

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION FILE ROOM

FEB 3 12 55 PM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>Brush Wellman Good Government Fund</b>		2. FEC IDENTIFICATION NUMBER <b>C00216770</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>17876 St. Clair Avenue</b>		
CITY, STATE and ZIP CODE <b>Cleveland, Ohio 44110</b>		
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

- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election 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 <b>7/1/97</b> through <b>12/31/97</b>		
6. (a) Cash on Hand January 1, 19 <b>97</b>		\$ 10,480.84
(b) Cash on Hand at Beginning of Reporting Period	\$ 12,551.10	
(c) Total Receipts (from Line 19)	\$ 6,457.77	\$ 12,225.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 19,008.87	\$ 22,706.65
7. Total Disbursements (from Line 30)	\$ 4,500.00	\$ 8,197.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 14,508.87	\$ 14,508.87
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0-	

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 Responsible Officer: **Timothy Reid**

Signature of Treasurer Responsible Officer: *Timothy Reid*    Date: **1/30/98**

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 9/92)

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

(revised 1/1/81)

NAME OF COMMITTEE: Bush Wellman Good Government Fund

REPORT COVERING PERIOD  
FROM 7/1/97 TO: 12/31/97

		COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			
i.	Itemized (Use Schedule A)	3,557.12	6,606.08	11(D)
ii.	Unitemized	2,560.05	4,976.74	11(O)(B)
iii.	Total (add i and ii) >	6,117.17	11,582.82	11(O)(B)
b.	Political Party Committees			11(F)
c.	Other Political Committees (such as PACs)			11(G)
d.	Total Contributions (add a ii, b and c) >	6,117.17	11,582.82	11(H)
12.	Transfers From Affiliated/Other Party Committees			2
13.	All Loans Received			3
14.	Loan Repayments Received			4
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			5
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			6
17.	Other Federal Receipts (Dividends, Interest, etc.)	340.00	642.99	7
18.	Transfers from Nonfederal Account for Joint Activity			8
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	6,457.17	12,225.81	9
20.	Total Federal Receipts (subtract line 18 from line 19) >	6,457.17	12,225.81	10
<b>II Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(A)
i.	Federal Share			21(B)
ii.	Non-Federal Share			21(C)
b.	Other Federal Operating Expenditures	-0-		21(D)
c.	Total Operating Expenditures (add a i, a ii, and b) >	-0-	197.78	21(E)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	4,500.00	7,000	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.	Individuals/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) >			28(D)
29.	Other Disbursements	-0-	1,000	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	4,500.00	8,197.78	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	4,500.00	8,197.78	31
<b>III Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d)	6,117.17	11,582.82	32
33.	Total Contribution Refunds (from line 28d)	-0-	-0-	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	6,117.17	11,582.82	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	197.78	35
36.	Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	-0-	197.78	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3  
FOR LINE NUMBER 121

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
Mike Anderson 8976 Blumhury Lane Mentor, OH 44060	Brush Wellman Inc.	7/1/97 - 12/31/97	168.00 (12.00 biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir. Sales Mktg. Support Aggregate Year-to-Date: \$ 312.00	Payroll Deducti-	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Walter Cribb 33905 Soreca Dr. Solon, OH 44139			129.22 (9.23 biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP R&D Aggregate Year-to-Date: \$ 239.98		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gordon Harrett 17876 St. Clair Cleveland, OH 44110			868.00 (62.00 biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO, President Aggregate Year-to-Date: \$ 1162.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mike Hasychak 675 Rock Creek Aurora, OH 44202			323.12 (23.08 biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Secretary/Treasurer Aggregate Year-to-Date: \$ 1600.08		
E. 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 44120			140.00 (10.00 biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir. Technology & Prod Aggregate Year-to-Date: \$ 260.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bryan Moore 3330 Elsmar Rd. Shaker Hts, OH 44120			258.44 (18.46 biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP Strip Production Firm Team Aggregate Year-to-Date: \$ 479.96		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tim Reid 1765 Allen Dr Westlake, OH 44145			193.90 (13.85 biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP Corp Communication Aggregate Year-to-Date: \$ 3160.10		

SUBTOTAL of Receipts This Page (optional) .....

