

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 OCT -5 A 9:51

USE FEC MAILING LABEL  
OR  
TYPE ON 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		
CITY, STATE and ZIP CODE Charlotte, NC 28288-0630		
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	09/01/00 through 09/30/00		
6. (a) Cash on Hand January 1, 2000			\$ 130,357.78
(b) Cash on Hand at Beginning of Reporting Period		\$ 116,344.78	
(c) Total Receipts (from Line 19)		\$ 3,108.00	\$ 38,195.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 119,452.78	\$ 168,552.78
7. Total Disbursements (from Line 30)		\$ 20,600.00	\$ 69,700.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 98,852.78	\$ 98,852.78
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 20463 Toll Free 800-424-9530 Local 202-694-1100
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 Rufus F. Beaty	Date 10-2-00
Signature of Treasurer <i>Rufus F. Beaty</i>	

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

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FEC FORM 3X  
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE <b>First Union Corporation Employees Good Government "F" Fund II</b>		REPORT COVERING PERIOD FROM <b>09/01/00</b> TO: <b>09/30/00</b>	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Named (use Schedule A) .....	2,270.00	19,272.00
ii.	Unitemized .....	838.00	18,923.00
B.	Total .....	3,108.00	38,195.00
b.	Political Party Committees .....	0.00	0.00
c.	Other Political Committees (such as PACs) .....	0.00	0.00
d.	Total Contributions .....	3,108.00	38,195.00
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 .....	0.00	0.00
19.	Total Receipts .....	3,108.00	38,195.00
20.	Total Federal Receipts .....	3,108.00	38,195.00
<b>II. Disbursements</b>			
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 .....	20,600.00	69,700.00
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	0.00
30.	Total Disbursements .....	20,600.00	69,700.00
31.	Total Federal Disbursements .....	20,600.00	69,700.00
<b>III. Net Contributions/Operating Expenditures</b>			
32.	Total Contributions (other than loans)(from line 11d) .....	3,108.00	38,195.00
33.	Total Contribution Refunds (from line 28d) .....	0.00	0.00
34.	Net Contributions (other than loans)(subtract line 33 from 32) .....	3,108.00	38,195.00
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 5  
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in Full)  
First Union Corporation Employees Good Government "F" Fund II

<p><b>A. Full Name, Mailing Address and ZIP Code</b> GERALD BUFFALINO 20 BARBERA DR HOLMDEL, NJ 07733</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer FU SHARED RESOURCES, LLC</p> <p>Occupation SR RELATIONSHIP MGR</p> <p>Aggregate Year-to-Date &gt; \$ 450.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>50.00</p> <p>(\$25.00)</p> <p>Semimonthly</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> CARLTON MOSBY COLLINS 8325 PERSIMMON TREE RD. BETHESDA, MD 20817</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer FIRST UNION SECURITIES</p> <p>Occupation REGIONAL DIRECTOR, SR MD</p> <p>Aggregate Year-to-Date &gt; \$ 450.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>50.00</p> <p>(\$25.00)</p> <p>Semimonthly</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> DONALD CHARLES DEWEES JR 502 DOGWOOD DRIVE WILMINGTON, DE 19807</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer FIRST UNION SECURITIES</p> <p>Occupation FINANCIAL ADVISOR</p> <p>Aggregate Year-to-Date &gt; \$ 900.00</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)</p> <p>Semimonthly</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> JAMES T DONLEY JR 3 BUCK BRANCH DR. RICHMOND, VA 23233</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer FIRST UNION SECURITIES</p> <p>Occupation REGIONAL DIRECTOR, SR MD</p> <p>Aggregate Year-to-Date &gt; \$ 756.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>84.00</p> <p>(\$42.00)</p> <p>Semimonthly</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> MARY H DOONAN 19006 AVENUE BAYONNES LUTZ, FL 33549</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer FIRST UNION NATIONAL BANK</p> <p>Occupation EB BDO III - COMMISSIONED</p> <p>Aggregate Year-to-Date &gt; \$ 270.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>30.00</p> <p>(\$15.00)</p> <p>Semimonthly</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> STANLEY M GOLDBORO 778-B CHARLES ALLEN DR NE ATLANTA, GA 30308</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer FIRST UNION NATIONAL BANK</p> <p>Occupation SR RELATIONSHIP MGR</p> <p>Aggregate Year-to-Date &gt; \$ 450.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>50.00</p> <p>(\$25.00)</p> <p>Semimonthly</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> PETER G GRIFFIN 215 BROOKE AVENUE, #706 NORFOLK, VA 23510</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer FIRST UNION SECURITIES</p> <p>Occupation FINANCIAL ADVISOR</p> <p>Aggregate Year-to-Date &gt; \$ 450.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>50.00</p> <p>(\$25.00)</p> <p>Semimonthly</p>

