

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

AUG 15 1 34 PM '97

1. NAME OF COMMITTEE (in full) FIRST UNION CORP EMPLOYEES GOOD GOVT FND	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported ONE FIRST UNION CENTER ATTN: LYNN L. LEANDER	2. FEC IDENTIFICATION NUMBER C00012518
CITY, STATE and ZIP CODE CHARLOTTE, NC 282880630	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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>07/01/97</u> through <u>07/31/97</u>		
6. (a) Cash on Hand January 1, 1997		\$ 66,914.01
(b) Cash on Hand at Beginning of Reporting Period	\$ 65,709.67	
(c) Total Receipts (from Line 19)	\$ 3,016.04	\$ 23,418.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 68,725.71	\$ 90,332.71
7. Total Disbursements (from Line 30)	\$ 8,500.00	\$ 30,107.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).	\$ 60,225.71	\$ 60,225.71
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 988 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
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 CAROL R. MULLIS, ASSISTANT TREASURER	
Signature of Treasurer 	Date 8/14/97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE FIRST UNION CORP EMPLOYERS GOOD GOVT FND	REPORT COVERING PERIOD FROM 07/01/97 TO 07/31/97	
	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)	1,370.16	7,710.50
ii. Unitemized	1,609.16	15,486.21
iii. Total	2,978.30	23,196.71
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions	2,978.30	23,196.71
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 & Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	37.74	221.99
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts	3,016.04	23,418.70
20. Total Federal Receipts	3,016.04	23,418.70
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	0.00	0.00
c. Total Operating Expenditures	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	8,500.00	29,750.00
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	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	0.00	357.00
30. Total Disbursements	8,500.00	30,107.00
31. Total Federal Disbursements	8,500.00	30,107.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	2,978.30	23,196.71
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	2,978.30	23,196.71
35. Total Federal Operating Expenditures	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures	0.00	0.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
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
AUSTIN A ADAMS 8300 GREENCASTLE DRIVE CHARLOTTE, NC 28218	FIRST UNION CORPORATION	07/15/97 07/31/97	14.58 14.58
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation A & O GROUP HEAD	Aggregate Year-to-Date > \$ 204.12	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VICKI D. BLOSE 25 E OAK STREET ALEXANDRIA, VA 22301	FUND OF VIRGINIA	07/15/97 07/31/97	20.00 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation QUALITY PROCESS MGR - VA	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
ANDREW C CALHOUN 14401 NEWGATE ROAD MIDLOTTMAN, VA 23113	FUND OF VIRGINIA	07/15/97 07/31/97	25.00 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation SR UNDR IV	Aggregate Year-to-Date > \$ 350.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID M CARROLL 2976 NANCY CREEK RD ATLANTA, GA 30327	FUND OF GEORGIA	07/15/97 07/31/97	18.00 18.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation CHAIRMAN & CEO FUND-GA	Aggregate Year-to-Date > \$ 252.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES M BEVANE JR 1784 CHADDS LAKE DR MARIETTA, GA 30068	FUND OF GEORGIA	07/15/97 07/31/97	20.00 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation PORTFOLIO MGMT ND-GA	Aggregate Year-to-Date > \$ 280.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MALCOLM E EVERETT III 1501 MARYLAND AVE CHARLOTTE, NC 28209	FUND OF NORTH CAROLINA	07/15/97 07/31/97	20.00 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation CHAIRMAN & CEO FUND-NC	Aggregate Year-to-Date > \$ 280.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT W HELMS 3646 RIDGEWOOD LANE ROANOKE, VA 24014	FUND OF VIRGINIA	07/15/97 07/31/97	21.73 21.73
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation GENERAL BANKING GROUP EXEC-V	Aggregate Year-to-Date > \$ 282.49	
SUBTOTAL of Receipts This Page (optional)			278.62

