

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION DATE 1/24/99

JAN 29 4 24 PM '99

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
National Restaurant Association PAC

ADDRESS (number and street) Check if different than previously reported
1200 17th Street, NW

CITY, STATE and ZIP CODE
Washington, DC 20035

2. FEC IDENTIFICATION NUMBER
C 0000 3764

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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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 _____
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	11/24/98 through 12/31/98		
6. (a) Cash on Hand January 1, 19 98			\$ 302,096.92
(b) Cash on Hand at Beginning of Reporting Period		\$ 130,438.91	
(c) Total Receipts (from Line 1B)		\$ 39,561.53	\$ 679,657.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 169,998.44	\$ 881,754.07
7. Total Disbursements (from Line 3D)		\$ 5,554.81	\$ 717,310.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 164,443.63	\$ 164,443.63
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 699 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
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
Elaine Z. Graham

Signature of Treasurer
Elaine Z. Graham

Date
1-28-99

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 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE National Restaurant Association PAC	REPORT COVERING PERIOD		
	FROM	TO	
	11/24/98	12/31/98	
	COLUMN A	COLUMN B	
	Total This Period	Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	32,317.42	414,244.74	11(a)(i)
ii. Unitemized	6,842.98	111,279.48	11(a)(ii)
iii. Total (add i and ii) >	39,160.38	525,524.22	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	43,000.00	11(c)
d. Total Contributions (add a, b, and c) >	39,160.38	568,524.22	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	4,146.90	16
17. Other Federal Receipts (Dividends, Interest, etc.)	401.15	6,986.03	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) >	39,561.53	579,657.15	19
20. Total Federal Receipts (subtract line 18 from line 19) >	39,561.53	579,657.15	20
II. Disbursements			
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	140.41	8,695.19	21(b)
c. Total Operating Expenditures (add a, a ii, and b) >	140.41	8,695.19	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,414.40	636,115.25	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use 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	72,500.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	5,654.81	717,310.44	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	5,654.81	717,310.44	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	39,160.38	568,524.22	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	39,160.38	568,524.22	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	140.41	8,695.19	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	140.41	8,695.19	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 11
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)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Arnold Isken 1811 Concord Pike Wilmington, DE 19803-2901	Howard Johnson's Restaurant	11/24/98	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 400.00	
Sarah B Webb 1931 Wake Forest Road Raleigh, NC 27608-2731	Snoopy's I. Inc.	11/24/98	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 400.00	
Bob Vasilyev P.O. Box 1610 Oxford, MS 38655-1610	Vasco Properties, Inc.	11/25/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: restaurateur	Aggregate Year-to-Date > \$ 250.00	
Peter Maddocks MA	INFORMATION REQUESTED	12/02/98	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 250.00	
Carole L Cunningham 947 Mountain Road Cheshire, CT 06410-3309	J. Cunningham Incorporation	12/03/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 250.00	
Thomas H Anderson 150 Country Club Road Honolulu, HI 96817-1499	Oahu Country Club	12/03/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 500.00	
Mike Kull 9856 Bluegrass Pkwy. Suite 200 Louisville, KY 40299	Dairy Queen Corporate Stores	12/03/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 1,100.00	

SUBTOTAL of Receipts This Page (optional) 1,925.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 2 OF 11
FOR LINE NUMBER 11 & 1

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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jane B Owen Box 581 New Harmony, IN 47631-0581	Red Geranium Enterprises	12/03/98	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 2,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles Goodson, FMP 3808 Ambassador Caffery Pkwy. Lafayette, LA 70503-5275	Charley G's Seafood Grill	12/07/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 1,200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Alvin Copeland 6 Concourse Parkway NE #1600 Atlanta, GA 30328-5351	Al Copeland Enterpri	12/07/98	1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 1,500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ralph O. Brennan, FMP 605 Canal Street New Orleans, LA 70130-2307	Ralph Brennan Restaurant Group, LLC	12/07/98	1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 1,500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William L. Hyde Jr. 3321 Hessner Ave. Metairie, LA 70002-4726	Ruth's Chris Steak House	12/07/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 450.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brent Kyte 6902 East Pima Street Tucson, AZ 85712-4322	Pizza Hut of Arizona	12/09/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephen C. Johnson, FMP 3117 N. 16th Street Phoenix, AZ 85016	Macayo Mexican Restaurants, Inc.	12/09/98	405.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 2,105.00	