**SUBTOTAL** of Receipts This Page (optional) ..... 414.00

**TOTAL** This Period (last page this line number only).....

11-03-2009 14:27

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 5  
FOR LINE NUMBER 11 a i

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**NAME OF COMMITTEE (in Full)**  
First Union Corporation Employees Good Government "F" Fund II

<b>A. Full Name, Mailing Address and ZIP Code</b> MARGARET GUARINO 230 EAST 18TH STREET NEW YORK CITY, NY 10003  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> FIRST UNION SECURITIES	<b>Date (month, day, year)</b>  Payroll Deduction	<b>Amount of Each Receipt this Period</b>  50.00 (\$25.00)
	<b>Occupation</b> MD/SVP ORIGINATON	Aggregate Year-to-Date > \$ 450.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> DONALD J HALL 307 STATE STREET SOUTHMONT PAR SOUTHMONT PARK CONDO, APT JOHNSTOWN, PA 15905  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> FIRST UNION SECURITIES	<b>Date (month, day, year)</b>  Payroll Deduction	<b>Amount of Each Receipt this Period</b>  100.00 (\$50.00)
	<b>Occupation</b> FINANCIAL ADVISOR, MD	Aggregate Year-to-Date > \$ 900.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> ROGER A HANNIGAN 107 PINEHURST DR GIBSONIA, PA 15044  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> FIRST UNION SECURITIES	<b>Date (month, day, year)</b>  Payroll Deduction	<b>Amount of Each Receipt this Period</b>  40.00 (\$20.00)
	<b>Occupation</b> BRANCH MANAGER, MD	Aggregate Year-to-Date > \$ 360.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> MARA HOLLEY 651 CUMBERLAND RD NE ATLANTA, GA 30306  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> FIRST UNION NATIONAL BANK	<b>Date (month, day, year)</b>  Payroll Deduction	<b>Amount of Each Receipt this Period</b>  40.00 (\$20.00)
	<b>Occupation</b> SALES MANAGER	Aggregate Year-to-Date > \$ 360.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> NEIL J KVASNAK 12918 DARBY CHASE CHARLOTTE, NC 28277  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> FIRST UNION NATIONAL BANK	<b>Date (month, day, year)</b>  Payroll Deduction	<b>Amount of Each Receipt this Period</b>  30.00 (\$15.00)
	<b>Occupation</b> SR RELATIONSHIP MGR	Aggregate Year-to-Date > \$ 270.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> L T LAWSON III 2507 BALLENCOURT LANE CHARLOTTE, NC 28226  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> FIRST UNION SECURITIES	<b>Date (month, day, year)</b>  Payroll Deduction	<b>Amount of Each Receipt this Period</b>  70.00 (\$35.00)
	<b>Occupation</b> DIR/SVP SALES - FIXED INCOME	Aggregate Year-to-Date > \$ 630.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> AINSLEY J LESTER III III 1211 SAM LION TRAIL MARTINSVILLE, VA 24112  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> FIRST UNION SECURITIES	<b>Date (month, day, year)</b>  Payroll Deduction	<b>Amount of Each Receipt this Period</b>  100.00 (\$50.00)
	<b>Occupation</b> FINANCIAL ADVISOR, MD	Aggregate Year-to-Date > \$ 900.00	

