

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1994
FEB 1 12 29 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Brunswick Good Government Fund	2. FEC IDENTIFICATION NUMBER C00 110263
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1 N. Field Ct.	
CITY, STATE and ZIP CODE Lake Forest, IL 60045-4811	
3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee. (see FEC FORM 1M) Prior to January 1, 1994	

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

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>7-1-93</u> through <u>12-31-93</u>		
6 (a) Cash on Hand January 1, 19____		\$ 23,154.02
6 (b) Cash on Hand at Beginning of Reporting Period	\$ 24,938.24	
6 (c) Total Receipts (from Line 19)	\$ 2,122.66	\$ 4,155.97
6 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 27,060.90	\$ 27,309.99
7. Total Disbursements (from Line 30)	\$ 111.40	\$ 360.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 26,949.50	\$ 26,949.50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 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)	\$ -	

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 William M. Luebers, Jr.	Date 1-27-94
Signature of Treasurer 	

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Brunswick Good Government Fund	REPORT COVERING PERIOD FROM 7-1-93 TO: 12-31-93	
I. Receipts		
1. Contributions (other than loans) From:	COLUMN A Total This Period	COLUMN B Calendar Year
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	392.00	392.00
ii. Unitemized	1,439.00	3,272.00
iii. Total	1,831.00	3,664.00
..... (add i and ii) ➤		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions	1,831.00	3,664.00
..... (add a, b, and c) ➤		
11. Transfers From Affiliated/Other Party Committees		
12. All Loans Received		
13. Loan Repayments Received		
14. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
15. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
16. Other Federal Receipts (Dividends, Interest, etc.)	291.66	491.97
17. Transfers from Nonfederal Account for Joint Activity		
18. Total Receipts	2,122.66	4,155.97
..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤		
19. Total Federal Receipts	2,122.66	4,155.97
..... (subtract line 18 from line 19) ➤		
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	11.40	260.49
c. Total Operating Expenditures		
..... (add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	100.00	100.00
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. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributor Refunds		
..... (add a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements	111.40	360.49
..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤		
31. Total Federal Disbursements	111.40	360.49
..... (subtract line 21 a ii from line 30) ➤		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	1,831.00	3,664.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,831.00	3,664.00
35. Total Federal Operating Expenditures	11.40	260.49
..... (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures	11.40	260.49
..... (subtract line 36 from 35) ➤		

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SCHEDULE A

ITEMIZED RECEIPTS

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)

Brunswick Coal Government Fund

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. R. McManaman 704 S. Spring LaGrange, IL 60125	Brunswick Corporation		\$112.00 @ \$8.00 per pay period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager		Aggregate Year-to-Date > \$ 208.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. W. Dawson 22333 E. 66th Street Broken Arrow, OK 74012	Brunswick Corporation		\$140.00 @ \$10.00 per pay period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager		Aggregate Year-to-Date > \$ 260.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Scott P. O. Box 3102 East Camden, AR 71701	Brunswick Corporation		\$140.00 @ \$10.00 per pay period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager		Aggregate Year-to-Date > \$ 260.00
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 > \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$392.00

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)

Brunswick Good Government Fund

24033771373

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fidelity Daily Income Trust P. O. Box 193 Boston, MA 02101	Interest Income	6-30-93	\$ 38.33
		7-31-93	\$ 39.88
	Occupation	8-31-93	\$ 42.38
		9-30-93	\$ 41.70
	Aggregate Year-to-Date >	\$ 167.29	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		10-31-93	\$ 43.40
		11-30-93	\$ 42.11
	Occupation	12-31-93	\$ 43.86
	Aggregate Year-to-Date >	\$	
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 >	\$	
	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 >	\$	
	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 >	\$	
	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 >	\$	
	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 >	\$	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUB TOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	\$291.66

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)
 Brunswick Good Government Fund

24039791294

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Brewster for Congress P. O. Box 990 Washington, D.C. 20044-0990	Oklaaboua - 3 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-2-93	\$100.00
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

SI TOTAL of Disbursements This Page (optional)	
TOTAL This Period (list page this line number only)	\$100.00

**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 1-28-94
<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

St. L.
 PREPARER

2-1-94
 DATE PREPARED

94038791290