

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 AUG -8 A 10:03

USE FEC MAILING LABEL
OR
TYPE OR 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 multi-candidate 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	07/01/00 through 07/31/00		
6. (a) Cash on Hand January 1, 2000			\$ 130,357.78
(b) Cash on Hand at Beginning of Reporting Period		\$ 111,633.78	
(c) Total Receipts (from Line 19)		\$ 3,287.00	\$ 30,163.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 114,920.78	\$ 160,520.78
7. Total Disbursements (from Line 30)		\$ 2,500.00	\$ 48,100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 112,420.78	\$ 112,420.78
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 909 E Street, NW Washington, DC 20463 Toll Free 800-424-9520 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. Beatty

Signature of Treasurer

Rufus F. Beatty

Date

8-9-00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

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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 First Union Corporation Employees Good Government "F" Fund II	REPORT COVERING PERIOD FROM 07/01/00 TO: 07/31/00	
	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)	2,321.00	14,137.00
ii. Unitemized	966.00	16,026.00
iii. Total (add i and ii) >	3,287.00	30,163.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add a ii, b and c) >	3,287.00	30,163.00
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 (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3,287.00	30,163.00
20. Total Federal Receipts (subtract line 18 from line 19) >	3,287.00	30,163.00
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 (add a i, a ii, and b) >	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	2,500.00	48,100.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(f)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individual/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 (add a, b and c) >	0.00	0.00
29. Other Disbursements	2,500.00	48,100.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,500.00	48,100.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	2,500.00	48,100.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	3,287.00	30,163.00
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	3,287.00	30,163.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6
FOR LINE NUMBER 11 B 1

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 Corporation Employees Good Government "F" Fund II

A. Full Name, Mailing Address and ZIP Code GERALD BUFFALINO 20 BARBERA DR HOLMDEL, NJ 07733	Name of Employer FU SHARED RESOURCES, LLC	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation SR RELATIONSHIP MGR	Payroll Deduction 	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		(\$25.00) Semimonthly
B. Full Name, Mailing Address and ZIP Code CARLTON MOSBY COLLINS 8325 PERSIMMON TREE RD. BETHESDA, MD 20817	Name of Employer FIRST UNION SECURITIES	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation REGIONAL DIRECTOR, SR MD	Payroll Deduction 	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		(\$25.00) Semimonthly
C. Full Name, Mailing Address and ZIP Code DONALD C DEWEE8 JR JR 502 DOGWOOD DRIVE WILMINGTON, DE 19807	Name of Employer FIRST UNION SECURITIES	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation FINANCIAL ADVISOR	Payroll Deduction 	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 700.00		(\$50.00) Semimonthly
D. Full Name, Mailing Address and ZIP Code JAMES THOMAS DONLEY JR 3 BUCK BRANCH DR. RICHMOND, VA 23233	Name of Employer FIRST UNION SECURITIES	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation REGIONAL DIRECTOR, SR MD	Payroll Deduction 	84.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 588.00		(\$42.00) Semimonthly
E. Full Name, Mailing Address and ZIP Code MARY H DOONAN 19006 AVENUE BAYONNES LUTS, FL 33549	Name of Employer FIRST UNION NATIONAL BANK	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation EB BDO III - COMMISSIONED	Payroll Deduction 	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 210.00		(\$15.00) Semimonthly
F. Full Name, Mailing Address and ZIP Code THOMAS F DOONEY 305 MILLBANK ROAD BRYN MAWR, PA 19010	Name of Employer FIRST UNION SECURITIES	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation MD/SVP ORIGINATION	Payroll Deduction 	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 546.00		(\$42.00) Semimonthly
G. Full Name, Mailing Address and ZIP Code GRADY G GARDNER 4739 CAMBRIDGE CRESCENT DR. CHARLOTTE, NC 28226	Name of Employer FIRST UNION SECURITIES	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation VP SALES-FIXED INCOME	Payroll Deduction 	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		(\$25.00) Semimonthly