**SUBTOTAL of Receipts This Page (optional)** ..... 430.00

**TOTAL This Period (last page this line number only)** .....

2025 RELEASE UNDER E.O. 14176

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 5  
FOR LINE NUMBER 11 a i

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**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
<b>MARY T MACK</b> P O BOX 128 FORT MILL, SC 29716 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>FIRST UNION NATIONAL BANK</b> Occupation: <b>REGIONAL PRESIDENT II</b>	Payroll Deduction Aggregate Year-to-Date > \$ <b>1,134.00</b>	126.00 (\$63.00) Semimonthly
	<b>FIRST UNION NATIONAL BANK</b> Occupation: <b>MD/SVP TRADING</b>	Payroll Deduction Aggregate Year-to-Date > \$ <b>540.00</b>	60.00 (\$30.00) Semimonthly
<b>MARK P MELILLO</b> 101 DAVIS DRIVE NORTH WALES, PA 19454 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>FIRST UNION SECURITIES</b> Occupation: <b>FINANCIAL ADVISOR</b>	Payroll Deduction Aggregate Year-to-Date > \$ <b>630.00</b>	70.00 (\$35.00) Semimonthly
	<b>FIRST UNION SECURITIES</b> Occupation: <b>FINANCIAL ADVISOR, MD</b>	Payroll Deduction Aggregate Year-to-Date > \$ <b>450.00</b>	50.00 (\$25.00) Semimonthly
<b>WILLIAM H MILES</b> 3218-417 EASTOVER RIDGE CHARLOTTE, NC 28211 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>FIRST UNION SECURITIES</b> Occupation: <b>MD/SVP</b>	Payroll Deduction Aggregate Year-to-Date > \$ <b>340.00</b>	20.00 (\$20.00) Semimonthly
	<b>FIRST UNION SECURITIES</b> Occupation: <b>REGIONAL DIRECTOR, MD</b>	Payroll Deduction Aggregate Year-to-Date > \$ <b>3,744.00</b>	416.00 (\$208.00) Semimonthly
<b>GREGORY L. MONTGOMERY</b> 8435 HUNT VALLEY DR VIENNA, VA 22182 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>FIRST UNION NATIONAL BANK</b> Occupation: <b>RELATIONSHIP MGR</b>	Payroll Deduction Aggregate Year-to-Date > \$ <b>270.00</b>	30.00 (\$15.00) Semimonthly

**SUBTOTAL of Receipts This Page (optional)** ..... **772.00**

**TOTAL This Period (last page this line number only)** .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11 a i

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**NAME OF COMMITTEE (In Full)**  
First Union Corporation Employees Good Government "F" Fund II

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>CARL J MULLER</b> <b>211 TULIP DRIVE</b> <b>MASAPEQUA PARK,, NY 11762</b>	<b>Name of Employer</b> <b>FIRST UNION SECURITIES</b>	<b>Date (month, day, year)</b>  Payroll Deduction	<b>Amount of Each Receipt this Period</b>  50.00 (\$25.00)
	<b>Occupation</b> <b>FINANCIAL ADVISOR</b>	<b>Aggregate Year-to-Date</b> > \$ 450.00	<b>Semimonthly</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>BRUCE DAVID OCHSMAN</b> <b>8905 HUNT VALLEY CT</b> <b>POTOMAC, MD 20854</b>	<b>Name of Employer</b> <b>FIRST UNION SECURITIES</b>	<b>Date (month, day, year)</b>  Payroll Deduction	<b>Amount of Each Receipt this Period</b>  40.00 (\$20.00)
	<b>Occupation</b> <b>FINANCIAL ADVISOR, MD</b>	<b>Aggregate Year-to-Date</b> > \$ 360.00	<b>Semimonthly</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>KATHLEEN REGAN</b> <b>488 SOUTH AVE EAST</b> <b>CRANFORD, NJ 07016</b>	<b>Name of Employer</b> <b>FU SHARED RESOURCES, LLC</b>	<b>Date (month, day, year)</b>  Payroll Deduction	<b>Amount of Each Receipt this Period</b>  50.00 (\$25.00)
	<b>Occupation</b> <b>SR RELATIONSHIP MGR</b>	<b>Aggregate Year-to-Date</b> > \$ 450.00	<b>Semimonthly</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>JAMES P REGISTER JR</b> <b>2216 WHILDEN COURT</b> <b>CHARLOTTE, NC 28211</b>	<b>Name of Employer</b> <b>FIRST UNION NATIONAL BANK</b>	<b>Date (month, day, year)</b>  Payroll Deduction	<b>Amount of Each Receipt this Period</b>  50.00 (\$25.00)
	<b>Occupation</b> <b>VP SALES-FIXED INCOME</b>	<b>Aggregate Year-to-Date</b> > \$ 450.00	<b>Semimonthly</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>DAVID A RUBEN</b> <b>9221 FALL RIVER LANE</b> <b>POTOMAC, MD 20854</b>	<b>Name of Employer</b> <b>FIRST UNION SECURITIES</b>	<b>Date (month, day, year)</b>  Payroll Deduction	<b>Amount of Each Receipt this Period</b>  40.00 (\$20.00)
	<b>Occupation</b> <b>FINANCIAL ADVISOR, MD</b>	<b>Aggregate Year-to-Date</b> > \$ 360.00	<b>Semimonthly</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>MICHAEL A SCHIAVONE</b> <b>130 WOODCREST DRIVE</b> <b>HOPEWELL JUNCTION, NY 12533</b>	<b>Name of Employer</b> <b>FU SHARED RESOURCES, LLC</b>	<b>Date (month, day, year)</b>  Payroll Deduction	<b>Amount of Each Receipt this Period</b>  40.00 (\$20.00)
	<b>Occupation</b> <b>SALES MANAGER</b>	<b>Aggregate Year-to-Date</b> > \$ 360.00	<b>Semimonthly</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>GEORGE W SPEARS</b> <b>13 BLACK TERN ROAD</b> <b>HILTON HEAD, SC 29928</b>	<b>Name of Employer</b> <b>FIRST UNION SECURITIES</b>	<b>Date (month, day, year)</b>  Payroll Deduction	<b>Amount of Each Receipt this Period</b>  30.00 (\$15.00)
	<b>Occupation</b> <b>BRANCH MANAGER, MD</b>	<b>Aggregate Year-to-Date</b> > \$ 270.00	<b>Semimonthly</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

