

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 DEC -6 A 10:17

USE FEC MAILING LABEL OR TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> First Union Corporation Employees Good Government F Fund II	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 301 South College St, Attn: B. Bradley	<b>2. FEC IDENTIFICATION NUMBER</b> C00300178
<b>CITY, STATE and ZIP CODE</b> Charlotte, NC 28288-0630	<b>3.</b> <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid-Year Report (Non-election Year Only)  
 Termination Report

- Monthly Report Due On:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on 11/07/00 in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/19/00</u> through <u>11/27/00</u>		
6. (a) Cash on Hand January 1, 2000		\$ 130,357.78
(b) Cash on Hand at Beginning of Reporting Period	\$ 95,901.78	
(c) Total Receipts (from Line 19)	\$ 3,092.00	\$ 42,836.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 98,993.78	\$ 173,193.78
7. Total Disbursements (from Line 30)	\$ 23,750.00	\$ 97,950.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 75,243.78	\$ 75,243.78
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 950 E Street, NW Washington, DC 20545 Toll Free 800-424-9530 Local 202-462-1100
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 <b>Rufus F. Beaty</b>	Date
Signature of Treasurer <i>Rufus F. Beaty</i>	12-4-00

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

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**FEC FORM 3X**  
(revised 8/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
First Union Corporation Employees Good Government F Fund II	FROM	TO:	
	10/19/00	11/27/00	
<b>I. Receipts</b>	<b>COLUMN A</b>	<b>COLUMN B</b>	
	<b>Total This Period</b>	<b>Calendar Year</b>	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (see Schedule A)	2,552.00	22,860.00	11(a)(i)
ii. Unitemized	540.00	19,876.00	11(a)(ii)
b. Total (add i and ii) >	3,092.00	42,836.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a ii, b and c) >	3,092.00	42,836.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3,092.00	42,836.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	3,092.00	42,836.00	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	23,750.00	97,950.00	23
24. Independent Expenditures (see Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	23,750.00	97,950.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	23,750.00	97,950.00	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)	3,092.00	42,836.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	3,092.00	42,836.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 7  
FOR LINE NUMBER 11 a f