SUBTOTAL of Receipts This Page (optional) **406.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 6
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 STANLEY M GOLDSBORO 775-B CHARLES ALLEN DR NE ATLANTA, GA 30308	Name of Employer FIRST UNION NATIONAL BANK	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation SR RELATIONSHIP MGR	Payroll Deduction 	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00	Semimonthly (\$25.00 50.00)	
B. Full Name, Mailing Address and ZIP Code PETER GOODRICH GRIFFIN 215 BROOKE AVENUE, #706 NORFOLK, VA 23510	Name of Employer FIRST UNION SECURITIES	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation FINANCIAL ADVISOR	Payroll Deduction 	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00	Semimonthly (\$25.00 50.00)	
C. Full Name, Mailing Address and ZIP Code MARGARET GUARINO 230 EAST 18TH STREET NEW YORK CITY, NY 10003	Name of Employer FIRST UNION SECURITIES	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation MD/SVP ORIGINATION	Payroll Deduction 	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00	Semimonthly (\$25.00 50.00)	
D. Full Name, Mailing Address and ZIP Code DONALD J HALL 307 STATE STREET SOUTHMONT PAR SOUTHMONT PARK CONDO, APT JOHNSTOWN, PA 15905	Name of Employer FIRST UNION SECURITIES	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation FINANCIAL ADVISOR, MD	Payroll Deduction 	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 700.00	Semimonthly (\$50.00 100.00)	
E. Full Name, Mailing Address and ZIP Code ROGER A HANNIGAN 107 PINEHURST DR GIBSONIA, PA 15044	Name of Employer FIRST UNION SECURITIES	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation BRANCH MANAGER, MD	Payroll Deduction 	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 280.00	Semimonthly (\$20.00 40.00)	
F. Full Name, Mailing Address and ZIP Code MARA HOLLEY 651 CUMBERLAND RD NE ATLANTA, GA 30308	Name of Employer FIRST UNION NATIONAL BANK	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation SALES MANAGER	Payroll Deduction 	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 280.00	Semimonthly (\$20.00 40.00)	
G. Full Name, Mailing Address and ZIP Code JAMES R JOHNSON 9293 GREYWOOD DRIVE MECHANICSVILLE, VA 23118	Name of Employer FIRST UNION SECURITIES	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation MD/SVP ORIGINATION	Payroll Deduction 	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00	Semimonthly (\$20.00 0.00)	

SUBTOTAL of Receipts This Page (optional) **330.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 8
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
NEIL J KVASNAK 12918 DARBY CHASE CHARLOTTE, NC 28277 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	FIRST UNION NATIONAL BANK	Payroll	30.00
	Occupation: SR RELATIONSHIP MGR	Deduction	(\$15.00)
		Aggregate Year-to-Date > \$	210.00
			Semimonthly
L T LAWSON III 9701 OLD CLUB TRACE RICHMOND, VA 23233 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	FIRST UNION SECURITIES	Payroll	70.00
	Occupation: DIR/SVP SALES - FIXED INCOME	Deduction	(\$35.00)
		Aggregate Year-to-Date > \$	490.00
			Semimonthly
AINSLEY J LESTER III III 1211 SAN LION TRAIL MARTINSVILLE, VA 24112 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	FIRST UNION SECURITIES	Payroll	100.00
	Occupation: FINANCIAL ADVISOR, MD	Deduction	(\$50.00)
		Aggregate Year-to-Date > \$	700.00
			Semimonthly
MARY T MACK P O BOX 128 FORT MILL, SC 29716 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	FIRST UNION NATIONAL BANK	Payroll	128.00
	Occupation: REGIONAL PRESIDENT II	Deduction	(\$63.00)
		Aggregate Year-to-Date > \$	882.00
			Semimonthly
ANGUS M MCBRYDE 2037 NOLEN PARK LANE CHARLOTTE, NC 28209 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	FIRST UNION NATIONAL BANK	Payroll	60.00
	Occupation: MD/SVP TRADING	Deduction	(\$30.00)
		Aggregate Year-to-Date > \$	420.00
			Semimonthly
MARK P. MELILLO 101 DAVIS DRIVE NORTH WALES, PA 19454 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	FIRST UNION SECURITIES	Payroll	35.00
	Occupation: FINANCIAL ADVISOR	Deduction	(\$35.00)
		Aggregate Year-to-Date > \$	455.00
			Semimonthly
JOHN G MERGNER SR 8517 BEECHTREE ROAD BETHESDA, MD 20817 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	FIRST UNION SECURITIES	Payroll	50.00
	Occupation: FINANCIAL ADVISOR, MD	Deduction	(\$25.00)
		Aggregate Year-to-Date > \$	350.00
			Semimonthly

