

REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Oct 26 11 42 AM '94

For Other Than An Authorized Committee
(Summary Page)

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	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Cleveland, OH 44110	

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 <u>10/1/94</u> through <u>10/19/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 12,893.15
(b) Cash on Hand at Beginning of Reporting Period	\$ 11,797.64	
(c) Total Receipts (from Line 19)	\$ 487.45	\$ 12,145.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 12,285.09	\$ 25,040.95
7. Total Disbursements (from Line 30)	\$ 3,500.00	\$ 14,255.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 8,785.09	\$ 8,785.09
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 800-424-6530 Local 202-219-5430
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. Baute	
Signature of Treasurer <i>Stacy E. Baute</i>	Date 10/24/94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §457g.

FEC FORM 3X

(revised 8/93)

FECAM101

94039370435

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 28**

(revised 1/1/91)

94039370436

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
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)	205.00	4,845.00	11(b)(9)
ii. Unitemized	282.45	6,952.61	11(b)(10)
iii. Total (add i and ii) >	487.45	11,797.61	11(b)(11)
b. Political Party Committees			11(b)(9)
c. Other Political Committees (such as PACs)			11(b)(10)
d. Total Contributions (add a ii, b and c) >	487.45	11,797.61	11(b)(11)
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.)	-	348.19	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	487.45	12,145.80	19
20. Total Federal Receipts (subtract line 18 from line 19) >	487.45	12,145.80	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
I. Federal Share			21(a)(1)
II. Non-Federal Share			21(a)(2)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a I, a II, and b) >	-	60.86	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,500.00	16,000.00	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 (add a, b and c) >		195.00	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3,500.00	16,255.86	30
31. Total Federal Disbursements (subtract line 21 a I from line 30) >	3,500.00	16,255.86	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	487.45	11,797.61	32
33. Total Contribution Refunds (from line 28d)	-	-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	487.45	11,797.61	34
35. Total Federal Operating Expenditures (add 21 a I and 21 b) >	-	60.86	35
36. Offsets to Operating Expenditures (from line 15)	-	-	36
37. Net Operating Expenditures (subtract line 35 from 36) >	-	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 WALKMAN GOOD GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code

National City Bank
P.O. Box 5756
Cleveland, OH 44101

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

Occupation

10/1 - 10/19

- 0 -

Receipt For: Primary General

Other (specify): Interest

Aggregate Year-to-Date > \$ 348.19

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: Primary General

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: Primary General

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: Primary General

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: Primary General

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: Primary General

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: Primary General

Other (specify):

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

- 0 -

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NAME OF COMMITTEE (in Full)

BRUSH WELLMAN GOOD GOVERNMENT FUND

9-4-U-3-9-3-7-0-4-3-8

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
W. L. W. NAGELS 5748 Seven Lakes Dayton, OH 45426	BLUSH WELLMAN		- 0 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Regional Sales Mgr		
	Aggregate Year-to-Date > \$ 300.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GORDON HARSHITT 17876 St. Clair Ave Cleveland, OH 44110		Payroll Deduction	30.00 (30 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President CEO		
	Aggregate Year-to-Date > \$ 690.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
J. H. BROPHY 31905 Jackson Rd Grafton Falls, OH 44022	"	Payroll Deduction	25.00 (25 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P. Technology		
	Aggregate Year-to-Date > \$ 325.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tom Markham 20328 Lake Rd Bay Village, OH 44110	"	"	20.00 (20 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical Director		
	Aggregate Year-to-Date > \$ 415.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tim Reid 17876 St. Clair Ave Cleveland, OH 44110	"	Payroll Deduction	17.50 (10.50 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dr. Investment Advisor		
	Aggregate Year-to-Date > \$ 237.50		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CARL RISPOLI 1878 Eden Walk Dr. Lyndhurst, OH 44124	"	7/31/94	- 0 -
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		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Clark White 857 Hawthwood Court Gales Mills, OH 44045-9609	"	7/15/94	- 0 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO		
	Aggregate Year-to-Date > \$ 1000		

BLISTOTAL of Receipts This Page (optional)

\$7.50

TOTAL This Period (last page this line number only)

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NAME OF CONTRIBUTOR (in Full)

BRUSH WELLMAN GOOD GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code LARRY CHASE 3640 S. Opfer - Lantz Rd Woodville, OH 43469		Name of Employer BRUSH WELLMAN	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 MGR, ENV. CONTROL DEPT	Payroll Deduction	12.00 (12.00 Bi-week)
		Aggregate Year-to-Date > \$ 228.00		

