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) Crestar Financial Corporation Responsible Government Fund

ADDRESS (number and street) ☐ Check if different than previously reported

919 East Main Street

CITY, STATE and ZIP CODE

Richmond, Virginia 23219

C00214965

2. FEC IDENTIFICATION NUMBER

3. ☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Satisfied the criteria of multicandidate status prior to January 1, 1994.

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 July 1, '93 through December 31 '94		
6. (a) Cash on Hand January 1, 19.3		$ 23,122.61
(b) Cash on Hand at Beginning of Reporting Period	$ 12,233.16	
(c) Total Receipts (from Line 19)	$ 37,073.87	$ 55,434.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 49,307.03	$ 78,557.03
7. Total Disbursements (from Line 30)	$ 28,550.00	$ 57,800.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 20,757.03	$ 20,757.03
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

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
William J. Crichton, Assistant Treasurer

Signature of Treasurer
William J. Crichton

Date 1/25/94

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)

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

(revised 1/1/91)

NAME OF COMMITTEE Crestar Financial Corporation Responsible Government Fund

REPORT COVERING PERIOD FROM 7/1/93 TO: 12/31/93

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
1	Contributions (other than loans) From:		
	a. Individual/Persons Other Than Political Committees		
	i. Itemized (use Schedule A)	8,935.60	10,060.60
	ii. Unitemized	28,138.27	45,373.82
	iii. Total (add i and ii) ➤	37,073.87	55,434.42
	b. Political Party Committees		
	c. Other Political Committees (such as PACs)		
	d. Total Contributions (add a iii, b and c) ➤	37,073.87	55,434.42
1[illegible]	Transfers From Affiliated/Other Party Committees		
1[illegible]	All Loans Received		
1[illegible]	Loan Repayments Received		
1[illegible]	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
1[illegible]	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
1[illegible]	Other Federal Receipts (Dividends, Interest, etc.)		
1[illegible]	Transfers from Nonfederal Account for Joint Activity		
1[illegible]	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	37,073.87	55,434.42
20	Total Federal Receipts (subtract line 18 from line 19) ➤	37,073.87	55,434.42
	II. Disbursements		
2[illegible]	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) ➤		
2[illegible]	Transfers to Affiliated/Other Party Committees	15,000.00	40,000.00
2[illegible]	Contributions to Federal Candidates/Committees and Other Political Committees	13,550.00	17,800.00
2[illegible]	Independent Expenditures (use Schedule E)		
2[illegible]	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
2[illegible]	Loan Repayments Made		
2[illegible]	Loans Made		
2[illegible]	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) ➤	28,550.00	57,800.00
31	Total Federal Disbursements (subtract line 21 a i from line 30) ➤	28,550.00	57,800.00
	III. Net Contributions/Operating Expenditures		
32	Total Contributions (other than loans)(from line 11d)	37,073.87	55,434.42
33	Total Contribution Refunds (from line 28d)	-0-	-0-
34	Net Contributions (other than loans)(subtract line 33 from 32)	37,073.87	55,434.42
35	Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	-0-	-0-
36	Offsets to Operating Expenditures (from line 15)	-0-	-0-
37	Net Operating Expenditures (subtract line 36 from 35) ➤	-0-	-0-

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 11 a. 1

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NAME OF COMMITTEE (In Full)