2080.68

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3  
FOR LINE NUMBER 11a

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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
Dan Skoch 254 Cranberry Trail Sagamore Hills, OH 44067 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	" Occupation: VP Human Resources Aggregate Year-to-Date > \$ 239.98	"	129.22 (9.23 biweekly)
Hugh Hanes 1138 By The Shores Huron, OH 44839 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	" Occupation: VP Plant Maintenance Aggregate Year-to-Date > \$ 354.02	"	206.78 (4.77 biweekly)
Larry Hattan 7008 Elden Dr. Sylvania, OH 43530 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	" Occupation: Prod Line Mgr. Ldr. Aggregate Year-to-Date > \$ 239.98	"	129.22 (9.23 biweekly)
Andrew Hudac 2195 Brookside Geneva, OH 43430 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	" Occupation: Sr. Maint Mechanical Eng. Aggregate Year-to-Date > \$ 239.98	"	129.22 (9.23 biweekly)
Lyle MacAulay 14710 W. Portage Rivers Road Elmore, OH 43416 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	" Occupation: Plant Mgr. Aggregate Year-to-Date > \$ 208.00	"	112.00 (8.00 biweekly)
Sam Moyer 14710 W. Portage Rivers Road Elmore, OH 43416 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	" Occupation: Human Resources Aggregate Year-to-Date > \$ 390.00	"	210.00 (15.00 biweekly)
David Mylander 2139 S. Peckale Oak Harbor, OH 43449 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	" Occupation: Mgr Sales Admin Aggregate Year-to-Date > \$ 390.00	"	210.00 (15.00 biweekly)

SUBTOTAL of Receipts This Page (optional) .....

1,126.44

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3  
FOR LINE NUMBER 11A-C

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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
William Smith 12675 O TOSSEY Perrystown, OH 43531	"	"	182.00 (13.00 weekly)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director Corp Purchasing Aggregate Year-to-Date: > 338.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Moore 33523 Fairway Vista New Britainville, ME 45047	"	"	168.00 (12.00 weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Service Center Mgr Aggregate Year-to-Date: > 32.00		
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: > 5		
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: > 6		
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: > 6		
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: > 5		
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: > 5		

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

3,557.12

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER

17

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NAME OF COMMITTEE (In Full)

Brush Wellman Good Government Fund

A. Full Name, Mailing Address and ZIP Code National City Bank 1900 E. 9th Street Cleveland, OH 44114 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	Name of Employer  Occupation Aggregate Year-to-Date > \$ 1042.99	Date (month, day, year) 7/1/97 - 12/31/97	Amount of Each Receipt this Period 340.60
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

340.60

TOTAL This Period (last page this line number only)

340.60

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 Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Chris Cannon 42 North University Ave, Suite 207 Provo, Utah 84601	US Congress, Utah 3rd District Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/97	1,000.00
Merrill Cook P.O. Box 11336 Salt Lake City, Utah 84147	US Congress, Utah Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/97	1,000.00
Arlen Specter 11 South 15th Street 21st Floor Philadelphia, PA 19102	US Senate, Pennsylvania Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/97	1,000.00
T.D. Hayward P.O. Box 14273 Scottsdale, AZ 85267	US Congress, Arizona Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/97	500.00
Marcy Kaptur P.O. Box 899 Toledo, Ohio 43697	US Congress, Ohio Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/97	1,000.00
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)

4,500.00

TOTAL This Period (last page this line number only)

4,500.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1-30-98
<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
<input type="checkbox"/> Electronic Filing	
 MBD	 2-3-98
PREPARER	DATE PREPARED