



FEDERAL ELECTION COMMISSION
WASHINGTON, DC 20541

RQ-5

Russell H. Jones, Treasurer
Kaman Corporation Good
Government Fund
Blue Hills Avenue
P.O. Box 1
Bloomfield, CT 06002

Identification Number: C00126847

Reference: Mid-Year Report (1/1/95-6/30/95)

Dear Mr. Jones:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-For your information, all contributions received that aggregate \$200 or less per individual for the calendar year should be reported on Line 11(a)(iii). Contributions received aggregating over \$200 per individual for the calendar year should be reported on Line 11(a)(i) and itemized on Schedule A.

Any amendment or clarification should be filed with the Federal Election Commission. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

[Signature]
Reports Analyst
Reports Analysis Division

251

elics

*DEAR SP ANDER:
RETURNED AS REQUESTED*

[Handwritten initials]

41517

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Aug 16 11 07 AM '95

USE FEC MAILING LABEL OR TYPE OR PRINT

000126847 061495 p 251
RUSSELL H JONES
KAMAN CORPORATION GOOD GOVERNMENT FUND
BLUE HILLS AVE/P O BOX 1
BLOOMFIELD CT 06002

2. FEC IDENTIFICATION NUMBER

3. This committee has qualified as a multicandidate committee. (see FEC FORM 104)

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

| 5. Covering Period | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|----------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 01/01/95 through 06/30/95 | | |
| 6 (a) Cash on Hand January 1, 1995 | | \$ 7,763.00 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 7,763.00 | |
| (c) Total Receipts (from Line 19) | \$ 4,455.00 | \$ 4,455.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 12,218.00 | \$ 12,218.00 |
| 7 Total Disbursements (from Line 30) | \$ 4,500.00 | \$ 4,500.00 |
| 8 Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 7,718.00 | \$ 7,718.00 |
| 9 Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ 0.00 | |
| 10 Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ 0.00 | |

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-719-3420

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
Russell H. Jones

Signature of Treasurer

[Handwritten Signature]

Date 8/10/95
07/05/95

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)

FEA988B

MAILED 7-11-95

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(Revised 11/1/91)

NAME OF COMMITTEE

PERMANENT CORP. GOOD GOV'T FUND

REPORT COVERED PERIOD

FROM *01/01/95* TO *06/30/95*

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 Identified (use Schedule A)
 - ii Unidentified
 - iii Total (add i and ii) >
 - b Political Party Committees (add i, b, and c) >
 - c Other Political Committees (such as PACs)
 - d Total Contributions (add a, b, and c) >
- 12 Transfers From Affiliated Other Party Committees (add a, b, and c) >
- 13 All Loans Received
- 14 Loan Repayments Received
- 15 Offsets To Operating Expenditures (Refunds, Rebates, etc.)
- 16 Refunds of Contributions Made to Federal Candidates and Other Political Committees
- 17 Other Federal Receipts (Dividends, Interest, etc.)
- 18 Transfers from Nonfederal Account for Joint Activity
- 19 Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >
- 20 Total Federal Receipts (subtract line 18 from line 19) >

| | | |
|--|----------|----------|
| | 4,455.00 | 3,455.00 |
| | 2,000.00 | 2,000.00 |
| | 4,455.00 | 4,455.00 |
| | 4,455.00 | 4,455.00 |
| | 4,455.00 | 4,455.00 |
| | 4,455.00 | 4,455.00 |
| | 4,455.00 | 4,455.00 |
| | 4,455.00 | 4,455.00 |
| | 4,455.00 | 4,455.00 |