Crestar Financial Corporation Responsible Government 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
Robert V. Callahan 919 East Main Street Richmond, VA 23219 Receipt For: [ ] Primary [x] General [ ] Other (specify)	Crestar Bank Capitoline Investment Services Occupation: President & Chief Investment Officer Aggregate Year-to-Date > $ 300.00	10/22/93	$300.00
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**
Harold I. Brooks 2708 West Laburnum Ave. Richmond, VA 23227-4342 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Crestar Mortgage Occupation: Senior Vice President Aggregate Year-to-Date > $ 200.00	10/22/93	$200.00
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**
David Holopeter 7617 Little River Turnpike Annandale, Virginia 22003 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Crestar Mortgage Occupation: Assistant Vice President Aggregate Year-to-Date > $ 200.00	10/22/93	$200.00
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**
Michael M. Onufrychuk, Jr. 7617 Little River Turnpike Annandale, Virginia 22003 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Crestar Mortgage Occupation: Vice President Aggregate Year-to-Date > $ 240.00	10/22/93	$240.00
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**
Mark C. Smith, CPA 2708 West Laburnum Avenue Richmond, VA 23227-4342 Receipt For: [ ] Primary [xx] General [ ] Other (specify).	Crestar Mortgage Occupation: President & Chief Executive Officer Aggregate Year-to-Date > $ 360.00	10/22/93	$360.00
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**
James D. Barr 919 East Main Street Richmond, VA 23219 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Crestar Bank Occupation: EVP, Controller and Treasurer Aggregate Year-to-Date > $ 200.00	10/22/93	$200.00
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**
Ross W. Dorneman, AAI 919 East Main Street Richmond, VA 23219 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Crestar Bank Occupation: Senior Vice President Aggregate Year-to-Date > $ 200.00	10/22/93	$200.00

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

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 4

FOR LINE NUMBER 11 a. 1

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NAME OF COMMITTEE (In Full)

Crestar Financial Corporation Responsible Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Patrick D. Gislin 919 East Main Street Richmond, Virginia 23219 Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Crestar Bank Occupation Vice Chairman Aggregate Year-to-Date > $ 640.00	10/22/93	$640.00
William M. Gardner 919 East Main Street Richmond, VA 23219 Receipt For: [ ] Primary [x] General [ ] Other (specify)	Crestar Bank Occupation Executive Vice President Aggregate Year-to-Date > $ 321.20	10/22/93	$321.20
Thomas N. Hammelman 919 East Main Street Richmond, VA 23219 Receipt For: [ ] Primary [x] General [ ] Other (specify)	Crestar Bank Occupation Executive Vice President Aggregate Year-to-Date > $ 320.00	10/22/93	$320.00
D. Michael Harris 919 East Main Street Richmond, VA 23219 Receipt For: [ ] Primary [x] General [ ] Other (specify)	Crestar Bank Occupation Senior Vice President Aggregate Year-to-Date > $ 200.00	10/22/93	$200.00
Thomas D. Hogan 919 East Main Street Richmond, VA 23219 Receipt For: [ ] Primary [x] General [ ] Other (specify)	Crestar Bank Occupation Executive Vice President Aggregate Year-to-Date > $ 200.00	10/22/93	$200.00
A. Curtis Monk 919 East Main Street Richmond, Virginia 23219 Receipt For: [ ] Primary [x] General [ ] Other (specify)	Crestar Bank Occupation Executive Vice President Aggregate Year-to-Date > $ 200.00	10/22/93	$200.00
Julie Clare Newman 919 East Main Street Richmond, VA 23219 Receipt For: [ ] Primary [xx] General [ ] Other (specify)	Crestar Bank Occupation Trust Officer Aggregate Year-to-Date > $ 200.00	10/22/93	$200.00

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

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

SCHEDULE A **ITEMIZED RECEIPTS**

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PAGE 3 OF 4

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NAME OF COMMITTEE (In Full)