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 Fund II

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>WILLIAM M BATEMAN</b> <b>1711 ROSEBANK LANE</b> <b>CHARLOTTE, NC 28226</b>	<b>Name of Employer</b> <b>FIRST UNION CORPORATION</b>	<b>Date (month, day, year)</b>  <b>Payroll</b>	<b>Amount of Each Receipt This Period</b>  <b>20.00</b> <b>(\$10.00</b> <b>SemiMonthly)</b>
	<b>Occupation</b> <b>CORP CREDIT ADMIN MANAGER</b>	<b>Deduction</b> <b>Aggregate Year-to-Date</b> > \$ <b>210.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>STEPHEN BAYER</b> <b>702 S 7TH STREET</b> <b>PHILADELPHIA, PA 19147</b>	<b>Name of Employer</b> <b>FU COMMERCIAL SHARED RESOURCES</b>	<b>Date (month, day, year)</b>  <b>Payroll</b>	<b>Amount of Each Receipt This Period</b>  <b>20.00</b> <b>(\$10.00</b> <b>SemiMonthly)</b>
	<b>Occupation</b> <b>VP RELATIONSHIP MGMT C</b>	<b>Deduction</b> <b>Aggregate Year-to-Date</b> > \$ <b>210.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>GERALD BUFFALINO</b> <b>20 BARBERA DR</b> <b>HOLMDEL, NJ 07733</b>	<b>Name of Employer</b> <b>FU SHARED RESOURCES, LLC</b>	<b>Date (month, day, year)</b>  <b>Payroll</b>	<b>Amount of Each Receipt This Period</b>  <b>50.00</b> <b>(\$25.00</b> <b>SemiMonthly)</b>
	<b>Occupation</b> <b>SR RELATIONSHIP MGR</b>	<b>Deduction</b> <b>Aggregate Year-to-Date</b> > \$ <b>525.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>DOUGLAS J BULLETT</b> <b>9604 SAINT REGIS COURT</b> <b>RICHMOND, VA 23236</b>	<b>Name of Employer</b> <b>FIRST UNION NATIONAL BANK</b>	<b>Date (month, day, year)</b>  <b>Payroll</b>	<b>Amount of Each Receipt This Period</b>  <b>20.00</b> <b>(\$10.00</b> <b>SemiMonthly)</b>
	<b>Occupation</b> <b>SENIOR UNDERWRITER</b>	<b>Deduction</b> <b>Aggregate Year-to-Date</b> > \$ <b>210.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>LINDA K GLIBORNE</b> <b>4429 LACEY OAK DR.</b> <b>PALM BEACH GARDENS, FL 33410</b>	<b>Name of Employer</b> <b>FIRST UNION SERVICES, INC.</b>	<b>Date (month, day, year)</b>  <b>Payroll</b>	<b>Amount of Each Receipt This Period</b>  <b>20.00</b> <b>(\$10.00</b> <b>SemiMonthly)</b>
	<b>Occupation</b> <b>VP RELATIONSHIP MGMT C</b>	<b>Deduction</b> <b>Aggregate Year-to-Date</b> > \$ <b>210.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>CARLTON MOSBY COLLINS</b> <b>8325 PERSIMMON TREE RD.</b> <b>BETHESDA, MD 20817</b>	<b>Name of Employer</b> <b>FIRST UNION SECURITIES</b>	<b>Date (month, day, year)</b>  <b>Payroll</b>	<b>Amount of Each Receipt This Period</b>  <b>50.00</b> <b>(\$25.00</b> <b>SemiMonthly)</b>
	<b>Occupation</b> <b>REGIONAL DIRECTOR, SR MD</b>	<b>Deduction</b> <b>Aggregate Year-to-Date</b> > \$ <b>525.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>JOHN S DETWEILER</b> <b>1208 STATE ROAD</b> <b>COOPERSBURG, PA 18038</b>	<b>Name of Employer</b> <b>FIRST UNION SECURITIES</b>	<b>Date (month, day, year)</b>  <b>Payroll</b>	<b>Amount of Each Receipt This Period</b>  <b>20.00</b> <b>(\$10.00</b> <b>SemiMonthly)</b>
	<b>Occupation</b> <b>PROFIT FORMULA ADVISOR</b>	<b>Deduction</b> <b>Aggregate Year-to-Date</b> > \$ <b>210.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

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

**200.00**

**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 7  
FOR LINE NUMBER 11 a 1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>DONALD CHARLES DEWEES JR</b> 502 DOGWOOD DRIVE GREENVILLE, DE 19807	<b>FIRST UNION SECURITIES</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>FINANCIAL ADVISOR</b>	Payroll Deduction	100.00 (\$50.00) Semimonthly
	Aggregate Year-to-Date > \$	1,050.00	
<b>JAMES T DONLEY JR</b> 3 BUCK BRANCH DR. RICHMOND, VA 23233	<b>FIRST UNION SECURITIES</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>REGIONAL DIRECTOR, SR MD</b>	Payroll Deduction	84.00 (\$42.00) Semimonthly
	Aggregate Year-to-Date > \$	882.00	
<b>MARY H DOONAN</b> 19006 AVENUE BAYONNES LUTZ, FL 33549	<b>FIRST UNION NATIONAL BANK</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>EB BDO III - COMMISSIONED</b>	Payroll Deduction	30.00 (\$15.00) Semimonthly
	Aggregate Year-to-Date > \$	315.00	
<b>STANLEY M GOLDBORO</b> 778-B CHARLES ALLEN DR NE ATLANTA, GA 30308	<b>FIRST UNION NATIONAL BANK</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>SR RELATIONSHIP MGR</b>	Payroll Deduction	50.00 (\$25.00) Semimonthly
	Aggregate Year-to-Date > \$	525.00	
<b>PETER G GRIFFIN</b> 215 BROOKE AVENUE, #706 NORFOLK, VA 23510	<b>FIRST UNION SECURITIES</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>FINANCIAL ADVISOR</b>	Payroll Deduction	50.00 (\$25.00) Semimonthly
	Aggregate Year-to-Date > \$	525.00	
<b>MARGARET GUARINO</b> 230 EAST 18TH STREET NEW YORK CITY, NY 10003	<b>FIRST UNION SECURITIES</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>MD/SVP ORIGINATION</b>	Payroll Deduction	50.00 (\$25.00) Semimonthly
	Aggregate Year-to-Date > \$	525.00	
<b>DONALD J HALL</b> 130 ARLINGTON STREET JOHNSTOWN, PA 15905	<b>FIRST UNION SECURITIES</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>FINANCIAL ADVISOR, MD</b>	Payroll Deduction	100.00 (\$50.00) Semimonthly
	Aggregate Year-to-Date > \$	1,050.00	

