

REPORT OF RECEIPTS AND DISBURSEMENTS

04/15/95
1995

For Other Than An Authorized Committee
(Summary Page)

MAY 9 9 31 AM '95

1. NAME OF COMMITTEE (or full) FIRST UNION CORP EMPLOYEES GOOD GOVT FND	
ADDRESS (number and street) [] Check if different than previously reported ONE FIRST UNION CENTER ATTN: VALERIE D DANIEL	2. FEC IDENTIFICATION NUMBER C00012518
CITY, STATE and ZIP CODE CHARLOTTE, NC 28288	3. DO this committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) [] Apr 15 Quarterly Report

[] Jul 15 Quarterly Report

[] Oct 15 Quarterly Report

[] Jan 31 Year End Report

[] Jul 31 Mid Year Report (Non-election Year Only)

[] Termination Report

Monthly Report Due On:

[] Feb 20 [] Jun 20 [] Oct 20

[] Mar 20 [] Jul 20 [] Nov 20

[] Apr 20 [] Aug 20 [] Dec 20

[X] May 20 [] Sep 20 [] Jan 31

[] Twelfth day report preceding 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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 04/01/95 through 04/30/95		
6. (a) Cash on Hand January 1, 1995		\$ 107,837.07
(b) Cash on Hand at Beginning of Reporting Period	\$ 112,412.51	
(c) Total Receipts (from Line 19)	\$ 7,497.95	\$ 26,766.39
(d) Subtotal	\$ 119,910.46	\$ 134,603.46
7. Total Disbursements (from Line 30)	\$ 1,000.00	\$ 15,693.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) ..	\$ 118,910.46	\$ 118,910.46
9. Debts and Obligations Owed TO the Committee (itemize on Schedule C and/or D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (itemize on Schedule C and/or D)	\$ 0.00	

For further information contact:
Federal Election Commission
888 E Street, NW
Washington, DC 20463
Toll Free 800-424-9630
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

Alvin T. Sale

Signature of Treasurer

Alvin T. Sale

Date

5/5/95

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §637g.

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FEC FORM 3X

(revised 9/93)

FE4W101

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
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)

FIRST UNION CORP EMPLOYEES GOOD GOVT FND

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HOWARD L ARTHUR JR 232 MARGETT CRT CHARLOTTE, NC 28211	FIRST UNION CORPORATION	04/15/95 04/30/95 04/30/95	27.00 162.00 135.00-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation CORP AUDIT DIV HEAD	Aggregate Year-to-Date > \$ 216.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHESTER F GALEZIO 2512 #11 CRAHBROOK CHARLOTTE, NC 28207	FIRST UNION OF NORTH CAROLINA	04/15/95 04/30/95	30.00 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation POS NOT EVAL EXEMPT	Aggregate Year-to-Date > \$ 240.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JERRY W HIGHSMITH ONE FIRST UNION CENTER CHARLOTTE, NC 28288	FUMB NC	04/18/95	555.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation BANKER	Aggregate Year-to-Date > \$ 555.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BYRON E HOONETT 4920 ORTEGA BLVD JACKSONVILLE, FL 32210	FIRST UNION NAT'L BANK OF FLA	04/15/95 04/30/95	30.00 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation PRESIDENT & CEO FUMB-FL	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
JAMES E MAYNOR 5229 HINTRIDGE RD CHARLOTTE, NC 28227	FIRST UNION MORTGAGE CORP	04/15/95 04/30/95	50.00 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation FLNC-PRESIDENT	Aggregate Year-to-Date > \$ 400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN A MITCHELL III 10110 GOLF CLUB DRIVE JACKSONVILLE, FL 32256	FIRST UNION NAT'L BANK OF FLA	04/15/95 04/30/95	50.00 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation CHAIRMAN FUMB-FL	Aggregate Year-to-Date > \$ 400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES E MORGAN JR 6607 PAMELA LANE WEST PALM BEACH, FL 33405	FIRST UNION NAT'L BANK OF FLA	04/15/95 04/30/95	35.00 35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation BANK PRESIDENT V	Aggregate Year-to-Date > \$ 280.00	
SUBTOTAL of Receipts This Page (optional)			999.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **2** OF
FOR LINE NUMBER **11A1**

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NAME OF COMMITTEE (in Full)

FIRST UNION CORP EMPLOYEES GOOD GOVT FND

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MALCOLM T MURRAY JR 6015 ARBORWAY CHARLOTTE, NC 28211	FIRST UNION CORPORATION	04/15/95 04/30/95	60.00 60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation CREDIT ADMIN GROUP HEAD	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
WILLIAM G SMITH 110 SHOTWELL CT HILLSBOROUGH, NC 27278	FIRST UNION OF NORTH CAROLINA	04/15/95 04/30/95	30.00 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation AREA EXECUTIVE IV	Aggregate Year-to-Date > \$ 240.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE K THOMPSON 4835 APACHE AVE JACKSONVILLE, FL 32210	FIRST UNION NAT'L BANK OF FLA	04/15/95 04/30/95	50.00 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation PRESIDENT FUMB-FL	Aggregate Year-to-Date > \$ 400.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BILLY JAMES WALKER 3930 ALHAMBRA DR WEST JACKSONVILLE, FL 32207	FIRST UNION NAT'L BANK OF FLA	04/15/95 04/30/95	42.00 42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation CHAIRMAN FUNC-FL	Aggregate Year-to-Date > \$ 336.00	
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) 324.00
TOTAL This Period (last page this line number only) 1,523.00

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF
FOR LINE NUMBER **17**

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NAME OF COMMITTEE (In Full)

FIRST UNION CORP EMPLOYEES GOOD GOVT FND

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FIRST UNION NATIONAL BANK OF NC ONE FIRST UNION CENTER CHARLOTTE, NC 28288		04/28/95	124.65
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: INTERST FOR APRIL	Occupation	Aggregate Year-to-Date > \$ 583.63	
B. 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 > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Occupation	Aggregate Year-to-Date > \$	
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)			124.65
TOTAL This Period (last page this line number only)			124.65

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)
FIRST UNION CORP EMPLOYEES GOOD GOVT FND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
GUILLEN FOR CONGRESS COMMITTEE HERBERT HOOVER, TREASURER P O BOX 2769 WASHINGTON, DC 20013	JAMES H GUILLEN U S CONGRESS TW001 Disbursement for: <input checked="" type="checkbox"/> % Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/03/95	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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

FIRST UNION CORP EMPLOYEES GOOD GOVT FND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
MARTIN FROST CAMPAIGN COMMITTEE 555 NEW JERSEY AVENUE NW SUITE 201 WASHINGTON, DC 20001	MARTIN FROST U S CONGRESS TX Disbursement for: <input checked="" type="checkbox"/> % Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/10/95	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)			1,000.00

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**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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

5/5/95

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

E.S.
PREPARER

5/5/95
DATE PREPARED

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