Crestar Financial Corporation Responsible Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Charles B. Rand 919 East Main Street Richmond, VA 23219 Receipt For: Primary [ ] General [x] Other (specify):	Crestar Bank Occupation: Executive Vice President Aggregate Year-to-Date > $ 320.00	10/22/93	$320.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James A. Spencer 919 East Main Street Richmond, VA 23219 Receipt For: Primary [ ] General [X] Other (specify):	Crestar Bank Occupation: Executive Vice President Aggregate Year-to-Date > $ 200.00	10/22/93	$200.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard G. Tilghman 919 East Main Street Richmond, VA 23219 Receipt For: Primary [ ] General [x] Other (specify):	Crestar Bank Occupation: Chairman and C.E.O. Aggregate Year-to-Date > $ 1,000.00	10/22/93	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James M. Wells III 919 East Main Street Richmond, VA 23219 Receipt For: Primary [ ] General [x] Other (specify):	Crestar Bank Occupation: President Aggregate Year-to-Date > $ 706.00	10/22/93	$706.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James M. Wilson, III 919 East Main Street Richmond, VA 23219 Receipt For: Primary [ ] General [x] Other (specify):	Crestar Bank Occupation: Executive Vice President Aggregate Year-to-Date > $ 320.00	10/22/93	$320.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Thad W. Ewins, Jr. 919 East Main Street Richmond, VA 23219 Receipt For: Primary [ ] General [x] Other (specify):	Crestar Securities Corporation Occupation: President Managing Director Aggregate Year-to-Date > $ 400.00	10/22/93	$400.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William K. Butler, II 500 Main Street Norfolk, VA 23501 Receipt For: Primary [ ] General [x] Other (specify):	Crestar Bank Occupation: President Eastern Region Aggregate Year-to-Date > $ 320.00	10/22/93	$320.00

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

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 4 OF 4

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NAME OF COMMITTEE (in Full)

Crestar Financial Corporation Responsible Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David C. Fuller 500 Main Street Norfolk, VA 23501	Crestar Bank Occupation Executive Vice President	10/22/93	$200.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joseph P. Monahan 500 Main Street Norfolk, VA 23501	Crestar Bank Occupation Executive Vice President	10/22/93	$220.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $ 220.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Thomas P. Kelley 15th Street & N.Y. Ave., N.W. Washington, D.C. 20005	Crestar Bank, N.A. Occupation Senior Vice President	10/22/93	$218.40
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $ 218.40		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Frederick F. Brennan 15th Street & N.Y. Ave., N.W. Washington, D.C. 20005	Crestar Bank N.A. Occupation Senior Vice President	10/22/93	$250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William C. Harris 15th Street & N.Y. Ave., N.W. Washington, D.C. 20005	Crestar Bank N.A. Occupation President, Greater Washington	10/22/93	$600.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $ 600.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William P. Heath 919 East Main Street Richmond, VA 23219	Crestar Bank Occupation Senior Vice President	10/22/93	$200.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Franklin G. Lewis P.O. Box 2867 Roanoke, Virginia 24011	Crestar Bank Occupation President, Western Region	10/22/93	$200.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.00		

SUBTOTAL of Receipts This Page (optional) >

TOTAL This Period (last page has line number only) > $8,935.60

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 31.

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NAME OF COMMITTEE (In Full)

Crestar Financial Corporation Responsible Government Fund

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
L.F. Payne for Congress P.O. Box 2884 Washington, D.C. 20012	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/26/93	$500.00
Citizens for Rex Klink 141 Renser Street Pittsburgh, PA 15237	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/26/93	$300.00
Re-Elect Al McCandless for Congress Committee P.O. Box 1495 Palm Desert, CA 92261	Crestar Bank Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	7/26/93	$300.00
Hoyer for Congress 7905 Malcom Road Clinton, MD 20735	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/26/93	$300.00
Virginia Bankers Assoc. Federal PAC 700 East Main Street, Suite 1411 P.O. Box 462 Richmond, VA 23203	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/25/93	$5,000.00
Crestar Financial Corporation Responsible Government Fund/State 919 East Main Street Account Richmond, VA 23219	Transfer to Affiliated Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/08/93	$15,000.00
MORPAC c/o Mortgage Banker's Assoc. 1125 15th St., N.W., Suite 700 Washington, D. C. 20005	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/20/93	$1,900.00
Castle Campaign Fund P.O. Box 133 Wilmington, DE 19899	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/20/93	$300.00
Citizens for Jim Bacchus P.O. Box 361236 Melbourne, FL 32936	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/20/93	$300.00

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 2

FOR LINE NUMBER 31.