**SUBTOTAL** of Receipts This Page (optional) ..... **464.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<b>ROGER A HANNIGAN</b> 107 PINEHURST DR GIBSONIA, PA 15044	<b>FIRST UNION SECURITIES</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>BRANCH MANAGER, MD</b>	<b>Payroll Deduction</b>	<b>40.00</b> (\$20.00)
	Aggregate Year-to-Date > \$ <b>420.00</b>		<b>Semimonthly</b>
<b>JAMES LESLIE HEATON JR</b> 1416 FAIRIDGE DR KINGSPORT, TN 37664	<b>FIRST UNION SECURITIES</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>FINANCIAL ADVISOR, FVP</b>	<b>Payroll Deduction</b>	<b>20.00</b> (\$10.00)
	Aggregate Year-to-Date > \$ <b>210.00</b>		<b>Semimonthly</b>
<b>MARA HOLLEY</b> 651 CUMBERLAND RD NE ATLANTA, GA 30308	<b>FIRST UNION NATIONAL BANK</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>SALES MANAGER</b>	<b>Payroll Deduction</b>	<b>40.00</b> (\$20.00)
	Aggregate Year-to-Date > \$ <b>420.00</b>		<b>Semimonthly</b>
<b>STEPHEN J HUDD</b> 87 BROADFIELD ROAD HAMDEN, CT 06517	<b>FU SHARED RESOURCES, LLC</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>SALES MANAGER</b>	<b>Payroll Deduction</b>	<b>20.00</b> (\$10.00)
	Aggregate Year-to-Date > \$ <b>210.00</b>		<b>Semimonthly</b>
<b>BONNIE E KOENIG</b> 580 NW 38TH TERRACE DEERFIELD BEACH, FL 33442	<b>FIRST UNION NATIONAL BANK</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CMG-CM PARTNER</b>	<b>Payroll Deduction</b>	<b>22.00</b> (\$11.00)
	Aggregate Year-to-Date > \$ <b>231.00</b>		<b>Semimonthly</b>
<b>NEIL J KYASNAK</b> 12918 DARBY CHASE CHARLOTTE, NC 28277	<b>FIRST UNION NATIONAL BANK</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>SR RELATIONSHIP MGR</b>	<b>Payroll Deduction</b>	<b>30.00</b> (\$15.00)
	Aggregate Year-to-Date > \$ <b>315.00</b>		<b>Semimonthly</b>
<b>L T LAWSON III</b> 2507 BALLENCOURT LANE CHARLOTTE, NC 28226	<b>FIRST UNION SECURITIES</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>DIR/SVP SALES - FIXED INCOME</b>	<b>Payroll Deduction</b>	<b>70.00</b> (\$35.00)
	Aggregate Year-to-Date > \$ <b>735.00</b>		<b>Semimonthly</b>