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
 - c Total Operating Expenditures (add a, i, and b) >
- 22 Transfers to Affiliated Other Party Committees
- 23 Contributions to Federal Candidates Committees and Other Political Committees
- 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 Individuals Persons Other Than Political Committees
 - b Political Party Committees
 - c Other Political Committees (such as PACs)
 - d Total Contribution Refunds (add a, b, and c) >
- 29 Other Disbursements
- 30 Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >
- 31 Total Federal Disbursements (subtract line 21 a * from line 30) >

| | | |
|--|----------|----------|
| | 4,500.00 | 4,500.00 |
| | 4,500.00 | 4,500.00 |
| | 4,500.00 | 4,500.00 |
| | 4,500.00 | 4,500.00 |
| | 4,500.00 | 4,500.00 |
| | 4,500.00 | 4,500.00 |
| | 4,500.00 | 4,500.00 |
| | 4,500.00 | 4,500.00 |
| | 4,500.00 | 4,500.00 |

III. Net Contributions Operating Expenditures

- 32 Total Contributions (other than loans) (from line 11d)
- 33 Total Contribution Refunds (from line 28d)
- 34 Net Contributions (other than loans) (subtract line 33 from line 32)
- 35 Total Federal Operating Expenditures (add 21 a * and 21 b) >
- 36 Offsets to Operating Expenditures (from line 15)
- 37 Net Operating Expenditures (subtract line 36 from line 35) >

| | | |
|--|----------|----------|
| | 4,455.00 | 4,455.00 |
| | 4,455.00 | 4,455.00 |
| | 4,455.00 | 4,455.00 |
| | 4,455.00 | 4,455.00 |
| | 4,455.00 | 4,455.00 |

154307

SCHEDULE A

ITEMIZED RECEIPTS

For each category of the Detailed Summary Page

FOR LINE NUMBER
11d

Any information copied from such Reports and Statements may not be 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 (A FIRM)

KAMAN CORPORATION GOOD GOVERNMENT FUND

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------|------------------------------------|
| Harry J. Hutchins, Jr. 68 Heath Pond Road Ameton, CT 06231 | Raymond Engineering Occupation Division Manager | 3/29/95 | 575.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$75.00 | | |
| Wesley K. Villo 1619 Courtland Road Alexandria, VA 22306 | Kaman Diversified Tech. Occupation Assistant Vice Pres. | 3/30/95 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date \$500.00 | | |
| John R. Peloso 331 Oyler Brook Road Winchester, CT 06098 | Kaman Aerospace Corp. Occupation Vice President | 3/30/95 | 200.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$200.00 | | |
| Frank I. Untermeyer 444 Cedar Avenue Highland Park, IL 60035 | Kaman Music Corporation Occupation Director of Manufacturing | 4/01/95 | 50.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$50.00 | | |
| John W. Strassburg R.R. #2, Box 361 Montgomery, PA 17752 | Kaman Industrial Tech. Occupation District Manager | 4/01/95 | 35.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date \$35.00 | | |
| Ronald J. Hittel 8608 Wrangler Ct. Indianapolis, IN 46217 | Kaman Industrial Tech. Occupation District Sales Manager | 4/02/95 | 25.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$25.00 | | |
| Ronald M. Galla 757 Palisado Ave. Windsor, CT 06095 | Kaman Corporation Occupation Vice President | 4/02/95 | 400.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$400.00 | | |

SUBTOTAL of Receipts This Page (optional)

500.00
-61,285.00

TOTAL This Period (last page this line number only)

2303394157

SCHEDULE A

ITEMIZED RECEIPTS

For each category of the Detailed Summary Page

FOR LINE NUMBER

11d

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NAME OF COMMITTEE (In Full)

