

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
APR 25 9 14 AM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

| | | |
|---|--|--|
| 1. NAME OF COMMITTEE (in full) First Union Corp Employees Good Govt F Fund | | 2. FEC IDENTIFICATION NUMBER C00012518 |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported One First Union Center Attn: Valerie D. Daniel | | |
| CITY, STATE and ZIP CODE Charlotte, NC 28288 | | |
| 3. <input checked="" 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

9603081374

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|---|
| 5. Covering Period <u>03/01/96</u> through <u>03/31/96</u> | | |
| 6. (a) Cash on Hand January 1, 19_____ | | \$ 150,107.98 |
| (b) Cash on Hand at Beginning of Reporting Period _____ | \$ 137,681.67 | |
| (c) Total Receipts (from Line 10) _____ | \$ 2,540.97 | \$ 8,014.66 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) _____ | \$ 140,222.64 | \$ 158,122.64 |
| 7. Total Disbursements (from Line 30) _____ | \$ 21,226.00 | \$ 39,126.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) ... | \$ 118,996.64 | \$ 118,996.64 |
| 9. Debts and Obligations Owed TO 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 20488 Toll Free 800-424-9530 Local 202-419-9420 |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) _____ | \$ 0.00 | |

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 | Date 4-26-96 |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5487g.

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

| NAME OF COMMITTEE | | REPORT COVERING PERIOD | |
|--|--|-------------------------------|---------------------------|
| First Union Corp Employees Good Govt F Fund | | FROM 03/01/96 | TO: 03/31/96 |
| | | 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) | 999.00 | 2,374.00 |
| ii. | Unitemized | 1,435.48 | 5,290.94 |
| iii. | Total | 2,434.48 | 7,664.94 |
| b. | Political Party Committees | 0.00 | 0.00 |
| c. | Other Political Committees (such as PACs) | 0.00 | 0.00 |
| d. | Total Contributions | 2,434.48 | 7,664.94 |
| 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.) | 106.49 | 349.72 |
| 18. | Transfers from Nonfederal Account for Joint Activity | 0.00 | 0.00 |
| 19. | Total Receipts | 2,540.97 | 8,014.66 |
| 20. | Total Federal Receipts | 2,540.97 | 8,014.66 |
| 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 | 0.00 | 0.00 |
| b. | Other Federal Operating Expenditures | 504.00 | 504.00 |
| c. | Total Operating Expenditures | 504.00 | 504.00 |
| 22. | Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| 23. | Contributions to Federal Candidates/Committees and Other Political Committees | 20,600.00 | 38,500.00 |
| 24. | Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. | Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(f)) (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 | 0.00 | 0.00 |
| 29. | Other Disbursements | 122.00 | 122.00 |
| 30. | Total Disbursements | 21,226.00 | 39,126.00 |
| 31. | Total Federal Disbursements | 21,226.00 | 39,126.00 |
| III. Net Contributions/Operating Expenditures | | | |
| 32. | Total Contributions (other than loans)(from line 11d) | 2,434.48 | 7,664.94 |
| 33. | Total Contribution Refunds (from line 28d) | 0.00 | 0.00 |
| 34. | Net Contributions (other than loans)(subtract line 33 from 32) | 2,434.48 | 7,664.94 |
| 35. | Total Federal Operating Expenditures | 504.00 | 504.00 |
| 36. | Offsets to Operating Expenditures (from line 15) | 0.00 | 0.00 |
| 37. | Net Operating Expenditures | 504.00 | 504.00 |

