

RECEIVED
FEDERAL ELECTION
COMMISSION

The Goodyear Tire & Rubber Company

Akron, Ohio 44316-0000 P 1:46

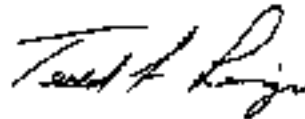
May 15, 2000

Public Records Office
Federal Election Commission
999 E Street, NW
Washington, DC 20463

Gentlemen:

We are enclosing FEC Form 3X for the Monthly Report due May 20, 2000. This Report covers the period 04/01/00 through 04/30/00 for the GOODYEAR GOOD GOVERNMENT FUND.

Very truly yours,



T F Lingo
Treasurer

GOODYEAR GOOD GOVERNMENT FUND

j
Enclosure

c: P A Kempf
G I Kruger
I Jasinowski

|

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 MAY 18 P 1:46

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
C00100131 - T F LINGO
GOODYEAR TIRE & RUBBER COMPANY

ADDRESS (number and street) Check if different than previously reported
GOODYEAR GOOD GOVERNMENT FUND
1144 EAST MARKET STREET

CITY, STATE and ZIP CODE
AKRON, OH 44316-0001

2. FEC IDENTIFICATION NUMBER
C00100131

3. 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:

- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election 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>04/01/00</u> through <u>04/30/00</u>			
6. (a)	Cash on Hand January 1, 2000 2000		\$ 58,944.41
(b)	Cash on Hand at Beginning of Reporting Period	\$ 61,241.59	
(c)	Total Receipts (from Line 18)	\$ 8,489.21	\$ 34,334.39
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 69,730.80	\$ 93,278.80
7.	Total Disbursements (from Line 30)	\$ 8,500.00	\$ 32,048.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 61,230.80	\$ 61,230.80
9.	Debits 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 800-424-9590 Local 202-684-1100
10.	Debits 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

Tedd F Lingo

Signature of Treasurer

Tedd F Lingo

Date

5/11/2000

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 8/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE GOODYEAR GOOD GOVERNMENT FUND C00100131		REPORT COVERING PERIOD FROM 4/1/00 TO 4/30/00	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			11(a)(X)
i. Itemized (use Schedule A)	3,600.66	11,562.64	11(a)(i)
ii. Unitemized	4,666.72	21,913.28	11(a)(ii)
iii. Total (add i and ii) >	8,267.38	33,475.92	11(b)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)			11(d)
d. Total Contributions (add a iii, b and c) >	8,267.38	33,475.92	12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17. Other Federal Receipts (Dividends, Interest, etc.)	221.83	858.47	18
18. Transfers from Nonfederal Account for Joint Activity			19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	8,489.21	34,334.39	20
20. Total Federal Receipts (subtract line 18 from line 19) >	8,489.21	34,334.39	
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(X)
i. Federal Share			21(a)(i)
ii. Non-Federal Share	0	448.00	21(b)
b. Other Federal Operating Expenditures	0	448.00	21(c)
c. Total Operating Expenditures (add a i, b & and b) >			22
22. Transfers to Affiliated/Other Party Committees	8,500.00	31,600.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			28(a)
a. Individual/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds (add a, b and c) >			29
29. Other Disbursements			30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	8,500.00	32,048.00	31
31. Total Federal Disbursements (subtract line 21 a d from line 30) >	8,500.00	32,048.00	
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	8,267.38	33,475.92	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	8,267.38	33,475.92	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	448.00	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 35 from 35) >	0	448.00	37

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page	PAGE	OF
	1	6
FOR LINE NUMBER		
11A 1		