SCHEDULE A

ITEMIZED RECEIPTS

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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
BYRON E HODNETT 4920 ORTEGA BLVD JACKSONVILLE, FL 32210	FUMB OF FLORIDA	07/15/97 07/31/97	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 > \$	420.00
M TERRY JACKSON 7741 AUTUMN PARK DRIVE ROANOKE, VA 24018	FUMB OF VIRGINIA	07/15/97 07/31/97	29.00 29.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation SVCTR SR MGR IV	Aggregate Year-to-Date > \$	406.00
THOMAS S JOHNSTON 805 DEER HOLLOW DRIVE MT AIRY, NC 21771	FUMB OF VIRGINIA	07/15/97 07/31/97	25.00 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation SR UNDR I(1)	Aggregate Year-to-Date > \$	350.00
LONNIE R JONES 1477 TIMBER TRAIL NEWPORT, TN 37821	FUMB OF TENNESSEE	07/15/97 07/31/97	20.00 20.00
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 > \$	280.00
DAVID A MALONE 5810 WILMETT ROAD BETHESDA, MD 20817	FUMB OF WASHINGTON, DC	07/15/97 07/31/97	18.00 18.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation CHG-REG TRUST OFCR I(1)	Aggregate Year-to-Date > \$	252.00
JAMES E MAYNOR 5229 WINTBRIDGE RD CHARLOTTE, NC 28227	FU MORTGAGE CORPORATION	07/15/97 07/31/97	55.00 55.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation FUNC-PRESIDENT	Aggregate Year-to-Date > \$	770.00
BETH A MCCAGUE 402 W BROOKFIELD DRIVE NASHVILLE, TN 37205	FUMB OF TENNESSEE	07/15/97 07/31/97	31.25 31.25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation CHAIR, PRES&CEO FUMB-TN	Aggregate Year-to-Date > \$	437.50
SUBTOTAL of Receipts This Page (optional)			616.50

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4

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
JOHN A MITCHELL III 10110 GOLF CLUB DRIVE JACKSONVILLE, FL 32256	FUMB OF FLORIDA	07/15/97 07/31/97	55.00 55.00
	Occupation CHAIRMAN FUMB-FL		
	Aggregate Year-to-Date > \$ 770.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
MALCOLM T MURRAY JR 20016 SHEARWATER POINT DR CORNELIUS, NC 28031	FIRST UNION CORPORATION	07/15/97 07/31/97	50.00 50.00
	Occupation CREDIT ADMIN GROUP HEAD		
	Aggregate Year-to-Date > \$ 700.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
RAYMOND T NASSER 6718 HIDDEN WOODS DRIVE ROANOKE, VA 24018	FUMB OF VIRGINIA	07/15/97 07/31/97	17.00 17.00
	Occupation COMM BANK TRANSITION-UNTITLED		
	Aggregate Year-to-Date > \$ 238.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
JOHN J NICHOLS 26 WASHINGTON PARK NASHVILLE, TN 37205	FUMB OF TENNESSEE	07/15/97 07/31/97	18.00 18.00
	Occupation PORTFOLIO MGMT HD-TN		
	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			
SERGIO M OLIVER 399 WINDSOR LANE WINCHESTER, VA 22602	FUMB OF VIRGINIA	07/15/97 07/31/97	17.18 17.18
	Occupation CNG-REG TRUST OFCR III		
	Aggregate Year-to-Date > \$ 240.52		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
THOMAS HENRY PACER 1092 BROOKHAVEN SQUARE ATLANTA, GA 30319	FUMB OF GEORGIA	07/15/97 07/31/97	41.67 41.67
	Occupation GENERAL BANKING GROUP EXEC-6		
	Aggregate Year-to-Date > \$ 583.38		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
CHARLES A SALDARINI 1531 STRAWBERRY MTN DRIVE ROANOKE, VA 24018	FUMB OF VIRGINIA	07/15/97 07/31/97	16.66 16.66
	Occupation BANK PRESIDENT VII		
	Aggregate Year-to-Date > \$ 233.24		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
SUBTOTAL of Receipts This Page (optional)			431.02