**SUBTOTAL of Receipts This Page (optional)** ..... 300.00

**TOTAL This Period (last page this line number only)** .....

2008-03-03 11:41:25

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11 a 1

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**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
<b>WILLIAM ALLEN STOKES</b> 107 WINDSOR WAY RICHMOND, VA 23221	<b>FIRST UNION SERVICES, INC.</b>	Payroll	26.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>SENIOR RELATIONSHIP MANAGER</b>	Deduction	(\$13.00)
	Aggregate Year-to-Date > \$	234.00	Semimonthly
<b>JOHN K STRUDWICK</b> 457 EAST NEW ENGLAND AVE WINTER PARK, FL 32789	<b>FIRST UNION SERVICES, INC.</b>	Payroll	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>DIR/SVP RELATIONSHIP MGMT C</b>	Deduction	(\$25.00)
	Aggregate Year-to-Date > \$	450.00	Semimonthly
<b>HALUK A TELIMEN</b> 8707 WOODMERE CROSSING LN CHARLOTTE, NC 28226	<b>FIRST UNION SECURITIES</b>	Payroll	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>DIR/SVP ORIGATION</b>	Deduction	(\$25.00)
	Aggregate Year-to-Date > \$	450.00	Semimonthly
<b>GEORGE K THOMPSON</b> 615 COLVILLE RD CHARLOTTE, NC 28207	<b>FIRST UNION CORPORATION</b>	Payroll	188.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PRES &amp; CEO, FIRST UNION CORP</b>	Deduction	(\$84.00)
	Aggregate Year-to-Date > \$	1,512.00	Semimonthly
<b>STEVEN A WALLACE</b> 2117 BEVERLY DRIVE CHARLOTTE, NC 28207	<b>FIRST UNION NATIONAL BANK</b>	Payroll	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>DIR/VP ORIGATION</b>	Deduction	(\$15.00)
	Aggregate Year-to-Date > \$	270.00	Semimonthly
<b>FREDERICK J WHITNEY</b> 2004 HAMRICK DR RALEIGH, NC 27815	<b>FIRST UNION SECURITIES</b>	Payroll	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>FINANCIAL ADVISOR</b>	Deduction	(\$15.00)
	Aggregate Year-to-Date > \$	270.00	Semimonthly
<b>G. Full Name, Mailing Address and ZIP Code</b>	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 (specify):	Occupation	Aggregate Year-to-Date > \$	

**SUBTOTAL of Receipts This Page (optional)** ..... 354.00

**TOTAL This Period (last page this line number only)** ..... 2,270.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 7  
FOR LINE NUMBER 23

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**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
Feinstein 2000 801 S. Glencaks Boulevard Suite 208 Burbank, CA 91502	Dianna Feinstein, U.S. Senate CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/05/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Bob Matsui For Congress Committee 555 Capitol Mall Suite 1425 Sacramento, CA 95814	Robert T. Matsui, U.S. House 5th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/05/00	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 (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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2,000.00
<b>TOTAL</b> This Period (last page this line number only) .....	