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)			
GOODYEAR GOOD GOVERNMENT FUND (C00100131)			
A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEAN, JONATHAN 526 PARKSIDE DR AKRON OH 44313	THE GOODYEAR TIRE & RUBBER COMPANY Occupation: ATTORNEY	twice-monthly payroll deduction 400.00	100.00 50.00 per pay period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
PERDUYN, JOHN P 4121 LOGAN AVE CANTON OH 44709	THE GOODYEAR TIRE & RUBBER COMPANY Occupation: SR VP GLOBAL COMMUNICATIONS	twice-monthly payroll deduction 360.00	90.00 45.00 per pay period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
JASINOWSKI, ISABEL H 322B RITTENHOUSE ST NW WASHINGTON DC 20015	THE GOODYEAR TIRE & RUBBER COMPANY Occupation: VP GOVERNMENT RELATIONS	twice-monthly payroll deduction 500.00	125.00 62.50 per pay period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
HARVIE, CRAWFORD T 6537 THORNBROOK CIRCLE HUDSON OH 44236	THE GOODYEAR TIRE & RUBBER COMPANY Occupation: SR VP & GENERAL COUNSEL	twice-monthly payroll deduction 336.00	84.00 42.00 per pay period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
WHITELEY, JAMES C 3440 BANCROFT RD FAIRLAWN OH 44333	THE GOODYEAR TIRE & RUBBER COMPANY Occupation: VP GLOBAL PROD & PROC QUALITY	twice-monthly payroll deduction 480.00	120.00 60.00 per pay period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
DOUDS, DONALD E 2586 ROYAL OAKS DR FREEPORT IL 61032	THE GOODYEAR TIRE & RUBBER COMPANY Occupation: MANAGER QUALITY/TECHNOLOGY	twice-monthly payroll deduction 200.00	50.00 25.00 per pay period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
DUMM, ALEX G 6378 LONGFORD AVENUE NW MASSILLON OH 44646	THE GOODYEAR TIRE & RUBBER COMPANY Occupation: DIRECTOR N AMER SALES - EPD	twice-monthly payroll deduction 200.00	50.00 25.00 per pay period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
SUBTOTAL of Receipts This Page (optional)			619.00
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 6
FOR LINE NUMBER 11A 1

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NAME OF COMMITTEE (in Full)			
<p>GOODYEAR GOOD GOVERNMENT FUND (C00100131)</p>			
<p>A. Full Name, Mailing Address and ZIP Code</p> <p>BROWN, CLIFFORD R 2371 CAMBRIDGE RD HUDSON OH 44236</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>THE GOODYEAR TIRE & RUBBER COMPANY</p> <p>Occupation</p> <p>DIRECTOR FINANCE - EPD & CHEM</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month day, year)</p> <p>twice-monthly payroll deduction</p> <p>400.00</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p> <p>50.00</p> <p>per pay period</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>CROPP, ROWLAND C 4220 HUNTSFIELD RD FAYETTEVILLE NC 28314</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>THE GOODYEAR TIRE & RUBBER COMPANY</p> <p>Occupation</p> <p>MANAGER HUMAN RESOURCES</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month day, year)</p> <p>twice-monthly payroll deduction</p> <p>200.00</p>	<p>Amount of Each Receipt this Period</p> <p>50.00</p> <p>25.00</p> <p>per pay period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>MURDOCK, GORDON G GOODYR DUNLOP EUROPE BV TWIN HOUSE BLDG RUE NEER YELD 107, B1200 BRUXELLE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>THE GOODYEAR TIRE & RUBBER COMPANY</p> <p>Occupation</p> <p>DIR TIRE MFG E EUR/AFR/MID E</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month day, year)</p> <p>twice-monthly payroll deduction</p> <p>200.00</p>	<p>Amount of Each Receipt this Period</p> <p>50.00</p> <p>50.00</p> <p>per pay period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>BENTON, BENNIE C 4160 FERNCREEK DRIVE FAYETTEVILLE NC 28314</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>THE GOODYEAR TIRE & RUBBER COMPANY</p> <p>Occupation</p> <p>BUSINESS CENTER MANAGER</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month day, year)</p> <p>twice-monthly payroll deduction</p> <p>200.00</p>	<p>Amount of Each Receipt this Period</p> <p>50.00</p> <p>25.00</p> <p>per pay period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>STEPHENSON, JOHN F 159 SHERWOOD DR AKRON OH 44303</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>THE GOODYEAR TIRE & RUBBER COMPANY</p> <p>Occupation</p> <p>DIRECTOR PRODUCT PLNG NA TIRES</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month day, year)</p> <p>twice-monthly payroll deduction</p> <p>200.00</p>	<p>Amount of Each Receipt this Period</p> <p>50.00</p> <p>25.00</p> <p>per pay period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>KOVALCHIK, ALLEN R 560 BRIGHTMORE DOWNS ALPHARETTA GA 30202</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>THE GOODYEAR TIRE & RUBBER COMPANY</p> <p>Occupation</p> <p>MGR MANUFACTURING</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month day, year)</p> <p>twice-monthly payroll deduction</p> <p>300.00</p>	<p>Amount of Each Receipt this Period</p> <p>75.00</p> <p>37.50</p> <p>per pay period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>GIBARA, SAMIR G 309 LAKE POINTE DR AKRON OH 44333</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>THE GOODYEAR TIRE & RUBBER COMPANY</p> <p>Occupation</p> <p>CHAIRMAN, CEO & PRESIDENT</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month day, year)</p> <p>twice-monthly payroll deduction</p> <p>1,666.64</p>	<p>Amount of Each Receipt this Period</p> <p>416.66</p> <p>208.33</p> <p>per pay period</p>
<p>SUBTOTAL of Receipts This Page (optional) →</p>			791.66
<p>TOTAL This Period (last page this line number only) →</p>			