SCHEDULE A

ITEMIZED RECEIPTS

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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
MICHAEL C SLOCUM 883 WILDWOOD ATLANTA, GA 30324	FUND OF GEORGIA	07/15/97 07/31/97	15.00 15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation B/E BNEG HD-6A Aggregate Year-to-Date > \$ 210.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CARLYLE E. STULL JR. 3306 HOLLYFIELD CIRCLE ROANOKE, VA 24018	FUND OF VIRGINIA	07/15/97 07/31/97	15.00 15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation SPEC ASSETS DIV MGN-VA Aggregate Year-to-Date > \$ 210.00		
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 CORPORATION	07/15/97 07/31/97	50.00 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation CO-MANAGING DIR CAP MKTS MKTS Aggregate Year-to-Date > \$ 650.00		
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	FUND OF FLORIDA	07/15/97 07/31/97	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 FUMC-FL Aggregate Year-to-Date > \$ 588.00		
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)			244.00
TOTAL This Period (last page this line number only)			1,370.14

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)

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		07/11/97	37.74
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Occupation	
<input checked="" type="checkbox"/> Other: INTEREST EARNED FROM MONEY MARKE		Aggregate Year-to-Date > \$ 221.99	
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		Occupation	
<input type="checkbox"/> Other:		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		Occupation	
<input type="checkbox"/> Other:		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		Occupation	
<input type="checkbox"/> Other:		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		Occupation	
<input type="checkbox"/> Other:		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		Occupation	
<input type="checkbox"/> Other:		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		Occupation	
<input type="checkbox"/> Other:		Aggregate Year-to-Date > \$	
SUBTOTAL of Receipts This Page (optional)			37.74
TOTAL This Period (last page this line number only)			37.74

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
CASTLE CAMPAIGN FUND P O BOX 133 WILMINGTON, DE 19899	MIKE CASTLE U S CONGRESS DE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	07/28/97	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 2 OF 7
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
PETER DEUTSCH FOR CONGRESS P O BOX 817689 HOLLYWOOD, FL 33081	PETER DEUTSCH U S CONGRESS FL020 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	07/28/97	500.00
FRIENDS OF BOB GRAHAM 233 CONSTITUTION AVENUE N.W. WASHINGTON, DC 20002	BOB GRAHAM U S SENATE FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	07/28/97	1,000.00
THE ADAM SMITH PAC P O BOX 2392 TAMPA, FL 33601	CONNIE MACK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	07/07/97	1,000.00
FRIENDS OF CONNIE MACK 1311 N WESTSHORE BLVD SUITE 313 TAMPA, FL 33601	CONNIE MACK U S SENATE FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: CONTRIBUTION RETURNED FROM CANDIDATE	07/07/97	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:	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 3 OF 7
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
COVERDELL GOOD GOVERNMENT COMMITTEE 3091 MAPLE DRIVE SUITE 200 ATLANTA, GA 30305	PAUL COVERDELL U S SENATE GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	07/25/97	500.00
DEAL FOR CONGRESS P O BOX 1015 GAINESVILLE, GA 30503	NATHAN DEAL U S CONGRESS GA000009 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	07/28/97	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)			1,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 7

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
HELMS FOR SENATE P O BOX 20699 RALEIGH, NC 27619	JESSE HELMS U S SENATE NC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	07/17/97	2,500.00
B. 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:		
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)			2,500.00

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
LAZIO FOR CONGRESS P O BOX 5063 BAY SHORE, NY 11706	RICK LAZIO U S CONGRESS NY000902 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	07/28/97	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 6 OF 7

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
CITIZENS FOR ARLEN SPECTER C/O MARTIN J. SILVERSTEIN 1515 MARKET STREET, SUITE 1801 PHILADELPHIA, PA 191022074	ARLEN SPECTER U S SENATE PA Disbursement for: <input checked="" type="checkbox"/> 98 Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	07/11/97	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 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	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	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	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 7 OF 7

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
TROTTER FOR CONGRESS COMMITTEE P.O. BOX 3069 CLARKSVILLE, TN 37043	DON TROTTER U S CONGRESS TN000407 Disbursement for: <input checked="" type="checkbox"/> 95 Primary <input type="checkbox"/> General <input type="checkbox"/> Other: RETIRE DEBT OF PRIOR ELECTION	07/24/97	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)			8,500.00

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 checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT 8-15-97
<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

Jeb
PREPARER

8-15-97
DATE PREPARED