9 6 0 3 0 4 8 1 3 7 5

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF

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 |
|--|---|-------------------------|------------------------------------|
| JAMES E WAYNOR 5229 MINTRIDGE RD CHARLOTTE, NC 28227 | FIRST UNION MORTGAGE CORP | 03/15/96 03/29/96 | 62.50 62.50 |
| | Occupation: FUNC-PRESIDENT Aggregate Year-to-Date > \$ 375.00 | | |
| 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 JOHN A MITCHELL III 10110 GOLF CLUB DRIVE JACKSONVILLE, FL 32256 | FIRST UNION NAT'L BANK OF FLA | 03/15/96 03/29/96 | 50.00 50.00 |
| | Occupation: CHAIRMAN FUNC-FL Aggregate Year-to-Date > \$ 300.00 | | |
| 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 MALCOLM T MURRAY JR 4015 ARBORWAY CHARLOTTE, NC 28211 | FIRST UNION CORPORATION | 03/15/96 03/29/96 | 45.00 45.00 |
| | Occupation: CREDIT ADMIN GROUP HEAD Aggregate Year-to-Date > \$ 270.00 | | |
| 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 RAYMOND T WASSER 213 S JEFFERSON STREET ROANOKE, VA 24011 | FUNC VA | 03/12/96 | 500.00 |
| | Occupation: BANKER Aggregate Year-to-Date > \$ 500.00 | | |
| 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 GEORGE K THOMPSON 4835 APACHE AVE JACKSONVILLE, FL 32210 | FIRST UNION NAT'L BANK OF FLA | 03/15/96 03/29/96 | 50.00 50.00 |
| | Occupation: PRESIDENT FUNC-FL Aggregate Year-to-Date > \$ 300.00 | | |
| 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 BILLY JAMES WALKER 3930 ALHAMBRA DR WEST JACKSONVILLE, FL 32207 | FIRST UNION NAT'L BANK OF FLA | 03/15/96 03/29/96 | 42.00 42.00 |
| | Occupation: CHAIRMAN FUNC-FL Aggregate Year-to-Date > \$ 252.00 | | |
| 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 |
| | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: | Aggregate Year-to-Date > \$ | | |

SUBTOTAL of Receipts This Page (optional) 999.00

TOTAL This Period (last page this line number only) 999.00

96030-8130

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 28208 | | 03/29/96 | 106.49 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: INTEREST RECEIVED FOR MARCH | Occupation | Aggregate Year-to-Date > \$ 349.72 | |
| 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) | | | 106.49 |
| TOTAL This Period (Last page this line number only) | | | 106.49 |

9603081377

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF

FOR LINE NUMBER 218

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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 |
|--|---|-------------------------|---|
| FIRST UNION NATIONAL BANK OF NC ONE FIRST UNION CENTER CHARLOTTE, NC 28280 | PAYMENT OF 1995 TAXES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: | 03/15/96 | 504.00 |
| 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) | | | 504.00 |
| TOTAL This Period (last page this line number only) | | | 504.00 |

9503045138

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF
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 |
|---|--|-------------------------|---|
| LUCILLE ROYBAL-ALLARD FOR CONGRESS P O BOX 2187 BELL GARDENS, CA 90201 | LUCILLE ROYBAL-ALLARD U S CONGRESS CA Disbursement for: <input checked="" type="checkbox"/> 96 Primary <input type="checkbox"/> General <input type="checkbox"/> Other: | 03/08/96 | 1,000.00 |
| B. Full Name, Mailing Address and ZIP Code ROYCE CAMPAIGN COMMITTEE P O BOX 6765 FULLERTON, CA 92634 | EDWARD R ROYCE U S CONGRESS CA Disbursement for: <input checked="" type="checkbox"/> 96 Primary <input type="checkbox"/> General <input type="checkbox"/> Other: | 03/08/96 | 1,000.00 |
| 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)

2,000.00

9 5 0 3 0 8 1 5 9

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF

FDR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

FIRST UNION CORP EMPLOYEES GOOD GOVT FND

9 5 0 3 0 : 8 1 3 0

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
|--|---|-------------------------|---|
| NATIONAL REPUBLICAN SENATORIAL COMMITTEE 425 2ND STREET, NE WASHINGTON, DC 20002 | NATIONAL POLITICAL PARTY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: | 03/08/96 | 5,000.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | 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 3 OF

