

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

DEC 12 4 05 PM '94

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) BRUSH WELLMAN GOOD GOVERNMENT FUND		2. FEC IDENTIFICATION NUMBER C00216770
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 17876 St Clair Ave		
CITY, STATE and ZIP CODE Cleveland, OH 44110		
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:
 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. Governing Period <u>10/20/94</u> through <u>11/28/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 12,895.15
(b) Cash on Hand at Beginning of Reporting Period	\$ 8,785.09	
(c) Total Receipts (from Line 18)	\$ 1,176.19	\$ 13,321.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 9,961.28	\$ 26,217.14
7. Total Disbursements (from Line 30)	\$ 3,500.00	\$ 19,755.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 6,461.28	\$ 6,461.28
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$	

For further information contact:
Federal Election Commission
889 E Street, NW
Washington, DC 20463
Toll Free 800-424-9580
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 STACY E. ROYCE	Date 12/5/94
Signature of Treasurer <i>Stacy E. Royce</i>	

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 9/93)

94039512385

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

(revised 1/1/91)

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NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
	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. Itemized (use Schedule A)	578.00	5,423.00	11(a)(i)
ii. Unitemized	841.90	7,494.51	11(a)(ii)
iii. Total	1,419.90	12,917.51	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions	1,419.90	12,917.51	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.)	56.29	404.48	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts	1,476.19	13,321.99	19
20. Total Federal Receipts	1,476.19	13,321.99	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	-	40.86	21(b)
c. Total Operating Expenditures			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,500.00	19,500.00	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	29
30. Total Disbursements	3,500.00	19,755.86	30
31. Total Federal Disbursements	3,500.00	19,755.86	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1,419.90	12,917.51	32
33. Total Contribution Refunds (from line 28d)	-	-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,419.90	12,917.51	34
35. Total Federal Operating Expenditures	-	40.86	35
36. Offsets to Operating Expenditures (from line 15)	-	-	36
37. Net Operating Expenditures	-	60.86	37

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)

BRUSH 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
National City Bank P.O. Box 5756 Cleveland, OH 44101		10/31/94	56.29
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	Occupation	Aggregate Year-to-Date > \$ 404.48	
B. 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):			
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):			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

56.29

94039512387

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NAME OF COMMITTEE (in Full)

BENSH WILLMAN 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. WIMAM NORDIS 5748 Seven Lakes Dayton, OH 45426 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	BENSH WILLMAN Occupation: Regional Sales Mgr Aggregate Year-to-Date: \$ 300.00		0.00
B. Full Name, Mailing Address and ZIP Code GORDON HARLITT 17876 St. Clair Ave Cleveland, OH 44110 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: " Occupation: President, CEO Aggregate Year-to-Date: \$ 750.00	Date (month, day, year): Payroll Deduction	Amount of Each Receipt this Period: 60.00 (\$30 Bi-weekly)
C. Full Name, Mailing Address and ZIP Code J. H. BEPHY 31905 Jackson Rd CHARAIN FALLS, OH 44022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: " Occupation: V.P. Technology Aggregate Year-to-Date: \$ 375.00	Date (month, day, year): Payroll Deduction	Amount of Each Receipt this Period: 50.00 (\$25 Bi-weekly)
D. Full Name, Mailing Address and ZIP Code TOM MARKHAM 30328 Lake Rd Bryn Village, OH 44110 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: " Occupation: Medicine Director Aggregate Year-to-Date: \$ 455.00	Date (month, day, year): "	Amount of Each Receipt this Period: 40.00 (\$20 Bi-weekly)
E. Full Name, Mailing Address and ZIP Code TIM REID 17876 St. Clair Ave Cleveland, OH 44110 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: " Occupation: Dr. Investment Relations Aggregate Year-to-Date: \$ 262.50	Date (month, day, year): Payroll Deduction	Amount of Each Receipt this Period: 23.00 (12.50 Bi-weekly)
F. Full Name, Mailing Address and ZIP Code CARL RISPOLI 1878 Edin Hall Dr. Lyndhurst, OH 44124 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: " Occupation: Dir of Information Sys. Aggregate Year-to-Date: \$ 300.00	Date (month, day, year): 7/21/94	Amount of Each Receipt this Period: 0.00
G. Full Name, Mailing Address and ZIP Code Clark White 857 Hardwood Court Gates Mills, OH 44048-9609 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: " Occupation: CEO Aggregate Year-to-Date: \$ 1000	Date (month, day, year): 7/15/94	Amount of Each Receipt this Period: 0.00

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (in Full)