**SUBTOTAL of Receipts This Page (optional)** ..... **242.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>AINSLEY J LESTER III III</b> 1211 SAM LION TRAIL MARTINSVILLE, VA 24112 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>FIRST UNION SECURITIES</b>	Payroll Deduction	100.00 (\$50.00) Semimonthly
	Occupation <b>FINANCIAL ADVISOR, MD</b> Aggregate Year-to-Date > \$ 1,050.00		
<b>MARY T MACK</b> P O BOX 128 FORT MILL, SC 29716 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>FIRST UNION NATIONAL BANK</b>	Payroll Deduction	126.00 (\$83.00) Semimonthly
	Occupation <b>REGIONAL PRESIDENT II</b> Aggregate Year-to-Date > \$ 1,323.00		
<b>ANGUS M MCBRYDE</b> 2037 NOLEN PARK LANE CHARLOTTE, NC 28209 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>FIRST UNION NATIONAL BANK</b>	Payroll Deduction	60.00 (\$30.00) Semimonthly
	Occupation <b>MD/SVP TRADING</b> Aggregate Year-to-Date > \$ 630.00		
<b>MARK P MELILLO</b> 101 DAVIS DRIVE NORTH WALES, PA 19454 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>FIRST UNION SECURITIES</b>	Payroll Deduction	70.00 (\$35.00) Semimonthly
	Occupation <b>FINANCIAL ADVISOR</b> Aggregate Year-to-Date > \$ 735.00		
<b>JOHN G MERGNER SR</b> 8517 BEECHTREE ROAD BETHESDA, MD 20817 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>FIRST UNION SECURITIES</b>	Payroll Deduction	50.00 (\$25.00) Semimonthly
	Occupation <b>FINANCIAL ADVISOR, MD</b> Aggregate Year-to-Date > \$ 525.00		
<b>MATTHEW MEZMAR</b> 4000 PERE MARQUETTE ALLISON PARK, PA 15101 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>FIRST UNION SECURITIES</b>	Payroll Deduction	20.00 (\$10.00) Semimonthly
	Occupation <b>FINANCIAL ADVISOR</b> Aggregate Year-to-Date > \$ 210.00		
<b>DAVID L MONDAY</b> 3801 OLD GUN ROAD WEST MIDLOTHIAN, VA 23113 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>FIRST UNION SECURITIES</b>	Payroll Deduction	416.00 (\$208.00) Semimonthly
	Occupation <b>REGIONAL DIRECTOR, MD</b> Aggregate Year-to-Date > \$ 4,368.00		

**SUBTOTAL of Receipts This Page (optional)** ..... 842.00

**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 5 OF 7  
FOR LINE NUMBER 11 a 1

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

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>GREGORY L. MONTGOMERY</b> <b>8435 HUNT VALLEY DR</b> <b>VIENNA, VA 22182</b>	<b>Name of Employer</b> <b>FIRST UNION NATIONAL BANK</b>	<b>Date (month, day, year)</b>  <b>Payroll</b>	<b>Amount of Each Receipt this Period</b>  <b>30.00</b>
	<b>Occupation</b> <b>RELATIONSHIP MGR</b>	<b>Deduction</b> <b>(\$15.00)</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > 6 <b>315.00</b>	<b>Semimonthly</b>	
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>CARL J MULLER</b> <b>211 TULIP DRIVE</b> <b>MASAPEQUA PARK,, NY 11762</b>	<b>Name of Employer</b> <b>FIRST UNION SECURITIES</b>	<b>Date (month, day, year)</b>  <b>Payroll</b>	<b>Amount of Each Receipt this Period</b>  <b>50.00</b>
	<b>Occupation</b> <b>FINANCIAL ADVISOR</b>	<b>Deduction</b> <b>(\$25.00)</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > 5 <b>525.00</b>	<b>Semimonthly</b>	
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>BRUCE DAVID OCHSMAN</b> <b>8905 HUNT VALLEY CT</b> <b>POTOMAC, MD 20854</b>	<b>Name of Employer</b> <b>FIRST UNION SECURITIES</b>	<b>Date (month, day, year)</b>  <b>Payroll</b>	<b>Amount of Each Receipt this Period</b>  <b>40.00</b>
	<b>Occupation</b> <b>FINANCIAL ADVISOR, MD</b>	<b>Deduction</b> <b>(\$20.00)</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > 5 <b>420.00</b>	<b>Semimonthly</b>	
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>VICKI PARRILLA</b> <b>628 WOODCREST DR.</b> <b>PITTSBURG, PA 15205</b>	<b>Name of Employer</b> <b>FIRST UNION SECURITIES</b>	<b>Date (month, day, year)</b>  <b>Payroll</b>	<b>Amount of Each Receipt this Period</b>  <b>20.00</b>
	<b>Occupation</b> <b>FINANCIAL ADVISOR</b>	<b>Deduction</b> <b>(\$10.00)</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > 3 <b>210.00</b>	<b>Semimonthly</b>	
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>KATHLEEN REGAN</b> <b>488 SOUTH AVE EAST</b> <b>CRANFORD, NJ 07016</b>	<b>Name of Employer</b> <b>FU SHARED RESOURCES, LLC</b>	<b>Date (month, day, year)</b>  <b>Payroll</b>	<b>Amount of Each Receipt this Period</b>  <b>50.00</b>
	<b>Occupation</b> <b>SR RELATIONSHIP MGR</b>	<b>Deduction</b> <b>(\$25.00)</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > 5 <b>525.00</b>	<b>Semimonthly</b>	
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>JAMES P REGISTER JR</b> <b>2216 WHILDEN COURT</b> <b>CHARLOTTE, NC 28211</b>	<b>Name of Employer</b> <b>FIRST UNION NATIONAL BANK</b>	<b>Date (month, day, year)</b>  <b>Payroll</b>	<b>Amount of Each Receipt this Period</b>  <b>50.00</b>
	<b>Occupation</b> <b>VP SALES-FIXED INCOME</b>	<b>Deduction</b> <b>(\$25.00)</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > 5 <b>525.00</b>	<b>Semimonthly</b>	
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>PHILIP E ROBINSON</b> <b>1831 MEADOWOOD LANE</b> <b>CHARLOTTE, NC 28211</b>	<b>Name of Employer</b> <b>FIRST UNION SECURITIES</b>	<b>Date (month, day, year)</b>  <b>Payroll</b>	<b>Amount of Each Receipt this Period</b>  <b>20.00</b>
	<b>Occupation</b> <b>VP SALES-FIXED INCOME</b>	<b>Deduction</b> <b>(\$10.00)</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > 6 <b>210.00</b>	<b>Semimonthly</b>	

