

First Union Corporation
Legal Division

One First Union Center (0630)
Charlotte, North Carolina 28268
704 374-6611
FAX: 704 374-3105

225 Water Street (0585)
Jacksonville, Florida 32202
904 361-3518
FAX: 904 361-3144

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Reply To:

2000 FEB 17 A 10 11

Street Date

February 16, 2000

Ms. Angel Williamson, Reports Analyst
Reports Analysis Division
Federal Election Commission
999 E Street, NW
Washington, DC 20463

Re: Identification No. C00300178

Dear Ms. Williamson:

This is in response to your letters of February 2 and February 9 concerning the April, May, June and July reports for the First Union Corporation Employees Good Government "F" Fund II.

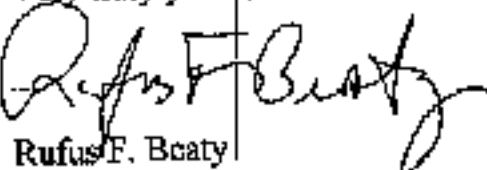
The April report (covering the period of 3/1/99 - 3/31/99) disclosed an operating expenditure of \$15,000 for new software, but did not list this expenditure on Schedule B. An amended report for this period is enclosed.

The May report (covering the period of 4/1/99 - 4/30/99) included the expenditure of \$15,000 for new software on Schedule B, but this expenditure occurred in the previous reporting period. An amended report for this period is enclosed.

The Amended July report (covering the period of 6/1/99 - 6/30/99) was correct. The June report (covering the period of 5/1/99 - 5/31/99) listed incorrectly the totals on Lines 11(a)(i) and 11(b)(ii). This caused the Amended July report to appear to be incorrect, but it is in fact, correct. An amended report for June is enclosed.

If you have any questions, please contact me at 704/374-4399.

Very truly yours,


Rufus F. Beaty

RFB:hsb
Enclosures

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB 17 A 10:17

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) First Union Corporation Employees Good Government "F" Fund II		2. FEC IDENTIFICATION NUMBER C00300178
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 301 South College St, Attn: B. Bradley		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Charlotte, NC 28288-0630		

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 <u>03/01/99</u> through <u>03/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 107,019.78
(b) Cash on Hand at Beginning of Reporting Period	\$ 114,151.78	
(c) Total Receipts (from Line 10)	\$ 3,142.00	\$ 10,274.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 117,293.78	\$ 117,293.78
7. Total Disbursements (from Line 30)	\$ 15,000.00	\$ 15,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 102,293.78	\$ 102,293.78
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
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Rufus F. Beaty

Signature of Treasurer

Rufus F. Beaty

Date

2-9-2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 6437g.

FEC FORM 3X

(revised 9/93)

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

(Revised 1/1/91)

NAME OF COMMITTEE First Union Corporation Employees Good Government "F" Fund II		REPORT COVERING PERIOD FROM 03/01/99 TO: 03/31/99	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		754.00	1,354.00
i. Itemized (use Schedule A)		2,388.00	8,920.00
ii. Unitemized		3,142.00	10,274.00
iii. Total (add i and ii) >		0.00	0.00
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		3,142.00	10,274.00
d. Total Contributions (add a ii, 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 and Other Political Committees		0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)		0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity		3,142.00	10,274.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		3,142.00	10,274.00
20. Total Federal Receipts (subtract line 18 from line 19) >			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
i. Federal Share		0.00	0.00
ii. Non-Federal Share		15,000.00	15,000.00
b. Other Federal Operating Expenditures		15,000.00	15,000.00
c. Total Operating Expenditures (add a i, a ii, and b) >		0.00	0.00
22. Transfers to Affiliated/Other Party Committees		0.00	0.00
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. 441a(d)) (use Schedule F)		0.00	0.00
26. Loan Repayments Made		0.00	0.00
27. Loans Made			
28. Refunds of Contributions To:		0.00	0.00
a. Individual/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 (add a, b and c) >		0.00	0.00
29. Other Disbursements		15,000.00	15,000.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		15,000.00	15,000.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		3,142.00	10,274.00
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		3,142.00	10,274.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		15,000.00	15,000.00
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >		15,000.00	15,000.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 2
FOR LINE NUMBER 11 a i

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 Corporation Employees Good Government "F" Fund II

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONALD C DEWEES JR JR 502 DOGWOOD DRIVE WILMINGTON, DE 19807	FIRST UNION SECURITIES	Payroll	100.00
	Occupation FINANCIAL ADVISOR	Deduction	(\$50.00)
	Aggregate Year-to-Date > \$ 300.00		Semimonthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
DONALD J HALL 307 STATE STREET SOUTHMONT PARK CONDO, APT JOHNSTOWN, PA 15905	FIRST UNION SECURITIES	Payroll	100.00
	Occupation FINANCIAL ADVISOR, MD	Deduction	(\$50.00)
	Aggregate Year-to-Date > \$ 300.00		Semimonthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
ROBERT G HOAK 2728 CAMBRIDGE RD RALEIGH, NC 27608	FIRST UNION NATIONAL BANK	Payroll	84.00
	Occupation GEN'L BNKG GROUP HEAD-MAN	Deduction	(\$42.00)
	Aggregate Year-to-Date > \$ 252.00		Semimonthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
AINSLEY J LESTER III III 1211 SAM LION TRAIL MARTINSVILLE, VA 24112	FIRST UNION SECURITIES	Payroll	100.00
	Occupation FINANCIAL ADVISOR, MD	Deduction	(\$50.00)
	Aggregate Year-to-Date > \$ 300.00		Semimonthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
EUGENE L LINDSAY 10 DELLWOOD CT. COCKEYSVILLE, MD 21030	FIRST UNION SECURITIES	Payroll	70.00
	Occupation BRANCH MANAGER	Deduction	(\$35.00)
	Aggregate Year-to-Date > \$ 210.00		Semimonthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
JAMES F LOSTY 231 MATSONFORD ROAD RADNOR, PA 19087	FIRST UNION	Payroll	100.00
	Occupation	Deduction	(\$50.00)
	Aggregate Year-to-Date > \$ 300.00		Semimonthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
DAVID L MONDAY 3801 OLD GUN ROAD WEST MIDLOTHIAN, VA 23113	FIRST UNION SECURITIES	Payroll	100.00
	Occupation REGIONAL DIRECTOR, MD	Deduction	(\$100.00)
	Aggregate Year-to-Date > \$ 300.00		Semimonthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) 654.00

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 **2**
FOR LINE NUMBER **11 a i**

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 Corporation Employees Good Government "F" Fund II

<p>A. Full Name, Mailing Address and ZIP Code MARSHALL B WISHNACK 2625 MONUMENT AVE RICHMOND, VA 23220</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer WHEAT FIRST BUTCHER SINGER INC</p> <p>Occupation CHIEF EXECUTIVE OFF, CHAIRMAN</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>100.00</p> <p>(\$50.00 Semimonthly)</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>100.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>754.00</p>

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)
First Union Corporation Employees Good Government "F" Fund II

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Capitol Hill Software 4325 Forbes Boulevard Suite E Lanham, MD 20706	Capitol Hill Software Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/16/99	15,000.00
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 (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)	15,000.00
TOTAL This Period (last page this line number only)	15,000.00

**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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>2-17-00</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Sc1</i> PREPARER	<i>2-17-00</i> DATE PREPARED