

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAY 22 11 11 AM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) TRW GOOD GOVERNMENT FUND		2. FEC IDENTIFICATION NUMBER C00025536
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1900 Richmond Road		
CITY, STATE and ZIP CODE Cleveland, OH 44124		
3. <input 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

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

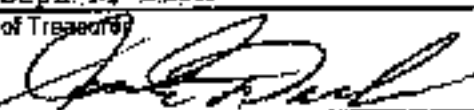
SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	4/1/97 through 4/30/97		
6. (a) Cash on Hand January 1, 19 97			\$ 30,554.03
(b) Cash on Hand at Beginning of Reporting Period		\$ 68,153.39	
(c) Total Receipts (from Line 19)		\$ 12,938.24	\$ 62,687.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 81,091.63	\$ 93,241.63
7. Total Disbursements (from Line 30)		\$ 9,900.00	\$ 22,050.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 71,191.63	\$ 71,191.63
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 899 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

Joseph E. Durk

Signature of Treasurer



Date

5/19/97

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)

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

(revised 1/1/91)

NAME OF COMMITTEE RW GOOD GOVERNMENT FUND		REPORT COVERING PERIOD FROM 4/1/97 TO 4/30/97		
		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)	3,123.00	11,160.00	11(a)(i)
ii.	Unitemized	9,771.19	51,156.97	11(a)(ii)
iii.	Total (add i and ii) >	12,894.19	62,316.97	11(a)(iii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a iii, b and c) >	12,894.19	62,316.97	11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		250.00	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	44.05	120.63	17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	12,938.24	62,687.60	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	12,938.24	62,687.60	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share			21(a)(i)
ii.	Non-Federal Share			21(a)(ii)
b.	Other Federal Operating Expenditures			21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22.	Transfers to Affiliated/Other Party Committees	100.00	100.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	9,500.00	21,500.00	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	300.00	450.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	9,900.00	22,050.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	9,900.00	22,050.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	12,894.19	62,316.97	32
33.	Total Contribution Refunds (from line 28d)	-0-	-0-	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	12,894.19	62,316.97	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	-0-	35
36.	Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	-0-	-0-	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

TRW Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gino G. Abad 570 Merlot Dr. Fremont, CA 94539	TRW Inc. Occupation: Manager	4/30/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry B. Agec 536 Green River Ct. Annapolis, MD 21401	TRW Inc. Occupation: Manager	4/30/97	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 360.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert A. Alberico 53766 Whithy Way Dr. Shelby Township, MI 48316	TRW Inc. Occupation: Vice President	4/30/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter C. Camana 16550 Via Pensaco Ramona, CA 92065	TRW Inc. Occupation: Manager	4/30/97	40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick W. Clarke 2911 Paxton Rd. Shaker Hts., OH 44120	TRW Inc. Occupation: Vice President	4/30/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Morris L. Cohn 20 Kimmie Court Belmont, CA 94002	TRW Inc. Occupation: Manager	4/30/97	85.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 442.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martin A. Coyle 1900 Richmond Road Cleveland, OH 44124	TRW Inc. Occupation: Exe. Vice President	4/30/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 800.00		

SUBTOTAL of Receipts This Page (optional)

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 7
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

