

REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

For Other Than An Authorized Committee
(Summary Page)

2000 APR 18 A 10:04

1. NAME OF COMMITTEE (in full) OWENS CORNING BETTER GOVERNMENT FUND	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported ONE OWENS CORNING PARKWAY	2. FEC IDENTIFICATION NUMBER C00200099
CITY, STATE and ZIP CODE TOLEDO, OH 43659	3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate 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:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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>1/1/00</u> through <u>03/31/00</u>		
6. (a) Cash on Hand January 1, 19 <u>2000</u>		\$ 125,707.15
(b) Cash on Hand at Beginning of Reporting Period	\$ 125,707.15	
(c) Total Receipts (from Line 19)	\$ 30,203.56	\$ 30,203.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 155,910.71	\$ 155,910.71
7. Total Disbursements (from Line 30)	\$ 22,702.00	\$ 22,702.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).	\$ 133,208.71	\$ 133,208.71
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
898 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-218-3420

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 KIRK PETERSON	Date 4-3-00
Signature of Treasurer 	

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 9/98)

HS64001

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE OWENS CORNING BETTER GOVERNMENT FUND	REPORT COVERING PERIOD FROM 01/01/00 TO 03/31/00	
	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. Itemized (use Schedule A)	5,789.00	5,789.00
ii. Unitemized	22,944.90	22,944.90
iii. Total	28,733.90	28,733.90
..... (add i and ii) *	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)		
d. Total Contributions	28,733.90	28,733.90
..... (add a iii, b and c) *	0.00	0.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates & Other Political Committees	1,469.66	1,469.66
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	30,203.56	30,203.56
19. Total Receipts	30,203.56	30,203.56
..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) *		
20. Total Federal Receipts	30,203.56	30,203.56
..... (subtract line 18 from line 19) *		
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	1,202.00	1,202.00
b. Other Federal Operating Expenditures	1,202.00	1,202.00
c. Total Operating Expenditures	0.00	0.00
..... (add a i, a ii, and b) *		
22. Transfers to Affiliated/Other Party Committees	21,000.00	21,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441ad)(use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contribution Refunds	500.00	500.00
..... (add a, b and c) *		
29. Other Disbursements	22,702.00	22,702.00
30. Total Disbursements	22,702.00	22,702.00
..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) *		
31. Total Federal Disbursements	22,702.00	22,702.00
..... (subtract line 21 a ii from line 30) *		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	28,733.90	28,733.90
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	28,733.90	28,733.90
35. Total Federal Operating Expenditures	1,202.00	1,202.00
..... (add 21 a i and 21 b) *		
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures	1,202.00	1,202.00
..... (subtract line 36 from 35) *		

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
FOR LINE NUMBER 11A1

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)

OWENS CORNING BETTER GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MAURA J. ABELM 4529 WOODHILL RD. TOLEDO, OH 43615	OWENS CORNING	01/05/00	125.00
		01/31/00	125.00
		02/14/00	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation LEGAL SR VP, GEN COUNSEL & SEC	Aggregate Year-to-Date > \$ 875.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MAURA J. ABELM 4529 WOODHILL RD. TOLEDO, OH 43615	OWENS CORNING	02/22/00	125.00
		03/01/00	125.00
		03/16/00	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation LEGAL SR VP, GEN COUNSEL & SEC	Aggregate Year-to-Date > \$ 875.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MAURA J. ABELM 4529 WOODHILL RD. TOLEDO, OH 43615	OWENS CORNING	03/29/00	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation LEGAL SR VP, GEN COUNSEL & SEC	Aggregate Year-to-Date > \$ 875.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SWAN P. BROWN 8559 CASTLE OAK PL. HOLLAND, OH 43528	OWENS CORNING	01/05/00	50.00
		01/21/00	50.00
		02/14/00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation VP OPERATIONS, CSR	Aggregate Year-to-Date > \$ 350.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SWAN P. BROWN 8559 CASTLE OAK PL. HOLLAND, OH 43528	OWENS CORNING	02/22/00	50.00
		03/01/00	50.00
		03/16/00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation VP OPERATIONS, CSR	Aggregate Year-to-Date > \$ 350.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SWAN P. BROWN 8559 CASTLE OAK PL. HOLLAND, OH 43528	OWENS CORNING	03/29/00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation VP OPERATIONS, CSR	Aggregate Year-to-Date > \$ 350.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOMINICO CICERO 26227 CARRINGTON BOULEVARD PERRYSDURG, OH 43551	OWENS CORNING	01/05/00	50.00
		01/21/00	50.00
		02/14/00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation V.P. & PRESIDENT ROOF/ASPHALT	Aggregate Year-to-Date > \$ 350.00	