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NAME OF COMMITTEE (In Full)

Crestar Financial Corporation Responsible Government Fund

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Maloney for Congress 49 E. 92nd Street New York, New York 10128	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/20/93	$300.00
B. The Wynn for Congress Committee c/o Clarion H. Wesley-Texcom, Inc. 8201 Corporate Dr., Suite 1250 Landover, MD 20785	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/26/93	$250.00
C. Bob Goodlatte for Congress Campaign Office, Box 292 Roanoke, VA 24002	Campaign Contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	11/16/93	$500.00
D. Public Securities Assoc. PAC 1445 New York Avenue, 8th Floor Washington, D.C. 20005	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	12/1/93	$1,000.00
E. Bliley for Congress P.O. Box 17095 Richmond, Virginia 23226	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	12/8/93	$600.00
F. The Bankers Roundtable Pac 805 15th St., N.W., Suite 600 Washington, D.C. 20005	Contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	12/22/93	$2,000.00
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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) $28,550.00

SCHEDULE C
(Revised 3/80)

LOANS

Page ____ of ____ for
LINE NUMBER
(Use separate schedules for each numbered line)

Name of Committee (in Full)

Crestar Financial Corporation Responsible Government Fund

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
N/A			

Election: Primary General Other (specify):

Terms: Date Incurred Date Due Interest Rate_____%(apr) Secured

Let All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

Election: Primary General Other (specify)

Terms: Date Incurred Date Due Interest Rate_____%(apr) Secured

Let All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		

SUBTOTALS This Period This Page (optional) .....

TOTALS This Period (last page in this line only) 0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

94038751397

SCHEDULE C
(Revised 3/80)

LOANS

Page ____of____for
LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (in Full)
Crestar Financial Corporation Responsible Government Fund

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
N/A Election: Primary General Other (specify):			
Terms: Date Incurred_____ Date Due____ Interest Rate %(apr)			Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: Primary General Other (specify):			
Terms: Date Incurred_____ Date Due_____ Interest Rate %(apr)			Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page ___ of ___ for
LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (in Full) Crestar Financial Corporation Responsible Gov. Fund	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor N/A				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose)				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose)				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose)				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				0.00

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page ____ of ____ for LINE NUMBER .
(Use separate schedules for each numbered line)

Name of Committee (in Full) Crestar Financial Corporation Responsible Gov. Fund	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor N/A				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				0.00

SCHEDULE E

ITEMIZED INDEPENDENT EXPENDITURES

Page ____ of ____ Pages

(See Reverse Side for Instructions)

Name of Committee (in Full)

Crestar Financial Corporation Responsible Government Fund

Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
N/A				
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose

(a) SUBTOTAL of Item and Independent Expenditures ..... $

(b) SUBTOTAL of Unreimbursed Independent Expenditures ..... $

(c) TOTAL Independent Expenditures ..... $ 0.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication, in whole or in part, of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 19

My Commission expires:

NOTARY PUBLIC

Signature

Date

SCHEDULE F

ITEMIZED COORDINATED EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (2 U.S.C. §441a(d))

Page of ... for
LINE NUMBER ___

(To be used only by Political Committees in the General Election)

Name of Political Committee (in Full)
Ciestar Financial Corporation Responsible Government Fund

Has your Committee been designated to make coordinated expenditures by a political party committee? ☐ YES ☐ NO
If YES, name the designating committee:

Full Name, Mailing Address and ZIP Code of Subordinate Committee

Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—$			
Full Name, Mailing Address and ZIP Code of Each Payee	**Name of Federal Candidate Supported, State, District & Office Sought**	**Purpose of Expenditure**	**Date (month, day, year)**	**Amount**
	Aggregate General Election Expenditure for this Candidate—$			
Full Name, Mailing Address and ZIP Code of Each Payee	**Name of Federal Candidate Supported, State, District & Office Sought**	**Purpose of Expenditure**	**Date (month, day, year)**	**Amount**
	Aggregate General Election Expenditure for this Candidate—$			
Full Name, Mailing Address and ZIP Code of Each Payee	**Name of Federal Candidate Supported, State, District & Office Sought**	**Purpose of Expenditure**	**Date (month, day, year)**	**Amount**
	Aggregate General Election Expenditure for this Candidate—$			

