

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL ROOM
2001 JUL 23 P 12:52

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

ADDRESS (number and street)

000216770 060601 P 266
~~CINA RUFFET~~ STEFAN MAGYARI
BRUSH WELLMAN GOOD GOVERNMENT
FUND
17876 57 CLAIR AVENUE
CLEVELAND OH 44110

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

0

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c)

- 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on

: :

in the State of

(d)

- 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on

: :

in the State of

5. Covering Period

01 01 2001 through 06 30 2001

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

Stefan Magyari

Signature of Treasurer

Stefan Magyari

Date

07 23 2001

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

Office Use Only

FEC FORM 3X
(Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

Brush Wellman Good Government Fund

Report Covering the Period:

From:

01 01 2001

To:

06 30 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2001</u>		<u>7,397.93</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>7,397.93</u>	
(c) Total Receipts (from Line 10)	<u>4,897.20</u>	<u>4,897.20</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>12,295.13</u>	<u>12,295.13</u>
7. Total Disbursements (from Line 30)	<u>8,479.41</u>	<u>8,479.41</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>1,447.19</u>	<u>1,447.19</u>
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)		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
990 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

Report Covering the Period:

From:

01 01 2001

To:

06 30 2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2,866.02	
(ii) Unitemized	2,814.04	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	4,680.06	4,680.06
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	4,680.06	4,680.06
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 35, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	2,171.14	2,171.14
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	4,897.20	4,897.20
20. Total Federal Receipts (subtract Line 18 from Line 19)	4,897.20	4,897.20

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share			
(ii) Non-Federal Share			
(b) Other Federal Operating Expenditures			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.00	500.00	
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 Lines 28(a), (b), and (c))			
29. Other Disbursements	347.94	347.94	
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	847.94	847.94	
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	847.94	847.94	

III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from Line 11(d), page 3)		4,680.06	4,680.06
33. Total Contribution Refunds (from Line 28(d))			
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)		4,680.06	4,680.06
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))			
36. Offsets to Operating Expenditures (from Line 15, page 3)			
37. Net Operating Expenditures (subtract Line 36 from Line 35)			

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(a) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12		
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 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)
Brush Wellman Good Government Fund

A. Full Name (Last, First, Middle Initial)
National City Bank - Escrow Acct

Mailing Address
1900 East 9th Street

City
Cleveland, OH State Zip Code
44114

FEC ID number of contributing federal political committee.
C

Name of Employer
N/A Occupation
N/A

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
217.14

Date of Receipt *YTD Interest*

/ /

Amount of Each Receipt this Period

Interest on Bank Account

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt

/ /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt

/ /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	<input type="checkbox"/>
TOTAL This Period (last page this line number only)	<i>217.14</i>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)		PAGE 1 OF 2	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Brush Good Government Fund

A. Full Name (Last, First, Middle Initial)
Harnett, Gordon

Mailing Address
17876 St. Clair Ave

City **Cleveland** State **OH** Zip Code **44110**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **Brush Wellman** Occupation: **CEO**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date: **8,060.00**

Date of Receipt **Bi-Weekly**

Amount of Each Receipt this Period: **62.00**

1-1-01 Thru 6-30-01
(Payroll deduction)

B. Full Name (Last, First, Middle Initial)
Moore, Bryan C.

Mailing Address
SAME

City **SAME** State **OH** Zip Code **44110**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **Brush Wellman** Occupation: **VP Strip Products**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date: **239.98**

Date of Receipt **Bi-Weekly**

Amount of Each Receipt this Period: **18.46**

1-1-01 Thru 6-30-01
(Payroll Deduction)

C. Full Name (Last, First, Middle Initial)
Hasychak, Mike

Mailing Address
SAME

City **SAME** State **OH** Zip Code **44110**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **Brush Wellman** Occupation: **VP Treasurer**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date: **300.04**

Date of Receipt **Bi-Weekly**

Amount of Each Receipt this Period: **23.98**

1-1-01 Thru 6-30-01
(Payroll Deduction)

SUBTOTAL of Receipts This Page (optional) **1,346.02**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 2 OF 2

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
			17

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NAME OF COMMITTEE (In Full)

Brush Good Government Fund

Full Name (Last, First, Middle Initial)

A. Moyer, Sam

Mailing Address

17876 St. Clair Ave

City

Cleveland

State

OH

Zip Code

44110

FEC ID number of contributing federal political committee.

C

Name of Employer

Brush Wellman

Occupation

Dir Admin Svcs.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

Bi-weekly

MM / DD / YYYY

Amount of Each Receipt this Period

20.00

1-1-01 Thru 6-30-01

(Payroll Deduction)

Full Name (Last, First, Middle Initial)

B. Wiggard, Harold

Mailing Address

14710 W Portage Rivers

City

Elmore, OH

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Brush Wellman

Occupation

Plant Manager

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

Bi-weekly

MM / DD / YYYY

Amount of Each Receipt this Period

20.00

1-1-01 Thru 6-30-01

(Payroll Deduction)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

520.02

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Brush Wellman Good Government Fund

Full Name (Last, First, Middle Initial)

A. *Internal Revenue Service*

Mailing Address

City *Cincinnati* State *OH* Zip Code

Purpose of Disbursement

Income Tax Return

Candidate Name

NIA

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *Tax Return*

State: District:

Date of Disbursement

03 / *11* / *2002*

Amount of Each Disbursement this Period

347.94

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

347.94

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE OF

21b 22 23 24 25
 26 27 28a 28b 28c 29

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NAME OF COMMITTEE (in Full)

Brush Wellman Good Government Fund

Full Name (Last, First, Middle Initial)

A. Jim Hansen Committee
 Mailing Address: 412 First St, SE Suite 100
 City: Washington, State: DC Zip Code: 20003
 Purpose of Disbursement: Breakfast Reception
 Candidate Name: James Hansen (R-VT-01)
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)

Date of Disbursement

04 / 19 / 2001

Amount of Each Disbursement this Period

500.00

011
Category/Type

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)

Date of Disbursement

Amount of Each Disbursement this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)

Date of Disbursement

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 7-19-01
<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
<input type="checkbox"/> Electronic Filing	
<i>fel</i>	7-23-01
PREPARER	DATE PREPARED