TRW Good Government Fund

<p>A. Full Name, Mailing Address and ZIP Code James L. Craney 6572 Queens Way Brecksville, OH 44141</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer TRW Inc.</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 4/30/97</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>B. Full Name, Mailing Address and ZIP Code John P. Cummings 1101 Longshore Dr. San Jose, CA 95128</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer TRW Inc.</p> <p>Occupation Manager</p> <p>Aggregate Year-to-Date > \$ 260.00</p>	<p>Date (month, day, year) 4/30/97</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Leroy J. Deal 856 Chesterton Avenue Redwood City, CA 94061</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer TRW Inc.</p> <p>Occupation Manager Eng.</p> <p>Aggregate Year-to-Date > \$ 520.00</p>	<p>Date (month, day, year) 4/30/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Terry L. Duncan 3394 Londonderry Santa Clara, CA 95050</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer TRW Inc.</p> <p>Occupation Manager</p> <p>Aggregate Year-to-Date > \$ 260.00</p>	<p>Date (month, day, year) 4/30/97</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Theofanis Economidis 730 Raymundo Avenue Los Altos, CA 94024</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer TRW Inc.</p> <p>Occupation E/S 4</p> <p>Aggregate Year-to-Date > \$ 260.00</p>	<p>Date (month, day, year) 4/30/97</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Gerald R. Erickson 1150 Ballena Blvd. Alameda, CA 94501</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer TRW Inc.</p> <p>Occupation Manager</p> <p>Aggregate Year-to-Date > \$ 260.00</p>	<p>Date (month, day, year) 4/30/97</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Gregory W. Evans 1965 Knollwood Lane Los Altos, CA 94024</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer TRW Inc.</p> <p>Occupation E/S 8</p> <p>Aggregate Year-to-Date > \$ 520.00</p>	<p>Date (month, day, year) 4/30/97</p>	<p>Amount of Each Receipt this Period 100.00</p>

SUBTOTAL of Receipts This Page (optional)

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NAME OF COMMITTEE (In Full)

TRW Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John V. Featherstone 203 Paseo Del Mar Santa Cruz, CA 95065	TRW Inc.	4/30/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 260.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack S. Friedman 12055 Kristy Lane Saratoga, CA 95070	TRW Inc.	4/30/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MANAGER	Aggregate Year-to-Date > \$ 260.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William R. Gibbs 4999 S. Point Way Byron, CA 94514	TRW Inc.	4/30/97	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 380.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph T. Gorman 1900 Richmond Road Cleveland, OH 44124	TRW Inc.	4/30/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman & CEO	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Priscilla E. Guthrie 2309 Highland Ave. Falls Church, VA 22046	TRW Inc.	4/30/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 380.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William R. Harper 9827 Portola Dr. Beverly Hills, CA 90210	TRW Inc.	4/30/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	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
Keith H. Hazard 10810 Perrin Circle Spotsylvania, VA 22553	TRW Inc.	4/30/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation E/S Systems	Aggregate Year-to-Date > \$ 520.00	

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

TRW Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter S. Hellman 1614 Berkshire Rd. Gates Mills, OH 44040	TRW Inc.	4/30/97	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President/COO		
	Aggregate Year-to-Date >	\$ 320.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Franklin P. Herring 400 Wexford Circle Bonaire, GA 31005	TRW Inc.	4/30/97	-0-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director		
	Aggregate Year-to-Date >	\$ 204.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas Huey 4013 Pons Court Pleasanton, CA 94566	TRW Inc.	4/30/97	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation E/S 7		
	Aggregate Year-to-Date >	\$ 390.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard J. Hybil 7010 Deepwood Dr. Chagrin Falls, OH 44022	TRW Inc.	4/30/97	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director		
	Aggregate Year-to-Date >	\$ 240.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry W. Kendall 5356 Avenida Almendros San Jose, CA 95123	TRW Inc.	4/30/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Engineer		
	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
John Kitching 2100 Largo Ct. Byron, CA 94514	TRW Inc.	4/30/97	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager		
	Aggregate Year-to-Date >	\$ 390.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William B. Lawrence 3003 Eaton Road Shaker Hts., H 44122	TRW Inc.	4/30/97	68.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exe. Vice President		
	Aggregate Year-to-Date >	\$ 272.00	