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

TOTAL This Period (last page this line number only) 0.00

SCHEDULE H1
(revised 5/93)

METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE

Crestar Financial Corporation Responsible Government Fund

NATIONAL PARTY COMMITTEES

N/A

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) ..... %

PRESIDENTIAL YEAR (65%)

ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) ..... %

OR

FUNDS EXPENDED:

- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %

ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... $ ..... %

ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... $

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:

- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %

ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... $ ..... %

ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... $

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

		NUMBER OF POINTS
1. PRESIDENT	(1 POINT)	
2. U.S. SENATE	(1 POINT)	
3. U.S. CONGRESS	(1 POINT)	
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3)		
5. GOVERNOR	(1 POINT)	
6. OTHER STATEWIDE OFFICE(S)	(1 OR 2 POINTS)	
7. STATE SENATE	(1 POINT)	
8. STATE REPRESENTATIVE	(1 POINT)	
9. LOCAL CANDIDATES	(1 OR 2 POINTS)	
10. EXTRA NON-FEDERAL POINT	(1 POINT)	
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10)		
12. TOTAL POINTS (LINE 4 PLUS LINE 11)		

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 ..... 0.00 %

SCHEDULE H2
(effective 1/1/91)

ALLOCATION RATIOS

PAGE	OF

NAME OF COMMITTEE

Crestar Financial Corporation Responsible Government Fund

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation: N/A

I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: .... FUNDRAISING ... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ..... NEW. ..... REVISED ..... SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ..... FUNDRAISING ..... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ..... NEW ..... REVISED ..... SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ..... FUNDRAISING ... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ..... NEW ..... REVISED ..... SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ..... FUNDRAISING ..... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ..... NEW ..... REVISED ..... SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ..... FUNDRAISING ..... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ..... NEW ..... REVISED ..... SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ..... FUNDRAISING ..... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ..... NEW ..... REVISED ..... SAME AS PREVIOUSLY REPORTED	0.00	0.00

RECEIPT SCHEDULE H3
(effective 1/1/91)

TRANSFERS FROM NON-FEDERAL ACCOUNTS

PAGE	OF
FOR LINE 18	

NAME OF COMMITTEE
Crestar Financial Corporation Responsible Government Fund

TOTAL AMOUNT TRANSFERRED

NAME OF ACCOUNT | DATE OF RECEIPT | $

N/A

	BREAKDOWN OF TRANSFER RECEIVED		
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
Total Administrative/Voter Drive			
Direct Fundraising (List Events-Amount for Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred For Direct Fundraising			
Exempt Activity/Direct Candidate Support (List Events-Amount For Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support			

NAME OF ACCOUNT | DATE OF RECEIPT | $

	BREAKDOWN OF TRANSFER RECEIVED		
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
Total Administrative/Voter Drive			
Direct Fundraising (List Events-Amount for Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred For Direct Fundraising			
Exempt Activity/Direct Candidate Support (List Events-Amount For Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support			

	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DCS	
SUBTOTAL THIS PAGE				
TOTAL THIS PERIOD				0.00

DISBURSEMENT SCHEDULE H4
(effective 1/1/81)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE	OF

DISBURSEMENT SCHEDULE B-T

FOR LINE 21a

NAME OF COMMITTEE
Corstar Financial Corporation Responsible Government Fund

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
N/A					
CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT EVENT YEAR-TO-DATE: $ DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT EVENT YEAR-TO-DATE: $ DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT EVENT YEAR-TO-DATE: $ DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT EVENT YEAR-TO-DATE: $ DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT EVENT YEAR-TO-DATE: $ DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT EVENT YEAR-TO-DATE: $ DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE					
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page) 0.00					

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.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 1-26-94
☐	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

PREPARER

1-30-94
DATE PREPARED

FEC FORM 70-2 (12/92)

24038751207