BATTELLE GOOD GOVERNMENT COMMITTEE
(A MULTICANDIDATE COMMITTEE)
126 South Parkview Avenue
Columbus, Ohio 43209

JAN 29 3 [illegible]

January 25, 1996

Public Records Office
Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

Gentlemen:

Enclosed is our January 31 Year End Report of Receipts and Disbursements for the period July 1 through December 31, 1995.

The Battelle Good Government Committee does not have separate federal and non-federal accounts, so the allocation rules do not apply. Consequently, there are no Schedules H's with our report.

Sincerely,

Jerome R. Bahlmann
Treasurer

Enclosure

CERTIFIED MAIL
Return Receipt Requested

a:BGGC\ltr1 25.96

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
126 South Parkview Avenue

CITY, STATE and ZIP CODE
Columbus, Ohio 43209

JAN 25 3 43 PM '96

2. FEC IDENTIFICATION NUMBER
C00208462

3. ☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
(prior to 1/1/94)

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 7/1/95 through 12/31/95		
6. (a) Cash on Hand January 1, 1995		$ 476.17
(b) Cash on Hand at Beginning of Reporting Period	$ 7,911.69	
(c) Total Receipts (from Line 19)	$ 10,429.52	$ 19,145.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 18,341.21	$ 19,621.19
7. Total Disbursements (from Line 30)	$ 5,376.67	$ 6,656.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 12,964.54	$ 12,964.54
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY 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 20463
Toll Free 800-424-9530
Local 202-219-3420

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
J. R. Bahlmann

Signature of Treasurer
[signature]

Date
January 22, 1996

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 9/93)

FE5AN066

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

(revised 1/1/91)

NAME OF COMMITTEE: BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

REPORT COVERING PERIOD FROM 7/1/95 TO: 12/31/95

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	6,155	14,870.50	11(a)(i)
ii. Unitemized	4,171	4,171.00	11(a)(ii)
iii. Total (add i and ii) ➤	10,326	19,041.50	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	10,326	19,041.50	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	103.52	103.52	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	10,429.52	19,145.02	19
20. Total Federal Receipts (subtract line 16 from line 19) ➤	10,429.52	19,145.02	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	76.67	131.65	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	76.67	131.65	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,500.00	5,500.00	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:	0	0	
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28(d)
29. Other Disbursements	800.00	1,025.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	5,376.67	6,656.65	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	5,376.67	6,656.65	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	10,326.00	19,041.50	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	10,326.00	19,041.50	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	76.67	131.65	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	76.67	131.65	37

FE5AN088

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 1 OF 5

FOR LINE NUMBER 11

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NAME OF COMMITTEE (In Full)

BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Carl Alexander 4249 Haughn Road Grove City, Ohio 43123 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $ 500.00	11/7/95	250.00
B. J. R. Bahlmann 126 S. Parkview Avenue Columbus, Ohio 43209 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $ 455.00	7/19/95 10/30/95 12/29/95	195.00 130.00 65.00
C. Francis B. Crowley III 1181 Kilham Court Worthington, Ohio 43235 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $ 250.00	7/1/95	250.00
D. John H. Doster 8388 Susanwoods Court Cincinnati, Ohio 45249 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $ 437.50	7/19/95 10/30/95 12/29/95	187.50 125.00 62.50
E. Robert D. Giammar 2697 Coventry Road Columbus, Ohio 43221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $ 250.00	7/3/95	250.00
F. Gregory A. Mack 5610 Braeside Court Dublin, Ohio 43017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $ 250.00	7/1/95	250.00
G. Benjamin G. Maidon 55 W. Livingston Avenue #305 Columbus, Ohio 43215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $ 437.50	7/19/95 10/30/95 12/29/95	187.50 125.00 62.50

SUBTOTAL of Receipts This Page (optional) > 2,140.00

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

PESAN066

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11

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NAME OF COMMITTEE (In Full)

BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David Mitchell 8349 Brockenridge Way Worthington, Ohio 43235	Battelle Memorial Inst. Manager	7/19/95 8/31/95 9/20/95 10/30/95 ~~12/29/95~~	62.50 62.50 62.50 125.00 62.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 437.50		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard D. Rosen 4441 Hansen Drive Hilliard, Ohio 43026	Battelle Memorial Inst. Manager	8/4/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Battelle Memorial Inst. Manager		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Battelle Memorial Inst. Manager		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Battelle Memorial Inst. Manager		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Battelle Memorial Inst. Manager		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Battelle Memorial Inst. Manager		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) 625.00