**SUBTOTAL of Receipts This Page (optional)** ..... **260.00**

**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 8 OF 7  
FOR LINE NUMBER 11 a i

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>DAVID A RUBEN</b> 9221 FALL RIVER LANE POTOMAC, MD 20854  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>FIRST UNION SECURITIES</b>	Payroll Deduction	40.00 (\$20.00) Semimonthly
	Occupation <b>FINANCIAL ADVISOR, MD</b>  Aggregate Year-to-Date > \$ 420.00		
<b>MICHAEL A SCHIAVONE</b> 130 WOODCREST DRIVE HOPEWELL JUNCTION, NY 12533  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>FU SHARED RESOURCES, LLC</b>	Payroll Deduction	40.00 (\$20.00) Semimonthly
	Occupation <b>SALES MANAGER</b>  Aggregate Year-to-Date > \$ 420.00		
<b>BRUCE G SMITH</b> 17 ORIOLE DRIVE WYOMISSING, PA 19610  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>FU SHARED RESOURCES, LLC</b>	Payroll Deduction	20.00 (\$10.00) Semimonthly
	Occupation <b>SALES MANAGER</b>  Aggregate Year-to-Date > \$ 210.00		
<b>GEORGE WILLIAM SPEARS</b> 13 BLACK TERN ROAD HILTON HEAD, SC 29928  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>FIRST UNION SECURITIES</b>	Payroll Deduction	30.00 (\$15.00) Semimonthly
	Occupation <b>BRANCH MANAGER, MD</b>  Aggregate Year-to-Date > \$ 315.00		
<b>WILLIAM ALLEN STOKES</b> 107 WINDSOR WAY RICHMOND, VA 23221  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>FIRST UNION SERVICES, INC.</b>	Payroll Deduction	26.00 (\$13.00) Semimonthly
	Occupation <b>SENIOR RELATIONSHIP MANAGER</b>  Aggregate Year-to-Date > \$ 273.00		
<b>JOHN K STRUDWICK</b> 457 EAST NEW ENGLAND AVE WINTER PARK, FL 32789  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>FIRST UNION SERVICES, INC.</b>	Payroll Deduction	50.00 (\$25.00) Semimonthly
	Occupation <b>DIR/SVP RELATIONSHIP MGMT C</b>  Aggregate Year-to-Date > \$ 525.00		
<b>HALUK A TELMEN</b> 8707 WOODMERE CROSSING LN CHARLOTTE, NC 28226  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>FIRST UNION SECURITIES</b>	Payroll Deduction	50.00 (\$25.00) Semimonthly
	Occupation <b>MD/SVP ORIGINATION</b>  Aggregate Year-to-Date > \$ 525.00		