**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 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
Friends of Clay Shaw 2800 NE 14th Street Causeway Pompano Beach, FL 33062	Clay Shaw, U.S. House 22nd FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/05/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Thurman For Congress 450 Pleasant Grove Road Inverness, FL 34452	Karen L. Thurman, U.S. House, 5th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/05/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Dave Weldon P. O. Box 968 Melbourne, FL 32902-0968	Dave Weldon, U.S. House 15th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/05/00	500.00
D. Full Name, Mailing Address and ZIP Code Friends of Mark Foley for Congress P. O. Box 30505 Palm Beach Gardens, FL 33420	Mark Foley, U.S. House, FL16 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/05/00	1,000.00
E. Full Name, Mailing Address and ZIP Code Bill McCollum for U. S. Senate P. O. Box 532015 Orlando, FL 32853	Bill McCollum, U.S. Senate FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/20/00	4,000.00
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) .....

7,500.00

**TOTAL** This Period (last page this line number only) .....

**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 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
Coble for Congress P. O. Box 1177 Greensboro, NC 27402	Howard Coble, U.S. House 6th NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/05/00	1,000.00
Walter Jones for Congress P. O. Box 99667 Raleigh, NC 27624	Walter B. Jones, U.S. House 3rd NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/05/00	1,000.00
Mike McIntyre for Congress 3780 Berkley Lane Lumberton, NC 28358	D. Carmichael McIntyre, U.S. House 7th NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/05/00	500.00
David Price for Congress Committee P. O. Box 1986 Raleigh, NC 27602	David Price, U.S. House 4th NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/05/00	1,000.00
Mel Watt for Congress Committee P. O. Box 36831 Charlotte, NC 28236	Mel Watt, U.S. House 12th NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/28/00	2,000.00
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) ..... **5,500.00**

**TOTAL** This Period (last page this line number only) .....

2003-09-14 11:23

**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 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
Friends Of Jim Saxton P. O. Box 1638 Toms River, NJ 08754	Jim Saxton, U.S. House 3rd NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/22/00	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Re-Elect Chris Smith P. O. Box 3184 Hamilton, NJ 08619	Christopher H. Smith, U.S. House 4th NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/22/00	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 (specify)		
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 (specify)		
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 (specify)		
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 (specify)		
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 (specify)		
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 (specify)		
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 (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

600.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 7  
FOR LINE NUMBER 23

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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
Sweeney for Congress P. O. Box 4698 Saratoga Springs, NY 12866	John E. Sweeney, U.S. House 22nd NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/05/00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of John LaFalce 625 Fairmont Avenue North Tonawanda, NY 14120	John LaFalce, U.S. House 29th NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/13/00	1,000.00
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 (specify)		
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 (specify)		
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 (specify)		
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 (specify)		
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 (specify)		
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 (specify)		
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 (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

2,000.00

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

DATE - 8-09 - 2000

**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 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
People for English P. O. Box 1940 Erie, PA 16507	Phil English, U.S. House 21st PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/05/00	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 (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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1,000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

FEB 11 2009 10:02 AM

**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 Corporation Employees Good Government "F" Fund II

A. Full Name, Mailing Address and ZIP Code Tom Davis for Congress 8429 Downing Court Annandale, VA 22003	Purpose of Disbursement Tom Davis, U.S. House 11th VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 09/05/00	Amount of Each Disbursement This Period 2,000.00
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2,000.00
<b>TOTAL</b> This Period (last page this line number only) .....	20,600.00

20000923 1432

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 <i>10-5-00</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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>See</i> PREPARER	<i>10-5-00</i> DATE PREPARED

2000-10-05 11:33