B. Full Name, Mailing Address and ZIP Code MARK EMU 907 NAPOLSON SA. Fremont, OH 43420		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 SE. Technologist		15.00 (15.00 Bi-week)
		Aggregate Year-to-Date > \$ 225.00		

C. Full Name, Mailing Address and ZIP Code Hugh HANES 1138 Byron - Shores Dr. Huron, OH 44839		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 V.P. GOVT (ENV AFFAIRS)		- 0 -
		Aggregate Year-to-Date > \$ 225.00		

D. Full Name, Mailing Address and ZIP Code DONALD KARZYNSKI 6334 N. Lamy St. Oak Harbor, OH 42449		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		- 0 -
		Aggregate Year-to-Date > \$ 220.00		

E. Full Name, Mailing Address and ZIP Code DANIEL MYLANDER 2129 S. Postage S. Road Oak Harbor, OH 43449		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 MGR. Sales Admin	Payroll Deduction	12.50 (12.50 Bi-week)
		Aggregate Year-to-Date > \$ 222.50		

F. Full Name, Mailing Address and ZIP Code BRYAN MOORE 4904 FARMING RIDGE BLVD Reading, Pa 19604		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 Dir. of PROTECTY	Payroll Deduction	20.00 (20.00 Bi-week)
		Aggregate Year-to-Date > \$ 380.00		

G. Full Name, Mailing Address and ZIP Code DAVE SCHEVETAN 61 WYOMISSING HILLS BLVD WYOMISSING HILLS, Pa 19609		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 PLANT MANAGER	Payroll Deduction	15.00 (15.00 Bi-week)
		Aggregate Year-to-Date > \$ 315.00		

SUBTOTAL of Receipts This Page (optional) _____

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

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NAME OF COMMITTEE (in Full)

BUSH 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
MICHAEL ANDERSON 8720 BUCKLEY LANE HIGHTON, OH 44120 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	BUSH WELLMAN		5.00
	Occupation: DIR. OF MARKETING	Payroll Deduction	(+ 5.00 E. WEEKLY)
	Aggregate Year-to-Date > \$ 245.00		
DAN MONTEZ 8905 RIDGE RD WICKLIFFE, OH 44092 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General			-0-
	Occupation: APPLICATION DEV. TECH/WRITER		
	Aggregate Year-to-Date > \$ 300.00		
D. MOORE 52730 S QUONIA CIRCLE NEW BATHING, AL 36047 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General			75.00
	Occupation: DIST. MGR	Payroll Deduction	(12.00 B. WEEKLY)
	Aggregate Year-to-Date > \$ 247.00		
Peter Lynch 21 Second St. ATTLEBORO, MA 02703 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General			-0-
	Occupation: DIR. of Administration		
	Aggregate Year-to-Date > \$ 225.00		
Sam Mayer 2619 W. OLD GLEN DR TUCSON, AZ 85741 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General			15.00
	Occupation: DIR. OPERATIONS	Payroll Deduction	(15.00 B. WEEKLY)
	Aggregate Year-to-Date > \$ 335.00		
Don McMillan 432 E. 220 NORTH DELTA, UTAH 84624 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General			-0-
	Occupation: DIR. OF OPERATIONS	4/1/94	
	Aggregate Year-to-Date > \$ 300.00		
Jim Mardet 2888 Washington Rd Shaker Hts, OH 44128 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General			20.00
	Occupation: Manager/CD LAB	Payroll Deduction	(10.00 B. WEEKLY)
	Aggregate Year-to-Date > \$ 204.00		

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GRAND TOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

43.00
205.00

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 1990 GOVERNMENT FUNDS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jarrell Opler Ohio	US House of Rep Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/5/94	500.00
B. Full Name, Mailing Address and ZIP Code Tom Dasente	Purpose of Disbursement U.S. Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/94	1,000.00
C. Full Name, Mailing Address and ZIP Code Mike Dewine Ohio	Purpose of Disbursement U.S. Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	1,000.00
D. Full Name, Mailing Address and ZIP Code Larry Craig P.O. Bx 2784 Boise, Idaho 83701	Purpose of Disbursement U.S. Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/94	1,000.00
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

94039370441

**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

10-21-94

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

JMN
PREPARER

10-26-94
DATE PREPARED

94039370442