

# 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

JUL 15 11 25 AM '94

2. FEC IDENTIFICATION NUMBER  
C00142307

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

## 4. TYPE OF REPORT

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

Monthly Report Due On:

- February 20     June 20     October 20
- March 20     July 20     November 20
- April 20     August 20     December 20
- May 20     September 20     January 21

- 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 <u>4-1-94</u> through <u>6-30-94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 126,090.38
(b) Cash on Hand at Beginning of Reporting Period	\$ 130,642.42	
(c) Total Receipts (from Line 10)	\$ 10,886.48	\$ 21,349.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 141,528.90	\$ 147,439.61
7. Total Disbursements (from Line 30)	\$ 12,172.16	\$ 18,082.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 129,356.74	\$ 129,356.74
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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

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  
T. R. Wade

Signature of Treasurer

Date  
7-14-94

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

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# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Watkins Associated Industries, Inc., Employees for Good Government Comm. (WATKINS PAC)	REPORT COVERING PERIOD	
	FROM	TO
	4-1-94	6-30-94
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A) .....	10,533.97	20,772.81
ii. Unitemized .....	102.14	161.66
iii. Total .....	10,636.11	20,934.47
..... (add i and ii) >		
b. Political Party Committees .....		
c. Other Political Committees (such as PACs) .....		
d. Total Contributions .....	10,636.11	20,934.47
..... (add a ii, b and c) >		
12. Transfers From Affiliated/Other Party Committees .....		
13. All Loans Received .....		
14. Loan Repayments Received .....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....		
17. Other Federal Receipts (Dividends, Interest, etc.) .....	250.37	414.76
18. Transfers from Nonfederal Account for Joint Activity .....		
19. Total Receipts .....	10,886.48	21,349.23
..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		
20. Total Federal Receipts .....		
..... (subtract line 18 from line 19) >		
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share .....		
ii. Non-Federal Share .....		
b. Other Federal Operating Expenditures .....		
c. Total Operating Expenditures .....		
..... (add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	12,150.00	17,650.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
a. Individual/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 .....	22.16	432.87
30. Total Disbursements .....	12,172.16	18,082.87
..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		
31. Total Federal Disbursements .....		
..... (subtract line 21 a ii from line 30) >		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d) .....	10,636.11	20,934.47
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	10,636.11	20,934.47
35. Total Federal Operating Expenditures .....	0.00	0.00
..... (add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00
37. Net Operating Expenditures .....	0.00	0.00
..... (subtract line 36 from 35) >		

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11 a i

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)** WATKINS ASSOCIATED INDUSTRIES, INC. EMPLOYEES FOR GOOD GOVERNMENT COMMITTEE, INC. (WATKINS PAC)

<b>A. Full Name, Mailing Address and ZIP Code</b> James T. Miller P O Box 95002 Lakeland FL 33804	Name of Employer WATKINS MOTOR LINES INC.	Date (month, day, year) 6-15-94	Amount of Each Receipt this Period 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec. V.P.-Oper.	Aggregate Year-to-Date > \$ 150.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Henry E. Collins 745 Davis Mill Road Lawrenceville GA 30245	Name of Employer WATKINS MOTOR LINES INC.	Date (month, day, year) 6-19-94	Amount of Each Receipt this Period 190.65
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir. Contractor Affairs	Aggregate Year-to-Date > \$ 265.05	
<b>C. Full Name, Mailing Address and ZIP Code</b> Wendell H. Spence 7555 NW 82nd Place Medley FL 33166	Name of Employer WATKINS MOTOR LINES INC.	Date (month, day, year) 6-19-94	Amount of Each Receipt this Period 268.32
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Terminal Mgr.	Aggregate Year-to-Date > \$ 357.76	
<b>D. Full Name, Mailing Address and ZIP Code</b> Kimberly Watkins P O Box 1738 Atlanta GA 30301-1738	Name of Employer WILLWAT PROPERTIES INC.	Date (month, day, year) 4-8-94	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec. V.P.	Aggregate Year-to-Date > \$ 5000.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> Denuta G. Watkins 4444 Sentinel View Atlanta GA 30327	Name of Employer	Date (month, day, year) 4-8-94	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
<b>F. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<b>G. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

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

**TOTAL** This Period (last page this line number only) ..... 10,533.97

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (in Full)** WATKINS ASSOCIATED INDUSTRIES, INC. EMPLOYEES FOR GOOD GOVERNMENT COMMITTEE, INC. (WATKINS PAC)

<p><b>A. Full Name, Mailing Address and ZIP Code</b> NationsBank of GA NA P O Box 4899 Atlanta GA 30302</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Interest EARNED Savings Acct #14-8716350</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 414.76</p>	<p>Date (month, day, year) 5-31-94</p>	<p>Amount of Each Receipt this Period 250.37</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

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

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

250.37

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)** WATKINS ASSOCIATED INDUSTRIES, INC. EMPLOYEES FOR GOOD GOVERNMENT COMMITTEE, INC. (WATKINS PAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Campaign America One Atlantic Center 41st Floor 1201 W. Peachtree St. Atlanta GA 30309	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-8-94	750.00
B. Full Name, Mailing Address and ZIP Code Leadership for America P O Box 75232 Washington DC 20013	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-8-94	2,500.00
C. Full Name, Mailing Address and ZIP Code Re-Elect Jack Kingston 817-A King St S/204 Alexandria VA 22314	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-8-94	1,000.00
D. Full Name, Mailing Address and ZIP Code Presidential Roundtable P O Box 96500 Washington DC 20077-7554	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-20-94	5,000.00
E. Full Name, Mailing Address and ZIP Code Countdown to Majority P O Box 533971 Orlando FL 32853-9881	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-1-94	1,000.00
F. Full Name, Mailing Address and ZIP Code MacCollins for Congress P O Box 35 Jonesboro GA 30237	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-13-94	500.00
G. Full Name, Mailing Address and ZIP Code Linder for Congress P O Box 942060 Atlanta GA 31141	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-20-94	400.00
H. Full Name, Mailing Address and ZIP Code Chamblee for Congress P O Box 4084 Macon GA 31208-4084	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-20-94	1,000.00
I. Full Name, Mailing Address and ZIP Code	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

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

12,150.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full) **WATKINS ASSOCIATED INDUSTRIES, INC., EMPLOYEES FOR GOOD GOVERNMENT COMMITTEE, INC. (WATKINS PAC)**

94003211009

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NationsBank of GA NA P O Box 4899 Atlanta GA 30302	FDIC Insurance Charged to Savings Acct#148716350 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	5-31-94	22.16
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	22.16

**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 type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 7-14-94
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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
<i>Stefy</i>	7-19-94
PREPARER	DATE PREPARED