

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
TYPE OR PRINT

Oct 13 11 07 AM '94

1. NAME OF COMMITTEE (in full) BUSH WELLMAN GOOD GOVERNMENT FUND	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 17876 SW Clair Ave	
CITY, STATE and ZIP CODE Cleveland, OH 44110	
2. FEC IDENTIFICATION NUMBER 0002112770	
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 7/1/94 through 7/30/94		
6. (a) Cash on Hand January 1, 19 94		\$ 10,845 15
(b) Cash on Hand at Beginning of Reporting Period	\$ 12,634 70	
(c) Total Receipts (from Line 19)	\$ 3,867.94	\$ 11,658 35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 16,492.64	\$ 24,553 50
7. Total Disbursements (from Line 30)	\$ 4,695.00	\$ 12,755 86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 11,797 64	\$ 11,797 64
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 20483 Toll Free 800-424-6630 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: **Stacy E. Bartz**

Signature of Treasurer: *Stacy E. Bartz* Date: **10/14/94**

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

9 4 0 3 9 3 3 2 3 1 0

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
BRUSH WELLMAN COLOID CONSERVATION FUND	FROM 7/1/94 TO: 9/30/94		
		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. Named (use Schedule A)	2,076.00	4,640.00	11(a)(i)
ii. Unitemized	1,657.70	12,670.10	11(a)(ii)
iii. Total	3,734.70	11,310.10	11(b)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions	3,734.70	11,310.10	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	143.24	348.11	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts	3,867.94	11,658.35	19
20. Total Federal Receipts	3,867.94	11,658.35	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures	-	60.86	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,500	12,510	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds			28(d)
29. Other Disbursements	195.00	195.00	29
30. Total Disbursements	4,695.00	12,755.86	30
31. Total Federal Disbursements	4,695.00	12,755.86	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	3,734.70	11,310.10	32
33. Total Contribution Refunds (from line 28d)	-	-	33
34. Net Contributions (other than loans)(subtract line 33 from line 32)	3,734.70	11,310.10	34
35. Total Federal Operating Expenditures	-	60.86	35
36. Offsets to Operating Expenditures (from line 15)	-	-	36
37. Net Operating Expenditures	-	60.86	37

94039023311

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)

BUSH VICTORIES (2004) GOVERNMENT FUNDS

A. Full Name, Mailing Address and ZIP Code NATIONAL CITY BANK P.O. Box 9756 Cleveland, OH 44101 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): INTEREST	Name of Employer Occupation Aggregate Year-to-Date > \$ 348.19	Date (month, day, year) 7/1/94 - 9/30/94	Amount of Each Receipt this Period 143.34
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	143.34

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11 (2)(2)

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NAME OF COMMITTEE (in Full)

BEVISA 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
W. WILIAM NORDIS 5748 SWAIN GARDENS DAYTON, OH 45426 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	BENJIT WELLMAN Occupation: Regional Sales Mgr Aggregate Year-to-Date: \$ 300.00		-0-
GARDIN HARMONIT 17876 St Clair Ave Cleveland, OH 44110 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	" Occupation: President, LLC Aggregate Year-to-Date: \$ 600.00	Payroll Deduction 150.00	150.00 (3x Bi-weekly)
J.H. BROPHY 3125 Jackson Rd Lakewood, OH 44122 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	" Occupation: V.P. Technology Aggregate Year-to-Date: \$ 300.00	Payroll Deduction 150.00	150.00 (2x Bi-weekly)
TOM MURKHAM 30326 Lake Rd Bay Village, OH 44110 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	" Occupation: Medicine Director Aggregate Year-to-Date: \$ 395.00		120.00 (7x Bi-weekly)
TIM REID 17876 St Clair Ave Cleveland, OH 44110 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	" Occupation: Dr. Investment Relations Aggregate Year-to-Date: \$ 225.00	Payroll Deduction 75.00	75.00 (12x Bi-weekly)
CARL RISPOLD 1878 Brentwood Dr. Lyndhurst, OH 44124 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	" Occupation: Dir. of Information Sys. Aggregate Year-to-Date: \$ 300.00	7/21/94	300.00
CLARK WHITE 857 Markwood Court CLEVELAND, OH 44145-1202 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	" Occupation: CFO Aggregate Year-to-Date: \$ 600.00	7/15/94	600.00