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TRW Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles M. Lindauer 385 Cherry Avenue Los Altos, CA 94022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	TRW Inc. Occupation: E/S 7 Systems	4/30/97 Aggregate Year-to-Date > \$ 260,00	50,00
Dale C. Lindley 21427 Krzych Pl. Cupertino, CA 95014 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	TRW Inc. Occupation: Manager	4/30/97 Aggregate Year-to-Date > \$ 260,00	50,00
Joanne M. Maguire 7005 Kentwood Ct. Los Angeles, CA 90045 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	TRW Inc. Occupation: Vice Pres. & Gen. Mgr.	4/30/97 Aggregate Year-to-Date > \$ 200,00	40,00
Carl G. Miller 7545 Thistle Lane Novelty, OH 44072 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	TRW Inc. Occupation: Exe. Vice Pres.	4/30/97 Aggregate Year-to-Date > \$ 200,00	50,00
Thomas A. Myers 156 North Highland Akron, OH 44303 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	TRW Inc. Occupation: Director	4/30/97 Aggregate Year-to-Date > \$ 200,00	50,00
Michael C. Norling 10544 Winged Elm Cir. Manassas, VA 20110 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	TRW Inc. Occupation: Engineer	4/30/97 Aggregate Year-to-Date > \$ 260,00	50,00
Gregg T. Pugmire 1765 Cunningham St. Santa Clara, CA 95050 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	TRW Inc. Occupation: E/S 6 Systems	4/30/97 Aggregate Year-to-Date > \$ 260,00	50,00

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

TRW Good Government Fund

A. Full Name, Mailing Address and ZIP Code Henry E. Reeber 25 Crest Dr. R. R. 3 Watsonville, CA 95076 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer TRW Inc. Occupation Manager Aggregate Year-to-Date > \$ 260.00	Date (month, day, year) 4/30/97	Amount of Each Receipt this Period 50.00
B. Full Name, Mailing Address and ZIP Code John H. Reese 13869 Lynde Ave. Saratoga, CA 95070 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer TRW Inc. Occupation Manager Aggregate Year-to-Date > \$ 630.00	Date (month, day, year) 4/30/97	Amount of Each Receipt this Period 125.00
C. Full Name, Mailing Address and ZIP Code Frederick L. Ricker 7735 Stewart Ave. Westchester, CA 90045 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer TRW Inc. Occupation Manager Aggregate Year-to-Date > \$ 230.00	Date (month, day, year) 4/30/97	Amount of Each Receipt this Period 50.00
D. Full Name, Mailing Address and ZIP Code Andella M. Samson 22540 Hutchinson Road Los Gatos, CA 95030 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer TRW Inc. Occupation Manager Aggregate Year-to-Date > \$ 440.00	Date (month, day, year) 4/30/97	Amount of Each Receipt this Period 20.00
E. Full Name, Mailing Address and ZIP Code Neal T. Sherwood 15087 McVay Avenue San Jose, CA 95127 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer TRW Inc. Occupation Manager Aggregate Year-to-Date > \$ 416.00	Date (month, day, year) 4/30/97	Amount of Each Receipt this Period 80.00
F. Full Name, Mailing Address and ZIP Code David E. Small 04519 Mossbrook Cir. San Jose, CA 95130 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer TRW Inc. Occupation Manager Aggregate Year-to-Date > \$ 260.00	Date (month, day, year) 4/30/97	Amount of Each Receipt this Period 50.00
G. Full Name, Mailing Address and ZIP Code Richard T. Spellman 2573 Flagstone San Jose, CA 95132 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer TRW Inc. Occupation E/S 7 Aggregate Year-to-Date > \$ 264.00	Date (month, day, year) 4/30/97	Amount of Each Receipt this Period -0-

SUBTOTAL of Receipts This Page (optional)

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NAME OF COMMITTEE (in Full)