SUBTOTAL of Receipts This Page (optional)	471.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 4 OF 6
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 WILLIAM H MILES 3608 HAMPTON MANOR DRIVE CHARLOTTE, NC 28226	Name of Employer FIRST UNION SECURITIES	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation MD/ISVP	Payroll Deduction 	40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 280.00	Semimonthly (\$20.00)	
B. Full Name, Mailing Address and ZIP Code DAVID L MONDAY 3801 OLD GUN ROAD WEST MIDLOTHIAN, VA 23113	Name of Employer FIRST UNION SECURITIES	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation REGIONAL DIRECTOR, MD	Payroll Deduction 	416.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,912.00	Semimonthly (\$208.00)	
C. Full Name, Mailing Address and ZIP Code GREGORY L. MONTGOMERY 8435 HUNT VALLEY DR VIENNA, VA 22182	Name of Employer FIRST UNION NATIONAL BANK	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation RELATIONSHIP MGR	Payroll Deduction 	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 210.00	Semimonthly (\$15.00)	
D. Full Name, Mailing Address and ZIP Code GARL J MULLER 211 TULIP DRIVE MASAPEQUA PARK, NY 11762	Name of Employer FIRST UNION SECURITIES	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation FINANCIAL ADVISOR	Payroll Deduction 	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00	Semimonthly (\$25.00)	
E. Full Name, Mailing Address and ZIP Code BRUCE DAVID OCHSMAN 8905 HUNT VALLEY CT POTOMAC, MD 20854	Name of Employer FIRST UNION SECURITIES	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation FINANCIAL ADVISOR, MD	Payroll Deduction 	40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00	Semimonthly (\$20.00)	
F. Full Name, Mailing Address and ZIP Code KATHLEEN REGAN 488 SOUTH AVE EAST GRANFORD, NJ 07016	Name of Employer FU SHARED RESOURCES, LLC	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation SR RELATIONSHIP MGR	Payroll Deduction 	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00	Semimonthly (\$25.00)	
G. Full Name, Mailing Address and ZIP Code JAMES P REGISTER JR 2216 WHILDEN COURT CHARLOTTE, NC 28211	Name of Employer FIRST UNION SECURITIES	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation VP SALES-FIXED INCOME	Payroll Deduction 	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00	Semimonthly (\$25.00)	

SUBTOTAL of Receipts This Page (optional) **676.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 6
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
DAVID A RUBEN 9221 FALL RIVER LANE POTOMAC, MD 20854	FIRST UNION SECURITIES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation FINANCIAL ADVISOR, MD	Payroll Deduction	40.00 (\$20.00 Semimonthly)
	Aggregate Year-to-Date > 6	280.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL A SCHIAVONE 130 WOODCREST DRIVE HOPEWELL JUNCTION, NY 12533	FU SHARED RESOURCES, LLC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SALES MANAGER	Payroll Deduction	40.00 (\$20.00 Semimonthly)
	Aggregate Year-to-Date > 6	280.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE W SPEARS 13 BLACK TERN ROAD HILTON HEAD, SC 29928	FIRST UNION SECURITIES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BRANCH MANAGER, MD	Payroll Deduction	30.00 (\$15.00 Semimonthly)
	Aggregate Year-to-Date > 6	210.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN K STRUDWICK 457 EAST NEW ENGLAND AVE WINTER PARK, FL 32789	FIRST UNION SERVICES, INC.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIR/SVP RELATIONSHIP MGMT C	Payroll Deduction	50.00 (\$25.00 Semimonthly)
	Aggregate Year-to-Date > 6	350.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HALUK A TELIMEN 6707 WOODMERE CROSSING LN CHARLOTTE, NC 28226	FIRST UNION SECURITIES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MD/SVP ORIGATION	Payroll Deduction	50.00 (\$25.00 Semimonthly)
	Aggregate Year-to-Date > 6	350.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE K THOMPSON 615 COLVILLE RD CHARLOTTE, NC 28207	FIRST UNION CORPORATION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRES & CEO, FIRST UNION CORP	Payroll Deduction	168.00 (\$84.00 Semimonthly)
	Aggregate Year-to-Date > 6	1,176.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVEN A WALLACE 2117 BEVERLY DRIVE CHARLOTTE, NC 28207	FIRST UNION NATIONAL BANK		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIR/VP ORIGATION	Payroll Deduction	30.00 (\$15.00 Semimonthly)
	Aggregate Year-to-Date > 6	210.00	

