REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
First Union Corporation Employees Good Government "F" Fund

ADDRESS (number and street) ☐ Check if different than previously reported
One First Union Center

CITY, STATE and ZIP CODE
Charlotte, NC 28288

2. FEC IDENTIFICATION NUMBER
C00012518

3. ☒ 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 4/1/94 through 4/30/94		
6. (a) Cash on Hand January 1, 19 94		$ 169,126.75
(b) Cash on Hand at Beginning of Reporting Period	$ 154,380.74	
(c) Total Receipts (from Line 19)	$ 3,193.23	$ 12,796.27
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 157,574.02	$ 181,923.02
7. Total Disbursements (from Line 30)	$ 6,100.00	$ 30,449.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 151,474.02	$ 151,474.02
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ --	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ --	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Alvin T. Sale

Signature of Treasurer
Alvin T. Sale

Date 5/9/94

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

FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE: First Union Corporation Employees Good Government "F" Fund

REPORT COVERING PERIOD: FROM 4/1/94 TO: 4/30/94

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	$ 598.72	$ 1,304.40
ii. Unitemized	2,473.44	10,997.26
iii. Total (add i and ii) ➤	3,072.16	12,301.66
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤		
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	121.07	494.61
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	3,193.23	12,796.27
20. Total Federal Receipts (subtract line 16 from line 19) ➤	3,193.23	12,796.27
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) ➤		599.00
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,100.00	29,850.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6,100.00	30,449.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	6,100.00	30,449.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	--	--
33. Total Contribution Refunds (from line 28d)	--	--
34. Net Contributions (other than loans)(subtract line 33 from 32)	--	--
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	--	--
36. Offsets to Operating Expenditures (from line 15)	--	--
37. Net Operating Expenditures (subtract line 36 from 35) ➤	--	--

7 1 0 3 8 9 8 1 6 2 1

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

First Union Corporation Employees Good Government "F" Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James J. Goodwin, II 21639 Napa Court Boca Raton, FL 33433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	First Union National Bank of Florida Vice President $ 366.72	Twice Monthly Payroll Deduction	$91.68 (45.84 per pay period)
B. Full Name, Mailing Address and ZIP Code John E. Graham, Jr. 11A Buckskin Lane Ormond Beach, FL 32174 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	First Union National Bank of Florida Senior Vice President $ 252.16	Twice Monthly Payroll Deduction	63.04 (31.52 per pay period)
C. Full Name, Mailing Address and ZIP Code Byron E. Hodnett 4920 Ortega Blvd. Jacksonville, FL 32210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	First Union National Bank of Florida Chief Executive Officer $ 240.00	Twice Monthly Payroll Deduction	60.00 (30.00 per pay period)
D. Full Name, Mailing Address and ZIP Code John A. Mitchell, III 10110 Golf Club Drive Jacksonville, FL 32256 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	First Union National Bank of Florida President $ 400.00	Twice Monthly Payroll Deduction	$100.00 (50.00 per pay period)
E. Full Name, Mailing Address and ZIP Code James E. Morgan, Jr. 6607 Pamela Lane West Palm Beach, FL 33405 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	First Union National Bank of Florida Senior Vice President $ 280.00	Twice Monthly Payroll Deduction	$70.00 (35.00 per pay period)
F. Full Name, Mailing Address and ZIP Code G.K. Thompson 4835 Apache Avenue Jacksonville, FL 32210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	First Union National Bank of Florida Vice Chairman $ 520.00	Twice Monthly payroll Deduction	$130.00 (65.00 per pay period)
G. Full Name, Mailing Address and ZIP Code B.J. Walker 3930 Alhambra Dr., West Jacksonville, FL 32207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	First Union National Bank of Florida Vice Chairman $ 336.00	Twice Monthly Payroll Deduction	$84.00 (42.00 per pay period)

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

TOTAL This Period (last page this line number only) ..... $ 598.72

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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 Corporation Employees Good Government "F" Fund

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 North Carolina One First Union Center Charlotte, NC 28288	(Interest earned on market access account)	04/01/94-04/30/94	$121.07
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 494.61		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$121.07

7 1 3 8 9 8 1 5 2 3

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER NOT FORWARDED

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NAME OF COMMITTEE (In Full)

First Union Corporation Employees Good Government "F" Fund --

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
EXEMPT LEGAL AND ACCOUNTING SERVICES Carol R. Mullis One First Union Center Charlotte, NC 28288 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	First Union Corporation Legal Assistant $ 225.00	04/01/94- 04/30/94	$50.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
EXEMPT LEGAL AND ACCOUNTING SERVICES Valerie D. Daniel One First Union Center Charlotte, NC 28288 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	First Union Corporation Legal Assistant $ 275.00	04/01/94- 04/30/94	$75.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
EXEMPT LEGAL AND ACCOUNTING SERVICES Jamie D. Deal One First Union Center Charlotte, NC 28288 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	First Union Corporation Legal Secretary $ 100.00	04/30/94- 04/30/94	$25.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	$		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$ 150.00

2 4 3 8 2 8 1 6 3 2 4

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

First Union Corporation Employees Good Government "P" Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Charles Robb for Senate P.O. Box 1994 McLean, VA 22101-1994	Camp. Cont. Charles Robb, US Senate VA; ytd $1000 [X] Primary '98 [ ] General [ ] Other (specify)	4/7/94	$1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Lauch Faircloth for Senate P.O. Box 26585 Raleigh, NC 27611-6585	Camp. cont. Lauch Faircloth; US Senate, NC; ytd $2500 [X] Primary '98 [ ] General [ ] Other (specify)	04/14/94	$2,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Sands for Congress P.O. Box 1796 Reidsville, NC 27323	Camp. Cont. Sandy Sands; US Congress 5th Dist. NC ytd $1000 [X] Primary '94 [ ] General [ ] Other (specify)	04/14/94	$1,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
David Price Re-ELection Campaign 400 Overlin Road Raleigh, NC 27602	Camp. Cont. David Price; US Congress 4th Dist. NC; ytd $1600 [X] Primary '94 [ ] General [ ] Other (specify)	04/20/94	$ 100.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Libba Evans For Congress P .O. Box 20563 Winston-Salem, NC 27120	Camp. Cont. Libba Evans; US Congress 5th Dist, NC; ytd $2000 [X] Primary '94 [ ] General [ ] Other (specify)	04/27/94	$2,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	[ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	[ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	[ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	[ ] Primary [ ] General [ ] Other (specify)		

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

TOTAL This Period (last page this line number only) $6,100.00

24138981625

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.

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 5-10-94
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

JMN
PREPARER

5-11-94
DATE PREPARED

FEC FORM 70-2 (12/92)

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