SUBTOTAL of Receipts This Page (optional)

1,375.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5
FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

OWENS CORNING BETTER GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOMENICO CICERE 26227 CARRINGTON BOULEVARD PERRYSBURG, OH 43551		OWENS CORNING	02/22/00 03/01/00 03/16/00	50.00 50.00 50.00
		Occupation V.P. & PRESIDENT ROOF/ASPHALT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date > \$ 350.00		
<input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC				
B. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOMENICO CICERE 26227 CARRINGTON BOULEVARD PERRYSBURG, OH 43551		OWENS CORNING	03/29/00	50.00
		Occupation V.P. & PRESIDENT ROOF/ASPHALT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date > \$ 350.00		
<input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC				
C. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM E. FAYERWEATHER 422 W. BROADWAY MAUMEE, OH 43537		OWENS CORNING	01/05/00 01/21/00 02/14/00	32.00 32.00 32.00
		Occupation CORP. EPIDEMIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date > \$ 224.00		
<input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC				
D. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM E. FAYERWEATHER 422 W. BROADWAY MAUMEE, OH 43537		OWENS CORNING	02/22/00 03/01/00 03/16/00	32.00 32.00 32.00
		Occupation CORP. EPIDEMIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date > \$ 224.00		
<input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC				
E. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM E. FAYERWEATHER 422 W. BROADWAY MAUMEE, OH 43537		OWENS CORNING	03/29/00	32.00
		Occupation CORP. EPIDEMIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date > \$ 224.00		
<input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC				
F. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES L. FORREST, JR. 7716 TRIPP AVENUE AMARILLO, TX 79121		OWENS CORNING	01/05/00 01/21/00 02/14/00	30.00 30.00 30.00
		Occupation SUPT FORMING PRODN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date > \$ 210.00		
<input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC				
G. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES L. FORREST, JR. 7716 TRIPP AVENUE AMARILLO, TX 79121		OWENS CORNING	02/22/00 03/01/00 03/16/00	30.00 30.00 30.00
		Occupation SUPT FORMING PRODN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date > \$ 210.00		
<input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC				

SUBTOTAL of Receipts This Page (optional)

75252101

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 6
FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

OWENS CORNING BETTER GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES L. FOREST, JR. 7716 TRIPP AVENUE AMARILLO, TX 79121	OWENS CORNING	03/29/00	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation SHIPT FORMING PRODN Aggregate Year-to-Date > \$ 210.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM K. HAMILTON 2417 LOST CREEK DRIVE TOLEDO, OH 43617	OWENS CORNING	01/05/00 01/21/00 02/14/00	30.00 30.00 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation MANAGER INTERNL COM Aggregate Year-to-Date > \$ 210.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM K. HAMILTON 2417 LOST CREEK DRIVE TOLEDO, OH 43617	OWENS CORNING	02/22/00 03/01/00 03/16/00	30.00 30.00 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation MANAGER INTERNL COM Aggregate Year-to-Date > \$ 210.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM K. HAMILTON 2417 LOST CREEK DRIVE TOLEDO, OH 43617	OWENS CORNING	03/29/00	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation MANAGER INTERNL COM Aggregate Year-to-Date > \$ 210.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GLENN H. RIBER 4009 RIVER ROAD TOLEDO, OH 43614	OWENS CORNING	01/05/00 01/21/00 02/14/00	200.00 200.00 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation CHAIRMAN OF BOARD & CEO Aggregate Year-to-Date > \$ 1,400.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GLENN H. RIBER 4009 RIVER ROAD TOLEDO, OH 43614	OWENS CORNING	02/22/00 03/01/00 03/16/00	200.00 200.00 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation CHAIRMAN OF BOARD & CEO Aggregate Year-to-Date > \$ 1,400.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GLENN H. RIBER 4009 RIVER ROAD TOLEDO, OH 43614	OWENS CORNING	01/29/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation CHAIRMAN OF BOARD & CEO Aggregate Year-to-Date > \$ 1,400.00		

SUBTOTAL of Receipts This Page (optional)

