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)
WACHOVIA BANK OF GEORGIA, N.A. FUND FOR BETTER GOVERNMENT

ADDRESS (number and street) [ ] Check if different than previously reported
C/O GOVERNMENT DIVISION MC GA 700
191 PEACHTREE STREET, N. .

CITY, STATE and ZIP CODE
ATLANTA, GA 30303

2. FEC IDENTIFICATION NUMBER
C00011718

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

4. TYPE OF REPORT

(a) [X] 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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period JANUARY 01, 1994 through MARCH 31, 1994		
6. (a) Cash on Hand January 1, 1994		$ 10,035.77
(b) Cash on Hand at Beginning of Reporting Period	$ 10,035.77	
(c) Total Receipts (from Line 19)	$ 20,500.11	$ 20,500.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 30,535.88	$ 30,535.88
7. Total Disbursements (from Line 30)	$ 10,642.51	$ 10,642.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 19,893.37	$ 19,893.37
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 11,433.25	

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
Robert C. Osborne

Signature of Treasurer
Shawn P. McHrath For Robert C. Osborne

Date
4/15/94

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

FEC FORM 3X
(revised 9/93)

7 4 0 3 8 9 5 3 9 1 6

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

(revised 1/1/91)

NAME OF COMMITTEE: WACHOVIA BANK OF GEORGIA, N.A. FUND FOR BETTER GOV.

REPORT COVERING PERIOD FROM 1/01/94 TO: 3/31/94

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	1,317.96	1,317.96
ii. Unitemized	19,182.15	19,182.15
iii. Total (add i and ii) ➤	20,500.11	20,500.11
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	20,500.11	20,500.11
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) ➤	20,500.11	20,500.11
20. Total Federal Receipts (subtract line 18 from line 19) ➤	20,500.11	20,500.11
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	3,100.00	3,100.00
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	3,892.51	3,892.51
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	3,650.00	3,650.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	10,642.51	10,642.51
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	10,642.51	10,642.51
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	20,500.11	20,500.11
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	20,500.11	20,500.11
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 36 from 35) ➤		

7 4 0 3 8 9 5 3 9 1 9

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11al

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)
Wachovia Bank of Georgia, N.A. Fund For Better Government

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
DEVO JR., WILLIAM T. P.O. BOX 4148 ATLANTA, GA 30302	WACHOVIA BANK OF GEORGIA	TWICE MONTHLY PAYMENT	$207.48 $34.58 PER PAY PERIOD
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE VICE PRESIDENT Aggregate Year-to-Date >$ $207.48		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
LEONARD JR., WALTER E. P.O. BOX 4148 ATLANTA, GA 30302	WACHOVIA BANK OF GEORGIA	TWICE MONTHLY PAYMENT	$357.50 $62.50 PER PAY PERIOD
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE VICE PRESIDENT Aggregate Year-to-Date >$ $357.50		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
PRENDERGAST, G. JOSEPH P.O. BOX 4148 ATLANTA, GA 30302	WACHOVIA BANK OF GEORGIA	TWICE MONTHLY PAYMENT	$406.26 $67.71 PER PAY PERIOD
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE VICE PRESIDENT Aggregate Year-to-Date >$ $406.26		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
CHARLES BATTLE P.O. BOX 4148 ATLANTA, GA 30302	WACHOVIA BANK OF GEORGIA	3/22/94	$346.72
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: SENIOR VICE PRESIDENT Aggregate Year-to-Date >$ $346.72		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date >$		

SUBTOTAL of Receipts This Page (optional)	$1,317.96
TOTAL This period (last page this line number only)	$1,317.96

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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)
Wachovia Bank of Georgia, N.A. Fund For Better Government

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and Zip Code THE COVERDELL GOOD GOVERNMENT COMMITTEE P.O. BOX 53381 ATLANTA, GA 30355	DEFRAY RE-ELECTION CAMPAIGN EXPENSES Disbursement for: [ ] Primary [X] General [ ] Other (specify)	1/06/94	$1,000.00
B. Full Name, Mailing Address and Zip Code LINDER FOR CONGRESS COMMITTEE P.O. BOX 942060 ATLANTA, GA 30341	DEFRAY RE-ELECTION CAMPAIGN EXPENSES Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/30/94	1,000.00
C. Full Name, Mailing Address and Zip Code CONGRESSMAN NATHAN DEAL P.O. BOX 902 GAINESVILLE, GA 30503	DEFRAY RE-ELECTION CAMPAIGN EXPENSES Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/07/94	250.00
D. Full Name, Mailing Address and Zip Code CONGRESSMAN NATHAN DEAL P.O. BOX 902 GAINESVILLE, GA 30503	DEFRAY RE-ELECTION CAMPAIGN EXPENSES Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/7/94	350.00
E. Full Name, Mailing Address and Zip Code CONGRESSMAN DON JOHNSON P.O. BOX 390 ROYSTON, GEORGIA 30662	DEFRAY RE-ELECTION CAMPAIGN EXPENSES Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/07/94	500.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$3,100.00
TOTAL This Period (last page this line number only)	$3,100.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 25

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NAME OF COMMITTEE (In Full)
Wachovia Bank of Georgia, N.A. Fund For Better Government

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WACHOVIA BANK OF GEORGIA 191 PEACHTREE ST. N.E. ATLANTA, GA 30302	LOAN REPAYMENT Disbursement for: [ ] Primary [ ] General [X] Other (specify)	1/14/94	$1,297.50
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
WACHOVIA BANK OF GEORGIA 191 PEACHTREE ST. N.E. ATLANTA, GA 30302	LOAN REPAYMENT Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	2/16/94	1,297.50
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
WACHOVIA BANK OF GEORGIA 191 PEACHTREE ST. N.E. ATLANTA, GA 30302	LOAN REPAYMENT Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	3/21/94	1,297.51
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$3,892.51
TOTAL This Period (last page this line number only)	$3,892.51

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SCHEDULE B ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
Wachovia Bank of Georgia, N.A. Fund For Better Government

A. Full Name, Mailing Address and Zip Code FUND FOR BETTER GOVERNMENT NO. 2 P.O. BOX 4149 ATLANTA, GA 30303	Purpose of Disbursement TRANSFER ONLY Disbursement for: ☐ Primary ☐ General X Other (specify)	Date (month, day, year) 1/05/94	Amount of Each Disbursement This Period $3,650.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$3,650.00
TOTAL This Period (last page this line number only)	$3,650.00

9 4 0 3 8 9 5 3 9 4 3

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 1 for
LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (in Full)
WACHOVIA BANK OF GEORGIA, N.A. FUND FOR BETTER GOVERNMENT

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
WACHOVIA BANK OF GEORGIA 191 PEACHTREE ST. N.E. ATLANTA, GA 303002 Election: Primary General Other (specify):	$15,000	3,892.51	11,433.25

Terms: Date Incurred 11/15/93 Date Due 12/15/94 Interest Rate 7.00 %(apr) Secured

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

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

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

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) Secured

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

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

SUBTOTALS This Period This Page (optional)	11,433.25
TOTALS This Period (last page in this line only)	11,433.25

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

9 4 0 3 8 7 5 3 9 2 4

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 4-15-94
☐	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

JMK
PREPARER

4-21-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 8 9 5 3 9 2 5