SUBTOTAL of Receipts This Page (optional)	1,485.00
TOTAL This Period (last page this line number only)	

3
3
2
3
1
3

SCHEDULE A

ITEMIZED RECEIPTS

Use separate spreadsheet for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BUSH WELLMAN CREDIT EQUIPMENT FUND

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
LARRY CHASE 3640 Soffer - Lantz Rd Woodville, OH 43469	BUSH WELLMAN Hgt. Equip Control Dept	Payroll Deduction	72.00 (12.00 bi-weekly)
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MARK EMLEY 9017 NAPOLI ST Troy, OH 43130	"	"	90.00 (15.00 bi-weekly)
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hugh Hanes 1135 Byron - States Bld. Hiram, OH 44131	"	"	-0-
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DENNIS KALZYNSKI 6334 N. Wemy St. Oak Harbor, OH 43449	"	"	-
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DAVID MYLANIK 2139 S Portage S Road Oak Harbor, OH 43449	"	Payroll Deduction	75.00 (12.50 bi-weekly)
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BRYAN MOBLE 4404 FARMING RIDGE BLVD Reading, PA 19602	"	Payroll Deduction	120.00 (20.00 bi-weekly)
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DAVE SCURMAN VI LYONSSIDE HILLS BLVD LYONSSIDE HILLS PA 17107	"	Payroll Deduction	90.00 (15.00 bi-weekly)

SUBTOTAL of Receipts This Page (optional) 447.00

TOTAL This Period (last page this line number only)

9
4
0
3
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0
2
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3
1
4

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER 1160(1)

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NAME OF COMMITTEE (In Full)

BENSH WILLIAMS GOOD GOVERNMENT FUND

1
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4
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6
7
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9
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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
MICHAEL ANDERSON 8776 BLUEJAY LANE MENTOR, OH 44060	BENSH WILLIAMS		300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: D.I. OF MARKETING	Payroll Deduction	(1500 B. weekly)
	Aggregate Year-to-Date > \$ 240.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAN MONTEZ 29005 RIDGE RD MILLCREEK, OH 44132			-0-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: APPLICATION DEV TEAM LEADER		
	Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. MONTE 52730 S. GURIA CIRCLE NEW BRITAIN, CT 06051			75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DISTRICT MANAGER	Payroll Deduction	(1500 B. weekly)
	Aggregate Year-to-Date > \$ 234.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Lynch 21 Second St Attleboro, MA 01903			-0-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir. of Administration		
	Aggregate Year-to-Date > \$ 225.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SAM ROYER 2619 WILD GINGER DR TUCSON AZ 85741			90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIR OPERATIONS	Payroll Deduction	(1500 B. weekly)
	Aggregate Year-to-Date > \$ 320.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DON MANNAN 432 E. 330 NORTH DELTA, UTAH 84624		7/1/94	-0-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: D.I. OF OPERATIONS		
	Aggregate Year-to-Date > \$ 300.00		
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)	175.00
TOTAL This Period (last page this line number only)	2,070.00

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)

BRUSH WELLMAN GOOD GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code

MIKE CRAPO
P.O. Box 1013
Boise, Idaho 83701

Purpose of Disbursement

U.S. HOUSE OF REP

Date (month, day, year)

9/10/94

Amount of Each Disbursement This Period

500.

Disbursement for: Primary General Other (specify)

B. Full Name, Mailing Address and ZIP Code

Northwest Ohio Victory Fund

Purpose of Disbursement

CON. ELECTION

Date (month, day, year)

9/23/94

Amount of Each Disbursement This Period

2,000.00

Disbursement for: Primary General Other (specify)

C. Full Name, Mailing Address and ZIP Code

MIKE DELANE
OHIO

Purpose of Disbursement

U.S. Senate

Date (month, day, year)

9/23/94

Amount of Each Disbursement This Period

2,000.00

Disbursement for: Primary General Other (specify)

D. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: Primary General 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: Primary General 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: Primary General 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: Primary General 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: Primary General 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: Primary General 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)

4,500.00

94039323316

**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

10-14-94

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

MMR

PREPARER

10-19-94

DATE PREPARED

94039323317