FEAR101

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
OWENS CORNING BETTER GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. NEWT HOLLOWAY, JR. #4 RIVERLYN DRIVE FT. SMITH, AR 72903	OWENS CORNING	01/08/00	40.00
		01/21/00	40.00
		02/14/00	40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation MANAGER PLANT MANUFACTURING	Aggregate Year-to-Date > \$	280.00
J. NEWT HOLLOWAY, JR. #4 RIVERLYN DRIVE FT. SMITH, AR 72903	OWENS CORNING	02/22/00	40.00
		03/01/00	40.00
		03/16/00	40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation MANAGER PLANT MANUFACTURING	Aggregate Year-to-Date > \$	280.00
J. NEWT HOLLOWAY, JR. #4 RIVERLYN DRIVE FT. SMITH, AR 72903	OWENS CORNING	03/29/00	40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation MANAGER PLANT MANUFACTURING	Aggregate Year-to-Date > \$	280.00
DAVID L. JOHNS 1608 WOODSHEAM PERRYSSBURG, OH 43551	OWENS CORNING	01/05/00	30.00
		01/21/00	30.00
		02/14/00	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation CIO & VICE PRESIDENT	Aggregate Year-to-Date > \$	210.00
DAVID L. JOHNS 1608 WOODSHEAM PERRYSSBURG, OH 43551	OWENS CORNING	02/22/00	30.00
		03/01/00	30.00
		03/16/00	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation CIO & VICE PRESIDENT	Aggregate Year-to-Date > \$	210.00
DAVID L. JOHNS 1608 WOODSHEAM PERRYSSBURG, OH 43551	OWENS CORNING	03/29/00	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation CIO & VICE PRESIDENT	Aggregate Year-to-Date > \$	210.00
RICHARD D. LANTZ 2548 WEALEDSTONE TOLEDO, OH 43617	OWENS CORNING	01/05/00	50.00
		01/21/00	50.00
		02/14/00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation VP INSULATION MARKETING	Aggregate Year-to-Date > \$	150.00
SUBTOTAL of Receipts This Page (optional)			640.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 6
FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

OWENS CORNING BETTER GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD D. LAMTZ 2548 WEALDSTONE TOLEDO, OH 43617	OWENS CORNING	02/22/00	50.00
		03/01/00	50.00
		03/16/00	50.00
Occupation VP INSULATION MARKETING	Aggregate Year-to-Date > \$	350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD D. LAMTZ 2548 WEALDSTONE TOLEDO, OH 43617	OWENS CORNING	02/29/00	50.00
Occupation VP INSULATION MARKETING	Aggregate Year-to-Date > \$	350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT C. LONERGAN 28 EXMOOR TOLEDO, OH 43615	OWENS CORNING	01/05/00	60.00
		01/21/00	60.00
		02/14/00	60.00
Occupation VP SCIENCE & TECHNOLOGY	Aggregate Year-to-Date > \$	420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT C. LONERGAN 28 EXMOOR TOLEDO, OH 43615	OWENS CORNING	02/22/00	60.00
		03/01/00	60.00
		03/16/00	60.00
Occupation VP SCIENCE & TECHNOLOGY	Aggregate Year-to-Date > \$	420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT C. LONERGAN 28 EXMOOR TOLEDO, OH 43615	OWENS CORNING	03/29/00	60.00
Occupation VP SCIENCE & TECHNOLOGY	Aggregate Year-to-Date > \$	420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GREGORY L. MORGAN 22 STUART STREET GUELPH, ON N1E 4-54	OWENS CORNING	01/05/00	30.00
		01/21/00	30.00
		02/14/00	30.00
Occupation MANAGER PLANT MANUFACTURING	Aggregate Year-to-Date > \$	210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GREGORY L. MORGAN 22 STUART STREET GUELPH, ON N1E 4-54	OWENS CORNING	02/22/00	30.00
		03/01/00	30.00
		03/16/00	30.00
Occupation MANAGER PLANT MANUFACTURING	Aggregate Year-to-Date > \$	210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			

SUBTOTAL of Receipts This Page (optional)

FORM 101

SCHEDULE A

ITEMIZED RECEIPTS

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)
OWENS CORNING BETTER GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GREGORY L. MORGAN 12 STUART STREET OURLPH, OH 43084	OWENS CORNING	03/29/00	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation MANAGER PLAST MANUFACTURING Aggregate Year-to-Date > \$ 210.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL D. RADCLIFF 14707 WOOD CREEK COURT PERRYSBURG, OH 43051	OWENS CORNING	01/05/00 01/21/00 02/14/00	100.00 100.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation V P CHIEF INFORMATION OFFICER Aggregate Year-to-Date > \$ 700.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL D. RADCLIFF 14707 WOOD CREEK COURT PERRYSBURG, OH 43051	OWENS CORNING	02/23/00 03/01/00 03/16/00	100.00 100.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation V P CHIEF INFORMATION OFFICER Aggregate Year-to-Date > \$ 700.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL D. RADCLIFF 14707 WOOD CREEK COURT PERRYSBURG, OH 43051	OWENS CORNING	03/29/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation V P CHIEF INFORMATION OFFICER Aggregate Year-to-Date > \$ 700.00		
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:	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:	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:	Occupation Aggregate Year-to-Date > \$		
SUBTOTAL of Receipts This Page (optional)			730.00
TOTAL This Period (last page this line number only)			5,189.00

