

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JUL 5 9 20 AM '97

FEC MAILING LABEL
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) <u>BRUSH WELLMAN GOOD GOVERNMENT FUND</u>	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <u>17876 St. Clair Avenue</u>	
CITY, STATE and ZIP CODE <u>Cleveland, OH 44110</u>	
	2. FEC IDENTIFICATION NUMBER <u>000216770</u>
	3. <input checked="" type="checkbox"/> 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)

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
5. Covering Period <u>4/1/96</u> through <u>6/30/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 5,894.52
(b) Cash on Hand at Beginning of Reporting Period	\$ 7,137.24	
(c) Total Receipts (from Line 19)	\$ 7,188.88	\$ 10,030.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 14,326.12	\$ 15,924.73
7. Total Disbursements (from Line 30)	\$ 2,000.00	\$ 3,598.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 12,326.12	\$ 12,326.12
9. Debts and Obligations Owed TO 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 20483 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)	\$ - 0 -	

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 BONITZ

Signature of Treasurer

Stacy Bonitz

Date

6/28/96

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 3/83)

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

[revised 1/1/91]

NAME OF COMMITTEE BRUSH WELLMAN GOOD GOVERNMENT FUND		REPORT COVERING PERIOD FROM 4/1/96 TO: 6/30/96	
		COLUMN A Total This Period	COLUMN B Calendar Year
I Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		3,659.72	3,948.17
ii. Unitemized		3,427.75	5,896.34
iii. Total (add i and ii) >		7,087.47	9,844.51
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a, b, and c) >		7,087.47	9,844.51
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.)		101.71	185.70
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		7,188.88	10,030.21
20. Total Federal Receipts (subtract line 18 from line 19) >		7,188.88	10,030.21
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		-0-	98.61
c. Total Operating Expenditures (add a i, a ii, and b) >		-0-	98.61
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		1,500.00	2,000.00
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. Individuals/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements		500.00	1,500.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		2,000.00	3,598.61
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		2,000.00	3,598.61
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		7,087.47	9,844.51
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)		7,087.47	9,844.51
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		-0-	98.61
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) >		-0-	98.61

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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 Good Government FUND

A. Full Name, Mailing Address and ZIP Code National City Bank 4100 4100 West 150th Cleveland, OH 44135 Locator Code: 5312	Name of Employer Occupation Aggregate Year-to-Date > \$ 185.70	Date (month, day, year) 4/1/96 - 6/30/96	Amount of Each Receipt this Period 101.41
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Investment Interest			
B. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

101.41

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11a

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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 Each Receipt this Period
<u>GORDON HARNETT</u> <u>17876 St. Clair Avenue</u> <u>Cleveland, OH 44116</u>	<u>Brush Wellman</u>	<u>4/1/96 -</u> <u>6/26/96</u> <u>Payroll Ded.</u>	<u>370.00</u> <u>(62.00</u> <u>Biweekly)</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>CEO, President</u>	Aggregate Year-to-Date <u>> \$ 660.45</u>	
<u>Carl Cramer</u> <u>2235 Harcourt Dr</u> <u>Cleveland Hts, OH 44106</u>	<u>"</u>	<u>5/31/96</u>	<u>1,500.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>CFO</u>	Aggregate Year-to-Date <u>> \$ 1,500.00</u>	
<u>Craig Harlan</u> <u>24500 Community Dr</u> <u>Beachwood, OH 44133</u>	<u>"</u>	<u>4/1/96 -</u> <u>6/24/96</u> <u>Payroll Deduction</u>	<u>138.48</u> <u>(23.08</u> <u>Biweekly)</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>VP Business Development</u>	Aggregate Year-to-Date <u>> \$ 282.72</u>	
<u>Mike Hasyehak</u> <u>675 Rock Creek</u> <u>Aurora, OH 44202</u>	<u>"</u>	<u>"</u>	<u>138.48</u> <u>(23.08</u> <u>Biweekly)</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Secretary/treasurer</u>	Aggregate Year-to-Date <u>> \$ 282.72</u>	
<u>Bryan Moore</u> <u>3320 Elsmere Rd</u> <u>Shaker Hts, OH 44120</u>	<u>"</u>	<u>"</u>	<u>110.76</u> <u>(18.46 Biweekly)</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>VP Strip Production Form Team</u>	Aggregate Year-to-Date <u>> \$ 226.14</u>	
<u>William Spiegelberg</u> <u>7736 E Linden Lane</u> <u>Parma, OH 44130</u>	<u>"</u>	<u>4/15/96</u>	<u>200.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Mkt Development Mgr</u>	Aggregate Year-to-Date <u>> \$ 200.00</u>	
<u>Don McMillan</u> <u>432 E 220 N.</u> <u>Delta, UT 84624</u>	<u>"</u>	<u>4/15/96</u>	<u>600.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Director of operations</u>	Aggregate Year-to-Date <u>> \$ 600.00</u>	

SUBTOTAL of Receipts This Page (optional) 3,059.72

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 2 OF 2

FOR LINE NUMBER

1101

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NAME OF COMMITTEE (in full)

Brush Wellman Good Government Fund

A. Full Name, Mailing Address and ZIP Code <u>Donald Kaczynski</u> <u>6334 N W 47th St.</u> <u>Oak Harbor, OH 43449</u>	Name of Employer <u>Brush Wellman Inc.</u>	Date (month, day, year) <u>5/21/96</u>	Amount of Each Receipt this Period <u>300.00</u>
	Occupation <u>Dir. Comm Mktg Beford</u>	Aggregate Year-to-Date <u>> \$ 300.00</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code <u>William Morris</u> <u>6814 Center St.</u> <u>Mentor, OH 44060</u>	Name of Employer	Date (month, day, year) <u>6/28/96</u>	Amount of Each Receipt this Period <u>300.00</u>
	Occupation <u>Regional Sales Mgr</u>	Aggregate Year-to-Date <u>> \$ 300.00</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date <u>> 0</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date <u>> 0</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date <u>> 0</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date <u>> 0</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date <u>> 0</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) 600.00

TOTAL This Period (last page this line number only) 3659.72

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Beverly 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
Steven Latourette 7200 Conder St Rm 203 Mentor, OH 44060	House of Representatives 19th Dist OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/3/96	1,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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)

1,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 02

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NAME OF COMMITTEE (in Full)

Blush Wellman Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement OHIO State Senate 2ND DIST Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period 500.00
Chris Radfern 1515 Noern S.R. 19, Oak Harbor, OH 43449	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
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)

500.00

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

6/28/96

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

J.A.Q.
PREPARER

7/5/96
DATE PREPARED