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

FE5A/C6a

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11

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NAME OF COMMITTEE (In Full)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Thomas C. Halliday 7734 Baughman Drive Amarillo, Tx 79121 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $ 250.00	11/15/95	250.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst Occupation: Manager Aggregate Year-to-Date $		
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) 250.00

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

FESAN088

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 5

FOR LINE NUMBER 11

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NAME OF COMMITTEE (In Full)

BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Bobi A. Garrett Route 1, Box 5551 W. Richland, Wa 99352 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $ 250	7/8/95	250.00
B. John S. Hirsch, Jr. 5333 Harrington Road Richland, Wa 99352 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $ 250	7/4/95	250.00
C. Michael L. Knotek 1 Sprout Road Richland, Wa 99352 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $ 750	7/1/95	750.00
D. William J. Madia 430 Broadmoor Richland, Wa 99352 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $ 455	7/21 8/18 9/22 10/25 11/21 12/22	65.00 65.00 65.00 65.00 65.00 65.00
E. Erik W. Pearson 5916 W. 21st Place Kennewick, Wa 99337 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $ 250	7/9/95	250.00
F. Jeff W. Smith 6732 W. 9th Place Kennewick, Wa 99336 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $ 250	7/1/95	250.00
G. Ronald A. Walters 3800 W. 43d Avenue Kennewick, Wa 99337 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $ 250	7/1/95	250.00

SUBTOTAL of Receipts This Page (optional) 2,390.00

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

PB5AN003

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 5 OF 5

FOR LINE NUMBER 11

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NAME OF COMMITTEE (in Full)

BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William R. Wiley 119 Jackson Court Richland, Wa 99352 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst Occupation: Manager Aggregate Year-to-Date: $ 750	7/5/95	750.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst Occupation: Manager Aggregate Year-to-Date: $		
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst Occupation: Manager Aggregate Year-to-Date: $		
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst Occupation: Manager Aggregate Year-to-Date: $		
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date: $		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst Occupation: Manager Aggregate Year-to-Date: $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date: $		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	6,155.00

FE3/NO88

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

A. 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
Friends of Doc Hastings P. O. Box 2926 Pasco, WA 99302	U.S. House (Wa) Disbursement for: Primary [ ] General [x] Other (specify)	8/14/95	1,000
B. 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**
Friends of Slade Gorton 11027 NE 4th Bellevue, Wa 98004	U.S. Senate (Wa) Disbursement for: Primary [ ] General [ ] [x] Other (specify) '94 debt	7/18/95	1,000
C. 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**
Norm Dicks for Congress 400 N. Capitol St, NW Washington, D.C. 20001	U.S. House Disbursement for: Primary [ ] General [x] Other (specify)	7/13/95	500
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**
	Disbursement for: Primary / General / Other (specify)		
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**
	Disbursement for: Primary / General / Other (specify)		
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**
	Disbursement for: Primary / General / Other (specify)		
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**
	Disbursement for: Primary / General / Other (specify)		
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**
	Disbursement for: Primary / General / Other (specify)		
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**
	Disbursement for: Primary / General / Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 2,500

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

FE4BN101

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 3

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shelby for U.S. Senate P.O. Box 1091 Tuscaloosa, Al 35403	U.S. Senate (Al) Disbursement for: [ ] Primary [x] General [ ] Other (specify)	9/5/95	1,000
B. 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
C. 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
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) 1,000

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

FEC 3 0 1 8 3 7 6

FEC4N101

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Congressman Joe Barton Committee P.O. Box 1444 Ennis, Tx 75120	U.S. House (Tx) Disbursement for: [ ] Primary [x] General [ ] Other (specify)	12/14/95	1,000
B. 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
C. 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
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)	1,000
TOTAL This Period (last page this line number only)	4,500

FE5AM088

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

A. Full Name, Mailing Address and ZIP Code Citizens for Lashutka 35 E. Gay Street, Suite 404 Columbus, Ohio 43215	Purpose of Disbursement Mayorial Race, Col, Oh Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 10/10/95	Amount of Each Disbursement This Period 250
B. Full Name, Mailing Address and ZIP Code Citizens for Salerno 865 Macon Columbus, Ohio 43026	Purpose of Disbursement State Rep (Oh) Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 10/17/95	Amount of Each Disbursement This Period 175
C. Full Name, Mailing Address and ZIP Code Taft for Ohio 16 E. Broad St, Suite 410 Columbus, Ohio 43215	Purpose of Disbursement Ohio Gubernatorial Race Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 11/8/95	Amount of Each Disbursement This Period 375
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)	800

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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
☑	Registered/Certified Mail	POSTMARKED 1-25-96
☐	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

JMH
PREPARER

1-29-96
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 0 1 8 5 3 1 9