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 |
|---|---|-------------------------|---|
| BILL MCCOLLUM CAMPAIGN 1801 LEE ROAD SUITE 301 WINTER PARK, FL 32789 | BILL MCCOLLUM U S CONGRESS FL008 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: | 03/08/96 | 2,000.00 |
| B. Full Name, Mailing Address and ZIP Code THE ADAM SMITH PAC P O BOX 2392 TAMPA, FL 33601 | Purpose of Disbursement FEDERAL POLITICAL ACTION CMTE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: | 03/08/96 | 5,000.00 |
| 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) | | | 7,000.00 |

9 5 0 3 0 2 8 1 3 1

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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 |
|---|--|-------------------------|---|
| FRIENDS OF MAX CLELAND CAMPAIGN CMTE P O BOX 7843 ATLANTA, GA 30357 | MAX CLELAND U S SENATE GA Disbursement for: <input checked="" type="checkbox"/> 96 Primary <input type="checkbox"/> General <input type="checkbox"/> Other: | 03/15/96 | 1,000.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
| RON SLOTIN CAMPAIGN P O BOX 14231 ATLANTA, GA 30324 | RON SLOTIN U S CONGRESS GA Disbursement for: <input checked="" type="checkbox"/> 96 Primary <input type="checkbox"/> General <input type="checkbox"/> Other: | 03/22/96 | 100.00 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: | | |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: | | |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: | | |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: | | |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: | | |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: | | |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: | | |

SUBTOTAL of Disbursements This Page (optional) 1,100.00

9 4 0 3 0 2 9 1 3 2

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF

FDR LINE NUMBER 23

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

97030813

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
|--|---|-------------------------|---|
| ROBERT EHRLICH CAMPAIGN 1527 YORK ROAD LUTHERVILLE, MD 21093 | ROBERT EHRLICH U S CONGRESS MD Disbursement for: <input checked="" type="checkbox"/> 96 Primary <input type="checkbox"/> General <input type="checkbox"/> Other: | 03/08/96 | 1,000.00 |
| WYNN FOR CONGRESS P O BOX 5323 CAPITOL HEIGHTS, MD 20791 | ALBERT WYNN U S CONGRESS MD Disbursement for: <input checked="" type="checkbox"/> 96 Primary <input type="checkbox"/> General <input type="checkbox"/> Other: | 03/08/96 | 500.00 |
| 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) | | | 1,500.00 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF

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 |
|--|---|-------------------------|---|
| VOLUNTEERS FOR VENTO P O BOX 65254 ST PAUL, MN 55165 | BRUCE F VENTO U S CONGRESS Disbursement for: <input checked="" type="checkbox"/> 96 Primary <input type="checkbox"/> General <input type="checkbox"/> Other: | 03/08/96 | 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

9 4 0 3 0 : 8 1 3 4

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
|--|---|-------------------------|---|
| COMMITTEE TO REELECT NYDIA VELAZQUEZ 643 CARROLL STREET BROOKLYN, NY 11215 | NYDIA VELAZQUEZ U S CONGRESS NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: | 03/08/96 | 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 8 OF

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 |
|--|--|-------------------------|---|
| CREMEANS FOR CONGRESS COMMITTEE P O BOX 632 GALLIPOLIS, OH 45631 | FRANK CREMEANS U S CONGRESS OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: | 03/08/96 | 1,000.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |

SUBTOTAL of Disbursements This Page (optional) 1,000.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

FIRST UNION CORP EMPLOYEES GOOD GOVT FND

9 5 0 3 0 8 1 3 7

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
|---|--|-------------------------|---|
| KEN BENTSEN, JR FOR CONGRESS P O BOX 75214 WASHINGTON, DC 20013 | KEN BENTSEN, JR U S CONGRESS TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Others: | 03/08/96 | 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"/> Others: | 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"/> Others: | 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"/> Others: | 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"/> Others: | 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"/> Others: | 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"/> Others: | 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"/> Others: | 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"/> Others: | 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) | | | 20,600.00 |

**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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| <input checked="" type="checkbox"/> | Hand Delivered | DATE OF RECEIPT <i>4-29-96</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 |
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| <i>SLB</i> | | <i>4-29-96</i> |
| PREPARER | | DATE PREPARED |

9 6 0 3 0 : 8 1 3 . 2