BRUSH WALLMAN GOOD GOVERNMENT FUND

94039512389

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
LARRY CHAKO 3640 S. OPPER - Lantz Rd. Woodville, OH 43469	BRUSH WALLMAN	Payroll Deduction	24.00 (12.00 Bi-week)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MGR, ENV. CONTROL DEPT	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MARK EMILY 907 NAPOLGON SA. Fremont, OH 43420	"	"	30.00 (15.00 Bi-week)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SR Technologist	Aggregate Year-to-Date > \$ 315.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HUGH HANOS 1138 Bystre-Shores Dr. Huron, OH 44839	"	"	- 0 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. GOVT / ENV AFFAIRS	Aggregate Year-to-Date > \$ 235.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DONALD KARZYNSKI 6334 N. Lamy St. Oak Harbor, OH 43449	"	"	- 0 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DAVID MYLANDER 2139 S. Portage S. Road Oak Harbor, OH 43449	"	Payroll Deduction	25.00 (12.50 Bi-week)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MGR Sales Admin	Aggregate Year-to-Date > \$ 277.50	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BRYAN MOORE 4904 FARMING RIDGE BLVD Reading, Pa 19602	"	Payroll Deduction	40.00 (20.00 Bi-week)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIR. OF PRODUCT	Aggregate Year-to-Date > \$ 400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DANG SCERTMAN 61 WYOMISSING HILLS BLVD WYOMISSING HILLS, Pa 19609	"	Payroll Deduction	- 0 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PLANT MANAGER	Aggregate Year-to-Date > \$ 315.00	

SUBTOTAL of Receipts This Page (optional)

119.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

BRUSH WILLIAMS GOOD GOVERNMENT FUND

94039512390

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL ANDERSON 8976 BLUEBAY LANE LIGONER, OH 44060	BRUSH WILLIAMS		10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir. of Marketing	Payroll Deduction	(15.00 Bi-weekly)
	Aggregate Year-to-Date > \$ 255.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAN MONTEZ 09005 RIDGE RD WICKLIFFE, OH 44092	"		-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. MOORE 52730 S QUOIA CIRCLE New Baltimore, MI 48047	"		26.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dist. Ltr Manager	Payroll Deduction	(13.00 Bi-weekly)
	Aggregate Year-to-Date > \$ 273.00		
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 02703	"		75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir. of Administration	Payroll Deduction	(25.00 per Mo)
	Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sam Mayer 2619 W. OLD GUYEN DR TUCSON, AZ 85741	"		30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir. OPERATIONS	Payroll Deduction	(15.00 Bi-weekly)
	Aggregate Year-to-Date > \$ 365.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DON McMILLAN 432 E. 220 North DELTA, UTAH 84624	"	4/1/94	-0-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir. 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
Jim Marder 2888 Warrington Rd Shaker Hts, OH 44128	"		20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager / R.I.D. LAB	Payroll Deduction	(10.00 Bi-weekly)
	Aggregate Year-to-Date > \$ 224.00		

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4
FOR LINE NUMBER 11200

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NAME OF COMMITTEE (in Full)

BRUSH 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
MIKE HASYCHAK 1083 BROOKPOINT Medina, OH 44136	BRUSH WELLMAN	Payroll DEDUCTION	20.00 (10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SECRETARY, TREASURER Aggregate Year-to-Date > \$ 210.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAN SKOBI 254 Cranberry Trail SAGAMORE HILLS, OH 44137	"	Payroll DEDUCTION	20.00 (10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR OF HUMAN RESOURCES Aggregate Year-to-Date > \$ 210.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LAWRENCE HATTAN 7008 Eldon Dr Sylvania, OH 43560	"	PAYROLL DEDUCTION	20.00 (10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRODUCT LINE MFG LEADER Aggregate Year-to-Date > \$ 210.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANDREW HUBEL 2195 Brookside Dr Gerrard, OH 43430	"	Payroll DEDUCTION	20.00 (10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SR. SYSTEM MAINT ENGINEER Aggregate Year-to-Date > \$ 210.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUSAN SLANSKY 17230 Station Rd Columbus Station, OH 44628	"	PAYROLL DEDUCTION	20.00 (10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PROGRAMMER / ANALYST Aggregate Year-to-Date > \$ 210.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM SMITH 13698 OLUSSEO Dr. Perrysburg, OH 43551	"	Payroll DEDUCTION	24.00 (12.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director of Purchasing Aggregate Year-to-Date > \$ 203.00		
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) 124.00
TOTAL This Period (last page this line number only) 578.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

BRUSH WELLMAN GOOD GOVERNMENT FUND

94039512392

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
END GREEN WALDHOLTZ 415 E. 200 South Salt Lake City, UT 84147	HOUSE OF REP. 2ND DISTRICT - UTAH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/94	2,000.00
JIM KOLBE P.O. Box 31568 TUCSON, AZ 85751	HOUSE OF REP. 5TH DISTRICT, ARIZONA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/94	1,000.00
Patty Montgomery 137 E. State St. Columbus, OH 43215	GEN. ATTORNEY GENERAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/94	500.00
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)

TOTAL This Period (last page this line number only)

3,500.00

**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.

94039512393

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 12-8-94
<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
<i>JCH.</i> PREPARER	12-12-94 DATE PREPARED