

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)

000142307 022856 F 234 *ated*

T R WADE  
WATKINS ASSOCIATED INDUSTRIES  
INC EMPLOYEES FOR GOOD GOVERNMENT  
P O BOX 1738  
ATLANTA GA 30301

APR 10 9 26 AM '96

2. FEC IDENTIFICATION NUMBER  
000142307

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

4. TYPE OF REPORT

(a)  April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

February 20

June 20

October 20

March 20

July 20

November 20

April 20

August 20

December 20

May 20

September 20

January 31

Twelfth day report preceding \_\_\_\_\_  
(Type of Election)

election on \_\_\_\_\_ in the State of \_\_\_\_\_

Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>1-1-96</u> through <u>3-31-96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 108,085.39
(b) Cash on Hand at Beginning of Reporting Period	\$ 108,085.39	
(c) Total Receipts (from Line 19)	\$ 1,266.51	\$ 1,266.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 109,351.90	\$ 109,351.90
7. Total Disbursements (from Line 30)	\$ 10,862.00	\$ 10,862.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 98,489.90	\$ 98,489.90
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 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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: T. R. WADE

Signature of Treasurer:

Date: 4-11-96

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 5/93)

96J304308893

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

(revised 1/1/91)

NAME OF COMMITTEE: **WATKINS ASSOC., IND. INC. EMPLOYEES FOR GOOD  
GOVERNMENT COMMITTEE, INC. (WATKINS PAC)**

REPORT COVERING PERIOD  
FROM **1-1-96** TO: **3-31-96**

9  
6  
0  
3  
0  
4  
3  
0  
8  
7  
9

**I. Receipts**

- 11. Contributions (other than loans) From:
  - a. Individual/Persons Other Than Political Committees
    - i. Itemized (use Schedule A) .....
    - ii. Unitemized .....
    - iii. Total ..... (add i and ii) >
  - b. Political Party Committees .....
  - c. Other Political Committees (such as PACs) .....
  - d. Total Contributions ..... (add a iii, b and c) >
- 12. Transfers From Affiliated/Other Party Committees .....
- 13. All Loans Received .....
- 14. Loan Repayments Received .....
- 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....
- 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....
- 17. Other Federal Receipts (Dividends, Interest, etc.) .....
- 18. Transfers from Nonfederal Account for Joint Activity .....
- 19. Total Receipts ..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >
- 20. Total Federal Receipts ..... (subtract line 18 from line 19) >

	COLUMN A Total This Period	COLUMN B Calendar Year
	720.00	720.00
	308.75	308.75
	1,028.75	1,028.75
	237.76	237.76
	1,266.51	1,266.51

11(a)iii  
11(a)ii  
11(a)i  
11(b)  
11(c)  
11(d)  
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**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 .....
- 24. Independent Expenditures (use Schedule E) .....
- 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (use Schedule F) .....
- 26. Loan Repayments Made .....
- 27. Loans Made .....
- 28. Refunds of Contributions To:
  - a. Individuals/Persons Other Than Political Committees .....
  - b. Political Party Committees .....
  - c. Other Political Committees (such as PACs) .....
  - d. Total Contribution Refunds ..... (add a, b and c) >
- 29. Other Disbursements .....
- 30. Total Disbursements ..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >
- 31. Total Federal Disbursements ..... (subtract line 21 a ii from line 30) >

	362.00	362.00
	362.00	362.00
	10,500.00	10,500.00
	10,862.00	10,862.00

21(a)iii  
21(a)ii  
21(b)  
21(c)  
22  
23  
24  
25  
26  
27  
28(a)  
28(b)  
28(c)  
28(d)  
29  
30  
31

**III. Net Contributions/Operating Expenditures**

- 32. Total Contributions (other than loans)(from line 11d) .....
- 33. Total Contribution Refunds (from line 28d) .....
- 34. Net Contributions (other than loans)(subtract line 33 from 32) .....
- 35. Total Federal Operating Expenditures ..... (add 21 a i and 21 b) >
- 36. Offsets to Operating Expenditures (from line 15) .....
- 37. Net Operating Expenditures ..... (subtract line 35 from 36) >

	1,028.75	1,028.75
	0.00	0.00
	1,028.75	1,028.75
	362.00	362.00
	0.00	0.00
	362.00	362.00

32  
33  
34  
35  
36  
37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Miller P O Box 95002 Lakeland FL 33804	Watkins Motor Lines Inc.	3-31-96	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 > \$ 75.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
S. Greg Slavik 1808 Baltusrol Dt. Lakeland FL 33803	Watkins Motor Lines Inc.	3-31-96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Exec. V.P. - Sales	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Steven H. Newhouse 2429 Hollingsworth Hill Ave. Lakeland FL 33803	Watkins Motor Lines Inc.	3-31-96	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P. Human Resources	Aggregate Year-to-Date > \$ 75.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert D. Summers 5215 Hillview Lane Orlando FL 32819	Watkins Motor Lines Inc.	3-31-96	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P. MIS Dept.	Aggregate Year-to-Date > \$ 75.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Simons 8926 SVL BX Victorville CA 92392	Watkins Motor Lines, Inc.	3-31-96	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P. - Western Region	Aggregate Year-to-Date > \$ 75.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George Adamson 82 Patrick Rd. Tewksburty MA 01821	Watkins Motor Lines, Inc.	3-14-96	70.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: District Manager	Aggregate Year-to-Date > \$ 70.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert H. Phillips 4001 Thomas Rd. Cazenovia NY 13035	Watkins Motor Lines, Inc.	3-14-96	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Terminal Manager	Aggregate Year-to-Date > \$ 50.00	

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

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

720.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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

9 4 0 3 0 4 3 0 8 1

A. Full Name, Mailing Address and ZIP Code NationsBank P O Box 4899 Atlanta GA 30302-4899		Name of Employer Savings Account #114 871 6350	Date (month, day, year) 3-31-96	Amount of Each Receipt this Period 237.76
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Interest Earned	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	

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

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

237.76

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

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Coverdell Good Government Cap. Trust P O Box 53381 Atlanta GA 30355	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-14-96	1,000.00
Coverdell Good Government Cap. Trust P O Box 53381 Atlanta GA 53381	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	3-14-96	5,000.00
Norwood for Congress P O Box 499 Evans GA 30808	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-25-96	1,000.00
Stevens for Senate Committee 4315 Ten St. St. Simons Island GA 31522	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-25-96	1,000.00
Everett for Congress 4451 Brookfield Corp. Dr. S/200 Chantilly VA 22021	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-25-96	500.00
Re-Elect Charles Canady P O Box 6158 Lakeland FL 33807	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-25-96	1,000.00
Re-Elect Dan Miller 1111 3rd Ave West S/200 Bradenton FL 34205	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-25-96	1,000.00
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) .....

10,500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21 b.

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

9 6 0 3 0 4 3 0 8 9 3

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NationsBank of GA Federal Tax Depository	1995 Federal Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-14-96	309.00
B. Full Name, Mailing Address and ZIP Code Georgia Income Tax Division Atlanta GA	1995 State Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-14-96	53.00
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) .....

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

362.00

**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  
4-11-96

Registered/Certified Mail POSTMARKED

No Postmark

Postmark illegible

Received from the House Office of Records and Registration DATE OF RECEIPT

Received from the Senate Office of Public Records DATE OF RECEIPT

Other (Specify): POSTMARKED  
and/or DATE OF RECEIPT

*REB*  
PREPARER

4-18-96  
DATE PREPARED

9 6 0 3 0 4 3 0 8 3 4