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE OR FUND			
GOODYEAR GOOD GOVERNMENT FUND (C00100131)			
A. Full Name, Mailing Address and ZIP Code SHARP, WILLIAM J 47 S WHEATON ROAD AKRON OH 44313 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer THE GOODYEAR TIRE & RUBBER COMPANY	Date (month, day, year) twice-monthly payroll deduction	Amount of Each Receipt this Period 250.00
	Occupation PRESIDENT N AMERICAN TIRES Aggregate Year-to-Date > \$ 1,000.00	per pay period	
B. Full Name, Mailing Address and ZIP Code DAGUE, MICHAEL F 580 ROCKY HOLLOW DR AKRON OH 44313 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer THE GOODYEAR TIRE & RUBBER COMPANY	Date (month, day, year) twice-monthly payroll deduction	Amount of Each Receipt this Period 50.00
	Occupation PLANT MANAGER-STON MOLD PLANT Aggregate Year-to-Date > \$ 200.00	per pay period	
C. Full Name, Mailing Address and ZIP Code GINGO, JOSEPH M 313 LAKE POINTE DR AKRON OH 44333 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer THE GOODYEAR TIRE & RUBBER COMPANY	Date (month, day, year) twice-monthly payroll deduction	Amount of Each Receipt this Period 125.00
	Occupation SR VP TECH & GLOBAL PROD PLNG Aggregate Year-to-Date > \$ 500.00	per pay period	
D. Full Name, Mailing Address and ZIP Code MILLER, GARY A 1225 SPRINGHILL AVE NE MASSILLON OH 44646 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer THE GOODYEAR TIRE & RUBBER COMPANY	Date (month, day, year) twice-monthly payroll deduction	Amount of Each Receipt this Period 100.00
	Occupation VICE PRESIDENT - PURCHASING Aggregate Year-to-Date > \$ 400.00	per pay period	
E. Full Name, Mailing Address and ZIP Code ADANTE, RICHARD P 4284 BRAMBLE DR COPLEY OH 44321 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer THE GOODYEAR TIRE & RUBBER COMPANY	Date (month, day, year) twice-monthly payroll deduction	Amount of Each Receipt this Period 120.00
	Occupation VP MATERIALS MGMT - NA TIRES Aggregate Year-to-Date > \$ 480.00	per pay period	
F. Full Name, Mailing Address and ZIP Code LUCAS JR, EDWARD S 1825 BROOKWOOD DR AKRON OH 44313 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer THE GOODYEAR TIRE & RUBBER COMPANY	Date (month, day, year) twice-monthly payroll deduction	Amount of Each Receipt this Period 100.00
	Occupation VP HUMAN RESOURCES - NA TIRES Aggregate Year-to-Date > \$ 400.00	per pay period	
G. Full Name, Mailing Address and ZIP Code ORR, JOHN C 1630 SHADE ROAD AKRON OH 44333 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer THE GOODYEAR TIRE & RUBBER COMPANY	Date (month, day, year) twice-monthly payroll deduction	Amount of Each Receipt this Period 80.00
	Occupation VP TIRE MANUFACTURING - NA Aggregate Year-to-Date > \$ 320.00	per pay period	
SUBTOTAL of Receipts This Page (optional)			825.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)			
GOODYEAR GOOD GOVERNMENT FUND (C00100131)			
A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KEMPH, PATRICIA A 3761 BAY PATH DRIVE AKRON OH 44319	THE GOODYEAR TIRE & RUBBER COMPANY Occupation: ASST SECRETARY	twice-monthly payroll deduction 250.00	62.50 31.25 per pay period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARDSON, JOHN W 3932 FORESTRIDGE DR RICHFIELD OH 44286	THE GOODYEAR TIRE & RUBBER COMPANY Occupation: VICE PRES FINANCE NA TIRES	twice-monthly payroll deduction 200.00	50.00 25.00 per pay period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
WILLIAMS, STEPHEN L 328 WOODLAND AVE WADSWORTH OH 44281	THE GOODYEAR TIRE & RUBBER COMPANY Occupation: DIR ENGINEERING & APPLIED R&D	twice-monthly payroll deduction 360.00	90.00 45.00 per pay period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
DICK, DENNIS E 776 STRATFORD CT TALLMADGE OH 44278	THE GOODYEAR TIRE & RUBBER COMPANY Occupation: PRES ENG & CHEMICAL PRODS DIV	twice-monthly payroll deduction 250.00	62.50 31.25 per pay period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
TOOPS, LARRY L 6555 AMBLEWOOD STREET NW CANTON OH 44718	THE GOODYEAR TIRE & RUBBER COMPANY Occupation: DIR PRODUCT QUALITY & SAFETY	twice-monthly payroll deduction 240.00	60.00 30.00 per pay period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
KLECKNER, KENNETH B 3623 SANCTUARY DRIVE AKRON OH 44333	THE GOODYEAR TIRE & RUBBER COMPANY Occupation: VP CORPORATE ENGINEERING	twice-monthly payroll deduction 600.00	150.00 75.00 per pay period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
GRUNDER, CHARLES L 2821 MARVIN LANE FREEPORT IL 61032	THE GOODYEAR TIRE & RUBBER COMPANY Occupation: PLANT MANAGER	twice-monthly payroll deduction 200.00	50.00 25.00 per pay period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
SUBTOTAL of Receipts This Page (optional)			525.00
NOTES: This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