SUBTOTAL of Receipts This Page (optional) 408.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **6** OF **6**
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 FREDERICK J WHITNEY 2004 HAMRICK DR RALEIGH, NC 27615	Name of Employer FIRST UNION SECURITIES	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 30.00
	Occupation FINANCIAL ADVISOR	Aggregate Year-to-Date > \$ 210.00	(\$15.00 Semimonthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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 (specify):	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 (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	30.00
TOTAL This Period (last page this line number only)	2,321.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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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 Re-Designated funds for trans. dated	Date (month, day, year)	Amount of Each Disbursement This Period
Doug Ose For Congress 455 Capitol Mall Suite 801 Sacramento, CA 95814	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/10/00	500.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Bill Thomas Campaign Committee P. O. Box 395 Bakersfield, CA 93302	Purpose of Disbursement Re-Designated funds for trans. dated Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 07/10/00	Amount of Each Disbursement This Period 1,000.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Royce Campaign Committee P. O. Box 6765 Fullerton, CA 92834	Purpose of Disbursement Re-Designated funds for trans. dated Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 07/10/00	Amount of Each Disbursement This Period 500.00 (Memo Entry)
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

SUBTOTAL of Disbursements This Page (optional)

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 2 OF 6
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 Citizens For Rush 3361 South King Drive Chicago, IL 60616	Purpose of Disbursement Re-Designated funds for trans. dated Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 07/10/00	Amount of Each Disbursement This Period 500.00 (Memo Entry)
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

SUBTOTAL of Disbursements This Page (optional)

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 6
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
Rick Lazio for US Senate P.O. Box 50282 Washington, DC 20091-0282	Rick Lazio, U.S. SENATE NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/28/00	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

SUBTOTAL of Disbursements This Page (optional)

1,000.00

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 4 OF 6
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 Don Sherwood for Congress P. O. Box 188 Wyalusing, PA 18853	Purpose of Disbursement Re-Designated funds for trans. dated Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 07/10/00	Amount of Each Disbursement This Period 500.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Pat Toomey for Congress Committee 3615 Congress Street Allentown, PA 18104	Purpose of Disbursement Re-Designated funds for trans. dated Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 07/10/00	Amount of Each Disbursement This Period 500.00 (Memo Entry)
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

SUBTOTAL of Disbursements This Page (optional)

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 6
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 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year)	Amount of Each Disbursement This Period
John M. Spratt for Congress c/o Hayden & Associates P.O. Box 1646 Cayce, SC 29033	John M Spratt, U.S. House-5th-SC	07/24/00	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 (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

SUBTOTAL of Disbursements This Page (optional)

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 6 OF 6
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 Phil Gramm P. O. Box 565087 Dallas, TX 75356	Phil Gramm, U.S. SENATE TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002	07/19/00	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

SUBTOTAL of Disbursements This Page (optional)

1,000.00

TOTAL This Period (last page this line number only)

2,500.00

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 <i>8-8-00</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>Her</i> PREPARER	<i>8-8-00</i> DATE PREPARED