SUBTOTAL of Receipts This Page (optional) 6,205.00

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 3 OF 11
FOR LINE NUMBER 11 a

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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rich Chiara 512 W. Why Worry Lane Phoenix, AZ 85021-4510	Pro Clean	12/09/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurant Contractor	Aggregate Year-to-Date > 8 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Knox Corbett 4338 E. Ebony Lane Tucson, AZ 85712	Arizona Pest Control	12/09/98	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurant Contractor	Aggregate Year-to-Date > 5 600.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William C Jungermann 3327 E. Mariposa Phoenix, AZ 85018-3329	Pepsi Cola Co.	12/09/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurant Contractor	Aggregate Year-to-Date > 6 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James H. Venezia 17887 North 81st Way Scottsdale, AZ 85260-3723	INFORMATION REQUESTED	12/09/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year-to-Date > 6 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Anne Allen 26805 North 70th Place Cave Creek, AZ 85331-6925	The Sea Hut	12/09/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year-to-Date > 8 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Don Burton 1121 E. Sheldon Ave. Prescott, AZ 85017	INFORMATION REQUESTED	12/09/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year-to-Date > 6 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jana Dean 2837 S. Kanwood Tempe, AZ	INFORMATION REQUESTED	12/09/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year-to-Date > 6 300.00	

SUBTOTAL of Receipts This Page (optional) 2,400.00

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 11
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

<p>A. Full Name, Mailing Address and ZIP Code Troy Sikes 3491 West Baylor Lane Chandler, AZ 85226-7601</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Pro-Clean</p> <p>Occupation Restaurant Contractor</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 12/09/98</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Doug Thompson 917 North Coronado Street Gilbert, AZ 85234</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Carrabbas Italian Grill</p> <p>Occupation restaurateur</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 12/09/98</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Paul Westoff 6927 E. Nightengale Star Scottsdale, AZ 85262</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer INFORMATION REQUESTED</p> <p>Occupation restaurateur</p> <p>Aggregate Year-to-Date > \$ 900.00</p>	<p>Date (month, day, year) 12/09/98</p>	<p>Amount of Each Receipt this Period 900.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Glenda Fowler P.O. Box 28502 Raleigh, NC 27628-0502</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Golden Corral Corporation</p> <p>Occupation restaurateur</p> <p>Aggregate Year-to-Date > \$ 1,800.00</p>	<p>Date (month, day, year) 12/11/98</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>E. Full Name, Mailing Address and ZIP Code William C. Anton Main Terminal Reagan National Airport Washington, DC 20001</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Anton Airfood, Inc.</p> <p>Occupation restaurateur</p> <p>Aggregate Year-to-Date > \$ 2,750.00</p>	<p>Date (month, day, year) 12/11/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code John G.C. Corchiarino, FMP 901 8th Street, NW Washington, DC 20001</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Caracalia Ristorante</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 700.00</p>	<p>Date (month, day, year) 12/11/98</p>	<p>Amount of Each Receipt this Period 600.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Max Phillippe Knoeppel 2321 South Fern Street Arlington, VA 22202</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer INFORMATION REQUESTED</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 310.00</p>	<p>Date (month, day, year) 12/11/98</p>	<p>Amount of Each Receipt this Period 110.00</p>

SUBTOTAL of Receipts This Page (optional) 2,760.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 6 OF 11
FOR LINE NUMBER 11 a

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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