KAMAN CORPORATION GOOD GOVERNMENT FUND

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------|------------------------------------|
| Robert Nieworka 64 Tremblay Avenue Plattsburgh, NY 12901 | Kaman Industrial Tech | 4/03/95 | \$ 10.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Branch Manager | Aggregate Year-to-Date \$ 10.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Russell H. Jones 123 Keeney Avenue West Hartford, CT 06107 | Kaman Corporation | 4/04/95 | 200.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Vice President | Aggregate Year-to-Date \$ 200.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| John R. Kromannetter 92 Norton Lane South Windsor, CT 06074 | Kaman Industrial Tech. | 4/13/95 | 25.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Sales Coordinator | Aggregate Year-to-Date \$ 25.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Eric N. Day 18410 Deer Oak Avenue Lake Oswego, OR 97035 | Kaman Industrial Tech. | 4/25/95 | 50.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation District Manager | Aggregate Year-to-Date \$ 50.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| S. E. Peterson, Jr. 1719 Garywood El Cajon, CA 92021 | Kaman Industrial Tech. | 4/25/95 | 100.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation District Manager | Aggregate Year-to-Date \$ 100.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Carlos D. Ingram 175 Park Avenue Windsor, CT 06095 | Kaman Industrial Tech. | 5/01/95 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Vice President | Aggregate Year-to-Date \$ 250.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Peter Anderson 1648 Filbert Street San Francisco, CA 94109 | Kaman Industrial Tech. | 5/26/95 | 50.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation District Manager | Aggregate Year-to-Date \$ 50.00 | |

SUBTOTAL of Receipts This Page (include)

250.00
\$685.00

TOTAL This Period (last page this line number only)

2 1 3 7 4 1 5 4

SCHEDULE A

ITEMIZED RECEIPTS

For each category of the
Detailed Summary Page

215
FOR LINE NUMBER
11d

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)

KAMAN CORPORATION LOCAL GOVERNMENT FUND

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------|------------------------------------|
| George L. Roderick 6 Woodcrest Road Westboro, MA 01581 | Kaman Electromagnetics President | 6/23/95 | \$300.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | 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 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date | \$ |
| C. 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 | \$ |
| 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)

\$300.00

TOTAL This Period (last page this line number only)

\$5,453.00
2150.00

2,005 for 11 out

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NAME OF COMMITTEE (or Fund)
KAMAN CORPORATION GOOD GOVERNMENT FUND

6
4
3
2

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Lewis for Congress 1500 Wilson Blvd., Suite 320 Arlington, VA 22209 | Support for Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 4/20/95 | \$1,000.00 |
| 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 |

| | |
|-----------------------------------------------------|------------|
| SUBTOTAL of Disbursements This Page (optional) | \$1,000.00 |
| TOTAL This Period (last page this line number only) | |

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER 25

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)
KAMAN CORPORATION GOOD GOVERNMENT FUND

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Murtha for Congress Committee P. O. Box 1091 Johnstown, PA 15907 | Support for Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 4/20/95 | \$1,000.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

SUBTOTAL of Disbursements This Page (optional)

\$1,000.00

TOTAL This Period (last page this line number only)

250384167

ITEMIZED DISBURSEMENTS

Use separate sheets for each category of the Related Summary Page

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)

KAMAN CORPORATION GOOD GOVERNMENT FUND

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Support for Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 4/20/95 | Amount of Each Disbursement This Period \$500.00 |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| 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 |

SUBTOTAL of Disbursements This Page (optional)

\$500.00

TOTAL This Period (last page this line number only)

2007-415-3

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate worksheets for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

KANAN CORPORATION GOOD GOVERNMENT FUND

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Spence for Congress 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 22021-1652 | Support for Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 4/20/95 | \$500.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| J. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| K. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| L. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional)

\$500.00

TOTAL This Period (last page this line number only)

200304159

ARIZONA
SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 5
FOR LINE NUMBER
23

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 purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
KANAN CORPORATION (GOOD GOVERNMENT FUND)

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Bob Stump Election Committee 4451 Brookfield Corp. Dr., Suite 200 Chantilly, VA 22021-1652 | Support for Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 4/28/95 | \$1,000.00 |
| B. Full Name, Mailing Address and ZIP Code Kolbe '96 Committee 4610 Franconia Road Alexandria, VA 22310-2136 | Support for Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 6/16/95 | 500.00 |
| 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 |

SUBTOTAL of Disbursements This Page (optional) \$1,500.00

TOTAL This Period (last page this line number only) \$4,500.00

200374150

**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.

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DATE OF RECEIPT

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 and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

F.S.

PREPARER

8/15/95

DATE PREPARED

9 5 0 3 7 4 1 5 1