GOODYEAR GOOD GOVERNMENT FUND (000100131)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
BERGERON, STEPHANIE W 2649 COVE LANE WEST BLOOMFIELD MI 48323	THE GOODYEAR TIRE & RUBBER COMPANY	twice-monthly payroll deduction	50.00
	Occupation VICE PRESIDENT & TREASURER		25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	200.00	per pay period
DUNCKEL, VERNON L 1211 GHENT HILLS RD BATH OH 44333	THE GOODYEAR TIRE & RUBBER COMPANY	twice-monthly payroll deduction	80.00
	Occupation SR VP GLOBAL PRODUCT SUPPLY		40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	320.00	per pay period
TENNYSON, TERENCE W 2203 WEDGEWOOD DR UNION CITY TN 38261	THE GOODYEAR TIRE & RUBBER COMPANY	twice-monthly payroll deduction	75.00
	Occupation PRODUCTION MANAGER		37.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	300.00	per pay period
HARPER, DONALD D 2249 CARRINGTON ST N.W. NORTH CANTON OH 44720	THE GOODYEAR TIRE & RUBBER COMPANY	twice-monthly payroll deduction	120.00
	Occupation VP HR PLANNING, DEVEL & CHANGE		60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	480.00	per pay period
CONLIN JR, JAMES M 3616 KENT RD STOW OH 44224	THE GOODYEAR TIRE & RUBBER COMPANY	twice-monthly payroll deduction	62.50
	Occupation ATTORNEY		31.25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	250.00	per pay period
KINNAMON, BRYAN L 3394 W BATH RD BATH OH 44333	THE GOODYEAR TIRE & RUBBER COMPANY	twice-monthly payroll deduction	120.00
	Occupation VICE PRES OE - NA TIRES		60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	480.00	per pay period
GRABER, TERRY D 1331 OAKLAWN UNION CITY TN 38261	THE GOODYEAR TIRE & RUBBER COMPANY	twice-monthly payroll deduction	60.00
	Occupation MANUF BUSINESS CENTER MANAGER		30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	240.00	per pay period
SUBTOTAL of Receipts This Page (optional) ----->			567.50
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	OF
	6	6
	FOR LINE NUMBER	
	11A 1	