TRW Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Staudhammer 2201 Landerhaven Mayfield Hts., OH 44124	TRW Inc.	4/30/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald E. Steinker 26436 Via Marquette Lomita, CA 90717	TRW Inc.	4/30/97	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S.K. (Dave) Wang 3344 Candlewood Road Torrance, CA 90505	TRW Inc.	4/30/97	40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. A. Weeks One Space Park R4/1002 Redondo Beach, CA 90278	TRW Inc.	4/30/97	40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roselie Wider 5016 Merrill Street Torrance, CA 90503	TRW Inc.	4/30/97	40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald C. Winter 608 14th Street Manhattan Beach, CA 90266	TRW Inc.	4/30/97	40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice Pres. & Gen. Mgr	Aggregate Year-to-Date > \$ 200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	TRW Inc.	4/30/97	
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)

TOTAL This Period (last page this line number only)

3,123.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
TRW GOOD GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code IMMC 1900 Richmond Rd. Cleveland, OH 44124 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer TRW Inc. Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/30/97	Amount of Each Receipt this Period 44.05
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)	
TOTAL This Period (last page this line number only)	44.05

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 22

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NAME OF COMMITTEE (In Full)

TRW Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Suntrust Bank, South Florida Las Olas Office Box 405100 Ft. Lauderdale, FL 33340-5100	Tg. Cover Service Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/3/97	100.00
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)

TOTAL This Period (last page this line number only)

100.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 TRW Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Sensenbrenner Committee P O Box 575 Brookfield, WI 53008-0575	WI Political Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/2/97	500.00
B. Full Name, Mailing Address and ZIP Code Skeen for Congress P O Box 2446 Roswell, NM 88202	NM Political Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/2/97	500.00
C. Full Name, Mailing Address and ZIP Code Friends of Sherrod Brown 111 Edgefield Dr. Elyria, OH 44035	OH Political Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/2/97	500.00
D. Full Name, Mailing Address and ZIP Code John Shadegg for Congress P O Box 45444 Phoenix, AZ 85064-5444	AZ Political Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/2/97	500.00
E. Full Name, Mailing Address and ZIP Code Friends of Bud Cramer 38 Ivy Street, SE Washington, DC 20003	DC Political Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/2/97	500.00
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 Weldon for Congress P O Box 1992 Media, PA 19063	PA Political Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/11/97	1,000.00
H. Full Name, Mailing Address and ZIP Code Larkin's for Henry Bonilla 4451 Brookfield Corporate Dr. #200 Chantilly, VA 20151-1652	TX Political Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/11/97	500.00
I. Full Name, Mailing Address and ZIP Code Lewis for Congress Committee 4451 Brookfield Corporate Dr. #200 Chantilly, VA 20251-1652	CA Political Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/11/97	1,500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

TRW Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Cunningham 320 First Street, SE Washington, DC 20003	CA Political Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/97	2,000.00
B. Full Name, Mailing Address and ZIP Code Bob Riley for Congress 1212 North Vernon St. Arlington, VA 22201	AL Political Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/17/97	500.00
C. Full Name, Mailing Address and ZIP Code Congressman Bart Gordon Committee P O Box 2008 Murfreesboro, TN 37133	TN Political Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/22/97	500.00
D. Full Name, Mailing Address and ZIP Code Visclosky for Congress Committee 1572 N. 21st Court Arlington, VA 22209	IN Political Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/22/97	1,000.00
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)

TOTAL This Period (last page this line number only)

9,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

TRU Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement TRANSFER FUND OF Political Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Hollister P O Box 18133 Columbus, OH 43218-8133	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/7/97	200.00
B. Full Name, Mailing Address and ZIP Code Treasurer of Virginia Commonwealth of Virginia 200 North 9th St. Richmond, VA 23219	Purpose of Disbursement Penalty Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/9/97	50.00
C. Full Name, Mailing Address and ZIP Code Treasurer of Virginia Commonwealth of Virginia 200 North 9th St. Richmond, VA 23219	Purpose of Disbursement Penalty Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/29/97	50.00
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)	
TOTAL This Period (last page this line number only)	300.00

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 5/20/97
<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
D.A.Q. PREPARER	5/22/97 DATE PREPARED