**SUBTOTAL** of Receipts This Page (optional) ..... 256.00

**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 7 OF 7  
FOR LINE NUMBER 11 a i

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

<b>A. Full Name, Mailing Address and ZIP Code</b> GEORGE K THOMPSON 615 COLVILLE RD CHARLOTTE, NC 28207  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>FIRST UNION CORPORATION</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>PRES &amp; CEO, FIRST UNION CORP</b>	Payroll Deduction (\$84.00)	168.00 <b>Semimonthly</b>
Aggregate Year-to-Date > \$ 1,784.00			
<b>B. Full Name, Mailing Address and ZIP Code</b> STEVEN A WALLAGE 2117 BEVERLY DRIVE CHARLOTTE, NC 28207  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>FIRST UNION NATIONAL BANK</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>DIR/VP ORIGATION</b>	Payroll Deduction (\$15.00)	30.00 <b>Semimonthly</b>
Aggregate Year-to-Date > \$ 315.00			
<b>C. Full Name, Mailing Address and ZIP Code</b> KENNETH N WHEATLEY 6413 SO HAROLD AVE TAMPA, FL 33616  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>FIRST UNION NATIONAL BANK</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>SR RELATIONSHIP MGR</b>	Payroll Deduction (\$10.00)	20.00 <b>Semimonthly</b>
Aggregate Year-to-Date > \$ 210.00			
<b>D. Full Name, Mailing Address and ZIP Code</b> FREDERICK J WHITNEY 2004 HAMRICK DR RALEIGH, NC 27615  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>FIRST UNION SECURITIES</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>FINANCIAL ADVISOR</b>	Payroll Deduction (\$15.00)	30.00 <b>Semimonthly</b>
Aggregate Year-to-Date > \$ 315.00			
<b>E. Full Name, Mailing Address and ZIP Code</b> JACQUELINE WIELAND 128-A SHORE LAKE DR. GREENSBORO, NC 27455  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>FIRST UNION SECURITIES</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>FINANCIAL ADVISOR</b>	Payroll Deduction (\$10.00)	20.00 <b>Semimonthly</b>
Aggregate Year-to-Date > \$ 210.00			
<b>F. Full Name, Mailing Address and ZIP Code</b> BRUCE H WYMA 222 SHERYL LANE PITTSBURGH, PA 15221  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>FIRST UNION SECURITIES</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>FINANCIAL ADVISOR</b>	Payroll Deduction (\$10.00)	20.00 <b>Semimonthly</b>
Aggregate Year-to-Date > \$ 210.00			
<b>G. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation  		
Aggregate Year-to-Date > \$			

<b>SUBTOTAL of Receipts This Page (optional)</b> .....	<b>288.00</b>
<b>TOTAL This Period (last page this line number only)</b> .....	<b>2,552.00</b>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 12  
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
Bachus for Congress P. O. Box 59444 Birmingham, AL 35259	Spencer Bachus, U.S. House 5th AL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/26/00	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 2 OF 12  
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jim Maloney 1355 East Main Street First Floor East Waterbury, CT 06705	Jim Maloney, U.S. House 5th CT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/26/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Jim Maloney 1355 East Main Street First Floor East Waterbury, CT 06705	Jim Maloney, U.S. House 5th CT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/03/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Chris Dodd P. O. Box 270701 West Hartford, CT 06127	Re-Designated funds for trans. dated Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2004	11/10/00	2,000.00 (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) .....

2,000.00

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

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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 Castle Campaign Fund P. O. Box 133 Wilmington, DE 19899	Purpose of Disbursement Michael N. Castle, U.S. House DE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 10/26/00	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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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 Dave Weldon, U.S. House 15th FL 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
<p>Friends of Dave Weldon P. O. Box 968 Melbourne, FL 32902-0968</p>		10/26/00	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 5 OF 12  
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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
Anne Northup For Congress P. O. Box 7313 Louisville, KY 40206	Anne Meagher Northup, U.S. House 3rd KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/03/00	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 6 OF 12  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (In Full)**

First Union Corporation Employees Good Government Fund II

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cummings For Congress Campaign Comm. 7009 Dogwood Road Baltimore, MD 21244	Purpose of Disbursement Elijah E. Cummings, U.S. House 7th MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/26/00	250.00
B. Full Name, Mailing Address and ZIP Code Ehrlich for Congress Committee 1301 York Road Suite 705 Lutherville, MD 21093	Purpose of Disbursement Robert Ehrlich, U.S. House 2nd MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/26/00	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (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) .....

