

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

|   |   |
|---|---|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)<br><u>First Union Corporation Employees Good Government "F" Fund</u> | 2. DATE <u>4/15/96</u>  |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed)<br><u>One First Union Center</u>                                     | 3. FEC IDENTIFICATION NUMBER<br><u>GD00185189</u>   |
| (c) City, State and ZIP Code<br><u>Charlotte, NC 28288</u>  | 4. IS THIS STATEMENT AN AMENDMENT?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
|                   |                             |               |                |
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

| Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code                  | Relationship |
|--|---|--------------|
| First Union Employees Good Government Fund - New York      | One First Union Center<br>Charlotte, NC 28288 | Affiliated   |

Type of Connected Organization  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records

| Full Name | Mailing Address | Title or Position |
|-----------|-----------------|-------------------|
|-----------|-----------------|-------------------|

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name | Mailing Address | Title or Position |
|-----------|-----------------|-------------------|
|-----------|-----------------|-------------------|

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

| Name of Bank, Depository, etc. | Mailing Address and ZIP Code |
|--------------------------------|------------------------------|
|--------------------------------|------------------------------|

*(Certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.)*

|   |                            |                        |
|---|----------------------------|------------------------|
| TYPE OR PRINT NAME OF TREASURER<br><u>Alvin T. Sale</u> | SIGNATURE OF TREASURER<br> | DATE<br><u>4/24/96</u> |
|---|----------------------------|------------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:  
 Federal Election Commission  
 Toll-free 800-424-9530  
 Local 202-376-3120

FEC FORM 1

(revised 4/87)

96030510

**Federal Election Commission  
ENVELOPE REPLACEMENT PAGE  
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The Commission has added this page to the end of this filing to indicate how it was received.

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Other (Specify):

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*JLB*  
PREPARER

*4-29-96*  
DATE PREPARED

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