

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
COMMUNICATIONS SECTION
MAY 1996

FEB 23 5 11 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Brush Wellman Local Government Fund	2. FEC IDENTIFICATION NUMBER C00216770
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 17876 St. Clair Avenue	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Cleveland, OH 44110	

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>7/1/95</u> through <u>12/31/95</u>		
6. (a) Cash on Hand January 1, 19_____		\$ 6,939.96
(b) Cash on Hand at Beginning of Reporting Period	\$ 8,662.86	
(c) Total Receipts (from Line 19)	\$ 6,481.66	\$ 15,845.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 15,144.52	\$ 22,735.05
7. Total Disbursements (from Line 20)	\$ 9,250.00	\$ 16,890.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 5,894.52	\$ 5,894.52
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 Tel 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
Ann H. Shirilla

Signature of Treasurer
Ann M. Shirilla

Date
1/30/96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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

(revised 1/1/81)

NAME OF COMMITTEE <i>Brush Wellman Good Government Fund</i>		REPORT COVERING PERIOD FROM <i>7/1/95</i> TO: <i>12/31/95</i>	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11.	Contributions (other than loans) From:		
a.	Individuals/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	<i>1980.00</i>	<i>6250.00</i>
ii.	Unitemized	<i>4301.00</i>	<i>9213.35</i>
	Total	<i>6281.00</i>	<i>15,463.35</i>
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions	<i>6281.00</i>	<i>15,463.35</i>
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.)	<i>200.66</i>	<i>381.74</i>
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts	<i>6481.66</i>	<i>15,845.09</i>
20.	Total Federal Receipts	<i>6481.66</i>	<i>15,845.09</i>
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share		
ii.	Non-Federal Share		
b.	Other Federal Operating Expenditures	<i>-0-</i>	<i>140.53</i>
c.	Total Operating Expenditures	<i>-0-</i>	<i>140.53</i>
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees	<i>9,000.00</i>	<i>16,500.00</i>
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.	Individuals/Persons Other Than Political Committees		
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contribution Refunds		
29.	Other Disbursements	<i>250.00</i>	<i>250.00</i>
30.	Total Disbursements	<i>9,250.00</i>	<i>16,890.53</i>
31.	Total Federal Disbursements	<i>9,250.00</i>	<i>16,890.53</i>
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	<i>6281.00</i>	<i>15,463.35</i>
33.	Total Contribution Refunds (from line 28d)	<i>—</i>	<i>—</i>
34.	Net Contributions (other than loans)(subtract line 33 from 32)	<i>6281.00</i>	<i>15,463.35</i>
35.	Total Federal Operating Expenditures	<i>-0-</i>	<i>140.53</i>
36.	Offsets to Operating Expenditures (from line 15)	<i>—</i>	<i>—</i>
37.	Net Operating Expenditures	<i>-0-</i>	<i>140.53</i>

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)

Brushwellman Local Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>National City Bank P.O. Box 5750 Cleveland, OH 44101</i>		<i>7/1/95 12/31/95</i>	<i>200.66</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Interest</i>	Occupation	Aggregate Year-to-Date > \$ <i>381.74</i>	
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"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. 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 > \$	
D. 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 > \$	
E. 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 > \$	
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 > \$	

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SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

200.66

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 2
FOR LINE NUMBER 11 (a)(1)

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NAME OF COMMITTEE (in Full)

BUSH 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
CARL CRAMER 17876 St. Clair Ave Cleveland, OH 44110	BUSH WELLMAN		0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CFO	Aggregate Year-to-Date > \$ 800.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CRUIE HALLAM 24500 Community Dr Beverlywood, OH 44122	BUSH WELLMAN	# PAYROLL DEDUCTION	300.00 (1.25 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P.	Aggregate Year-to-Date > \$ 1000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GOODEN HARNETT 17876 St. Clair Ave Cleveland, OH 44110	BUSH WELLMAN	"	600.00 (1.50 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO, PRESIDENT	Aggregate Year-to-Date > \$ 1180.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL HASZELAK 1083 BROOKPORT Medina, OH 44130	"	"	300.00 (1.25 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SECRETARY, TREASURER	Aggregate Year-to-Date > \$ 570.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TOM MARILYN 30328 Lake Rd Bay Village, OH 44110	"	"	240.00 (20.00 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical Director	Aggregate Year-to-Date > \$ 480.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bryan Moore 17876 St. Clair Ave. Cleveland, OH 44110	"	"	240.00 20.00 Bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR OF PROD. MGMT	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
CARL RISPOLI 1875 Edenhall Dr Lindhurst, OH 44124	"	"	0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director of IT Services	Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional)

1680.00

TOTAL This Period (last page this line number only)

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
Frank Cermans P.O. Box 632 Columbus, OH 43231	House of Rep, 6th District OHIO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/95	1,000.00
Don Young 2331 Rayburn Washington, DC 20515	House of Rep. Alaska Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/95	500.00
Barbara F. Vucanovich P.O. Box 21435 Reno, Nevada 89515	House of Rep. Nevada Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/95	500.00
Larry Craig P.O. Box 2754 Boise, Idaho 83701	U.S. Senate, Idaho Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	9/18/95	1,000.00
LaTourrette The LaTourrette for Congress Committee	House of Rep. Ohio Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/95	1,500.00
John Glenn P.O. Box 1174 Springfield, VA 22151	U.S. Senate, Ohio Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	9/18/95	2,000.00
Lucas County Democratic Party P.O. Box 899 Toledo, Ohio 43697	House of Rep. Ohio Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/95	1,000.00
Harry Reid Friends of Harry Reid	U.S. Senate Election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/18/95	1,000.00
Tim Holden 302 Mahanongo Pottsville, PA 17901	House of Rep. PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/95	500.00

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	9,000.00

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.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 11/30/96
<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
 PREPARER	 DATE PREPARED

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