenue Columbus, Ohio 43201	Ohio House (Speaker) Disbursement for: [ ] Primary [x] General [ ] Other (specify)	5/24/96	100.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Montgomery Campaign Committee 33 E Gay Street, #404 Columbus, Ohio 43215	Ohio Atty General Disbursement for: [ ] Primary [x] General [ ] Other (specify)	6/17/96	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	900.00

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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 7/15/96
☐	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

BJC

PREPARER

7/19/96

DATE PREPARED

FEC FORM 70-2 (12/92)