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 On Full			
GOODYEAR GOOD GOVERNMENT FUND (C00100131)			
A. Full Name, Mailing Address and ZIP Code STEICHEN, RICHARD J 664 SUNRIDGE RD FAIRLAWN OH 44333	Name of Employer THE GOODYEAR TIRE & RUBBER COMPANY Occupation VICE PRESIDENT - RESEARCH	Date (month, day, year) twice-monthly payroll deduction 400.00	Amount of Each Receipt this Period 100.00 50.00 per pay period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code HOPKINS, WILLIAM M 5879 LAURAWOOD LANE HUDSON OH 44236	Name of Employer THE GOODYEAR TIRE & RUBBER COMPANY Occupation VP GLOBAL PROD MKT & TECH PLNG	Date (month, day, year) twice-monthly payroll deduction 240.00	Amount of Each Receipt this Period 60.00 30.00 per pay period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code POLHEMUS, JOHN C 2415 PLACE DE BORDEAUX FAIRLAWN OH 44333	Name of Employer THE GOODYEAR TIRE & RUBBER COMPANY Occupation PRESIDENT LATIN AMERICA REGION	Date (month, day, year) twice-monthly payroll deduction 250.00	Amount of Each Receipt this Period 62.50 31.25 per pay period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code ROUNTREE, NEAL T 2527 BRASSINGTON WAY HUDSON OH 44236	Name of Employer THE GOODYEAR TIRE & RUBBER COMPANY Occupation ATTORNEY	Date (month, day, year) twice-monthly payroll deduction 200.00	Amount of Each Receipt this Period 50.00 25.00 per pay period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) twice-monthly payroll deduction	Amount of Each Receipt this Period per pay period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) twice-monthly payroll deduction	Amount of Each Receipt this Period per pay period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) twice-monthly payroll deduction	Amount of Each Receipt this Period per pay period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
SUBTOTAL of Receipts This Page (optional) ----->			272.50
TOTAL This Period (last page this line number only) ----->			3,600.66

11A

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

GOODYEAR GOOD GOVERNMENT FUND C00100131

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Aderholt for Congress P O Box 1158, 940 Highway 13 Haleyville, AL 35565	Robert Aderholt, House candidate, 4th (AL) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-10-00	1,000.00
B. Full Name, Mailing Address and ZIP Code Jim Ryun for Congress 605 Upland Place Alexandria, VA 22301	Jim Ryun, House candidate, 2nd (KS) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-10-00	500.00
C. Full Name, Mailing Address and ZIP Code Bartlett for Congress State Circle Associates 191 Main Street, #200 Annapolis, MD 21401	Roscoe Bartlett, House candidate, 6th (MD) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-10-00	500.00
D. Full Name, Mailing Address and ZIP Code Hobson for Congress Committee 82 West Columbia Street Springfield, OR 45502	Dave Robson, House candidate, 7th (OH) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-10-00	500.00
E. Full Name, Mailing Address and ZIP Code Wes Watkins for Congress P O Box WW Stillwater, OK 74046	Wes Watkins, House candidate, 3rd (OK) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-10-00	1,000.00
F. Full Name, Mailing Address and ZIP Code Hulshof for Congress P O Box 16021 Alexandria, VA 22302	Kenny Hulshof, House candidate, 9th (MO) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-10-00	1,000.00
G. Full Name, Mailing Address and ZIP Code Hall for Congress P O Box 711 Rockwall, TX 75087	Ralph Hall, House candidate, 4th (TX) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-10-00	1,000.00
H. Full Name, Mailing Address and ZIP Code Dick Arney Campaign Committee Suite 200 4451 Brookfield Corporate Drive	Dick Arney, House candidate, 26th (TX) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-10-00	1,000.00
I. Full Name, Mailing Address and ZIP Code Friends of Frank Wolf P O Box 6596 McLean, VA 22106	Frank Wolf, House candidate, 10th (VA) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-10-00	\$1,000.00

SUBTOTAL of Disbursements This Page (optional)

7,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in full)
 GOODYEAR GOOD GOVERNMENT FUND C00100131

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DeWine for U.S. Senate 319 1/2 A Street, NE Washington, DC 20002	Mike DeWine, Senate candidate, (OH) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-10-00	1,000.00
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)	1,000.00
TOTAL This Period (last page this line number only)	8,500.00

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 5-15-00
<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>SLI</i> PREPARER	5-18-00 DATE PREPARED