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)
OWENS CORNING BETTER GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COMERICA BANK P.O. BOX 75000 DETROIT, MI 48275-2250		01/03/00	483.29
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: INTEREST INCOME	Occupation	Aggregate Year-to-Date > \$ 1,469.66	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COMERICA BANK P.O. BOX 75000 DETROIT, MI 48276-2250		02/01/00	498.03
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: INTEREST INCOME THROUGH 01/31/00	Occupation	Aggregate Year-to-Date > \$ 1,469.66	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COMERICA BANK P.O. BOX 75000 DETROIT, MI 48275-2250		03/01/00	488.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: INTEREST INCOME	Occupation	Aggregate Year-to-Date > \$ 1,469.66	
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:	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:	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:	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:	Occupation	Aggregate Year-to-Date > \$	
SUBTOTAL of Receipts This Page (optional)			1,469.66
TOTAL This period (last page this line number only)			1,469.66

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21B

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)

OWENS CORNING BETTER GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
UNITED STATES TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201	1999 FEDERAL INCOME TAXES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	03/03/00	1,202.00
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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			1,202.00
TOTAL This Period (last page this line number only)			1,202.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF B
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

OWENS CORNING BETTER GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
BILL THOMAS CAMPAIGN COMMITTEE P.O. BOX 395 BAKERSFIELD, CA 93302	BILL THOMAS U S CONGRESS CA021 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	01/18/00	5,000.00
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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			5,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 8
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

OWENS CORNING BETTER GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
ROTH SENATE COMMITTEE 2 MILL ROAD SUITE 100 WILMINGTON, DE 19806	WILLIAM ROTH U S SENATE DE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	02/23/00	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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period

1,000.00

SUBTOTAL of Disbursements This Page (optional)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 8
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

OWENS CORNING BETTER GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
CIRSEI FOR SENATE 940 RICE STREET ST. PAUL, MN 55117	NILES CIRSEI U S SENATE MR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	01/18/00	5,000.00
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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			5,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 8
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

OWENS CORNING BETTER GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ASHCROFT FOR SENATE 507 CAPITOL COURT NE #100 WASHINGTON, DC 20002	JOHN ASHCROFT U S SENATE MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	03/03/00	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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement This Period

1,000.00

SUBTOTAL of Disbursements This Page (optional)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
OWENS CORNING BETTER GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
RANGEL FOR CONGRESS 2000 P.O. BOX 5577 NEW YORK, NY 10027	CHARLES RANGEL U S CONGRESS NY015 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	02/18/00	5,000.00
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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			5,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

DWENS CORNING BETTER GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	DATE (month, day, year)	Amount of Each Disbursement this Period
KAPTOR FOR CONGRESS P.O. BOX 899 TOLEDO, OH 43691	MARCY KAPTOR U S CONGRESS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	01/18/00	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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			1,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 8
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

OWENS CORNING BETTER GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
COMMITTEE TO ELECT LINDSEY GRAHAM P.O. BOX 1155 BENNECA, SC 29679	LINDSEY GRAHAM U S CONGRESS SC003 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	01/18/00	2,000.00
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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period

2,000.00

SUBTOTAL of Disbursements This Page (optional)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 8
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

OWENS CORNING BETTER GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIST 2000 4205 HILLSBORO ROAD SUITE 306 NASHVILLE, TN 37215	BILL FRIST U S SENATE TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	03/23/00	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:	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:	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:	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:	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:	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:	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:	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:	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)			21,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

OWENS CORNING BETTER GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR CLIMATE 2 MARITIME PLAZA TOLEDO, OH 43604	LYNN OLKAMP STATE HOUSE/LEGISLATURE/REP 08051 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	02/23/00	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:	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:	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:	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:	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:	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:	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:	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:	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)			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.

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4-18-00

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Postmark Illegible

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Other (Specify): Postmarked

and/or Date of Receipt

Electronic Filing

DEB
PREPARER

4-18-00
DATE PREPARED