750.00

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 7 OF 12  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

First Union Corporation Employees Good Government Fund II

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Eva Clayton Committee for Congress 307 West Franklin Street Warrenton, NC 27589	Eva Clayton, U.S. House 1st NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/26/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Bob Etheridge for Congress Committee P. O. Box 28001 Raleigh, NC 27611	Bob Etheridge, U.S. House 2nd NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/26/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Walter Jones Committee 2000 8434 Six Forks Road Suite 203 Raleigh, NC 27615	Walter B. Jones, U.S. House 3rd NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/26/00	1,000.00
D. Full Name, Mailing Address and ZIP Code David Price for Congress Committee P. O. Box 1988 Raleigh, NC 27602	David Price, U.S. House 4th NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/26/00	500.00
E. Full Name, Mailing Address and ZIP Code Bob Etheridge for Congress Committee P. O. Box 28001 Raleigh, NC 27611	Bob Etheridge, U.S. House 2nd NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/03/00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

4,500.00

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 8 OF 12  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)  
First Union Corporation Employees Good Government 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 John LaFalce 625 Fairmont Avenue North Tonawanda, NY 14120	John LaFalce, U.S. House 29th NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/26/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Maloney for Congress 49 E. 92nd Street New York, NY 10128	Carolyn B. Maloney, U.S. House 14th NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/26/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Meeks For Congress 2000 P. O. Box 900297 Far Rockaway, NY 11690	Gregory W. Meeks, U.S. House 6th NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/26/00	1,000.00
D. Full Name, Mailing Address and ZIP Code Reynolds For Congress 1850 Winton Road South Rochester, NY 14618	Thomas M. Reynolds, U.S. House 27th NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/26/00	500.00
E. Full Name, Mailing Address and ZIP Code COMMITTEE TO RE-ELECT NYDIA VELASQUEZ 370 Union Street New York, NY 11231	Nydia Velazquez, U.S. House 12th NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/26/00	1,000.00
F. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Nydia Velazquez 370 Union Street New York, NY 11231	Nydia Velazquez, U.S. House 12th NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/03/00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

5,500.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **9** OF **12**  
FOR LINE NUMBER  
**23**

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**NAME OF COMMITTEE (In Full)**

First Union Corporation Employees Good Government Fund II

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Steve Chabot For Congress 3014 Harrison Avenue Cincinnati, OH 45214	Steve Chabot, U.S. House 1st OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/26/00	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 10 OF 12  
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
Fattah For Congress 7478 Rhodes Street Suite A Philadelphia, PA 19151	Chaka Fattah, U.S. House 2nd PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/26/00	1,000.00
Pat Toomey for Congress Committee 801 Hamilton Mall Suite 501 Allentown, PA 18101	Pat Toomey, U.S. House 15th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/00	1,000.00
Pat Toomey for Congress Committee 801 Hamilton Mall Suite 501 Allentown, PA 18101	Pat Toomey, U.S. House 15th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/03/00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

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

3,000.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ken Bentsen for Congress Committee 5815 Morningside Private Mail Box 301 Houston, TX 77005	Ken Bentsen, U.S. House 25th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/03/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Charles A Gonzalez Congressional Campaign P. O. Box 12612 San Antonio, TX 78212	Charles A. Gonzalez, U.S. House 20th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/03/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Pete Sessions for Congress P. O. Box 38585 Dallas, TX 75238	Pete Sessions, U.S. House 5th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/03/00	1,000.00
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) .....	3,000.00
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 12 OF 12  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

First Union Corporation Employees Good Government Fund II

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<b>Bobby Scott For Congress</b> P. O. Box 251 Newport News, VA 23607	<b>Robert C. Scott, U.S. House 3rd VA</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/26/00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1,000.00
<b>TOTAL</b> This Period (last page this line number only) .....	23,750.00

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>12-6-00</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>SEL</i> PREPARER	<i>12-6-00</i> DATE PREPARED