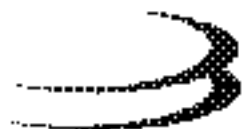


RECEIVED
FED MAIL
OPERATIONS CENTER**BRUSH**
ENGINEERED MATERIALS

FEB 17 A 8:34

Brush Engineered Materials, Inc.
13875 St. Clair Avenue
Cleveland, Ohio 44110-2887
216-498-4200

February 7, 2005

Elections Division
Office of the Secretary of State
180 East Broad Street, 15th Floor
Columbus, Ohio 43215

Dear Sir or Madam:

Enclosed is an amendment to the Statement of Organization for the Brush Engineered Materials Good Government Fund regarding a bank depository account. Please update your records accordingly.

If you should require anything else, you can contact me at (216) 383-6817 or via e-mail at Scott_Raymond@beminc.com.

Sincerely,

Scott V. Raymond

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2005 FEB 17 A 8:34

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: typing "N/A" over the line. CZEPEANS

BRUSH ENGINEERED MATERIALS GOOD GOVERNMENT FUND

ADDRESS (number and street) 17876 ST. CLAIR AVENUE

(Check if address is changed) CLEVELAND OH 44110 2697

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER 216-451-2523

2. DATE 02 07 2005

3. FEC IDENTIFICATION NUMBER C 00216770

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT V. RAYMONT

Signature of Treasurer Scott V. Raymond Date 02 07 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §497g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation _____ Office Sought: House Senate President
 State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Name of Type Committee Name

BRUSH ENGINEERED MATERIALS GOOD GOVERNMENT FUND

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name:

Mailing Address:

Title or Position:

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number:

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer:

Mailing Address:

Title or Position:

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number:

Full Name of Designated Agent:

Mailing Address:

Title or Position:

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number:

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK ONE

Mailing Address

1300 EAST NINTH STREET

CLEVELAND

OH OH

44114

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>PA</i>	2/17/05
PREPARER	DATE PREPARED