



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

JUN 12 10 45 AM '96

MS-F

Stacy E. Bonitz, Treasurer
Brush Wellman Good Government
Fund
17876 St. Clair Avenue
Cleveland, OH 44110

MAY 31 1996

Identification Number: C00216770

Dear Ms. Bonitz:

This letter is prompted by the Commission's review of documents filed by your committee. Certain information disclosed on your Statement of Organization (FEC FORM 1) may not comply with 11 CFR §102.14(c). This section states, "The name of a separate segregated fund...shall include the full name of its connected organization. Such fund may also use a clearly recognized abbreviation or acronym by which the connected organization is commonly known" (emphasis added). Commission records indicate the name of your connected organization as Brush Wellman, Inc. and the name of your political committee as Brush Wellman Good Government Fund. Please amend your Statement of Organization (form enclosed) to comply with 11 CFR §102.14.

A written response or an amendment to your Statement of Organization addressing this matter should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. 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,

Amy Suzanne Reynolds
Reports Analyst
Reports Analysis Division

246

Enclosure

9 6 0 3 0 3 5 2 8 7 8

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

FEC FORM 1

1. NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) BREXIT WELLMAN GOOD GOVERNMENT FUND	2. DATE 11/10/96
3. NUMBER AND STREET ADDRESS <input type="checkbox"/> (Check if address is changed) 17876 St. Clair Avenue	3. REC IDENTIFICATION NUMBER 160629070
4. CITY, STATE AND ZIP CODE Cleveland, OH 44110	4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
5 2 8 7 9 BREXIT WELLMAN, INC.	Same as above	

6. Type of Connected Organization

Corporation Corporation with Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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
Stacy E. Bonitz	Same as above	Treasurer

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	Mailing Address	Title or Position
Stacy E. Bonitz	Same as above	Treasurer

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.	Mailing Address and ZIP Code
National City Bank	4100 West 150th Cleveland, OH 44135

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

TYPE OR PRINT NAME OF TREASURER Stacy E. Bonitz	SIGNATURE OF TREASURER 	DATE 11/10/96
---	----------------------------	-------------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

**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.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>6/10/96</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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>E.S.</i> PREPARER	<i>6/12/96</i> DATE PREPARED

9603055283C