<p>A. Full Name, Mailing Address and ZIP Code Michael Sternberg 8240 Leesburg Pike Vienna, VA 22182</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Sam & Harry's</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 1,125.00</p>	<p>Date (month, day, year) 12/11/98</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Steve Thanhauser P.O. Box 6357 Raleigh, NC 27628-6357</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Angus Barn</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 2,725.00</p>	<p>Date (month, day, year) 12/11/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Steve Thanhauser P.O. Box 6357 Raleigh, NC 27628-6357</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Angus Barn</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 2,770.00</p>	<p>Date (month, day, year) 12/11/98</p>	<p>Amount of Each Receipt this Period 45.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Van Heffner 4820 Alpine Place Suite F203 Las Vegas, NV 89107-4078</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Nevada Restaurant Assn.</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 12/15/98</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Thomas J. Kapp, FMP 3861 Hilderbrand Lane Las Vegas, NV 89121</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Tillerman</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 450.00</p>	<p>Date (month, day, year) 12/15/98</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Bob Ansara, FMP 3863 S. Valley View Suite 2 Las Vegas, NV 89103-2922</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Ricardo's of Las Vegas, Inc.</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 1,150.00</p>	<p>Date (month, day, year) 12/15/98</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Sam J. Facchini, FMP 4420 S. Arville, #8 Las Vegas, NV 89103-3743</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Metro Pizza</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 12/16/98</p>	<p>Amount of Each Receipt this Period 150.00</p>

SUBTOTAL of Receipts This Page (optional)

1,020.00

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 11
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code Tom Wiesner 3216 Ashby Avenue Las Vegas, NV 89102-1958	Name of Employer Big Dog's Hospitality Group	Date (month, day, year) 12/16/98	Amount of Each Receipt this Period 300.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code John G.C. Corchiarino, FMP 901 9th Street, NW Washington, DC 20001	Name of Employer Caracalla Ristorante	Date (month, day, year) 12/16/98	Amount of Each Receipt this Period 200.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 900.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Donald Tober 950 Third Ave New York, NY 10022-2705	Name of Employer Sugar Foods Corp.	Date (month, day, year) 12/15/98	Amount of Each Receipt this Period 200.00
	Occupation restaurateur	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Brent Cady P.O. Box 1787 Grand Rapids, MI 49501-1787	Name of Employer Gordon Food Service	Date (month, day, year) 12/22/98	Amount of Each Receipt this Period 250.00
	Occupation restaurateur	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code William Roberts 16231 W. 14 Mile Beverly Hills, MI 48025-3328	Name of Employer Beverly Hills Grill	Date (month, day, year) 12/22/98	Amount of Each Receipt this Period 600.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Jeff Turna 645 W. Broomfield Mount Pleasant, MI 48858	Name of Employer The Embers	Date (month, day, year) 12/22/98	Amount of Each Receipt this Period 300.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Steve Montanye 7462 Oak Shore Drive Portage, MI 49024-7401	Name of Employer Golden Mushroom, Inc.	Date (month, day, year) 12/22/98	Amount of Each Receipt this Period 350.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

2,100.00

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 11
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)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kevin Downey 3952 Maple Hill E. West Bloomfield, MI 48323-1741	Fox & Hounds	12/22/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 250.00	
Jule Filk, FMP 3 International Drive Rye Brook, NY 10573-1058	Compass Group/North American Division	12/22/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date > \$ 2,500.00	
Jim Funk 2700 N. Amout Road Metairie, LA 70002	Louisiana Restaurant Association	12/22/98	872.81
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 872.81	
Mark Wibel 581 Bennington Bloomfield Hills, MI 48304-3068	Outback Steakhouse	12/22/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 1,000.00	
John F. Kendall, FMP 765 Elm Grove Road Rochester, NY 14624	Park Development Corporation	12/22/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 300.00	
Dennis Brinker 2532 Covington Place Bloomfield, MI 48301-2661	INFORMATION REQUESTED	12/22/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 250.00	
Jim Webb 8521 Bading Road Rockford, MI	Bostwick Lake Inn	12/22/98	350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: restaurateur	Aggregate Year-to-Date > \$ 350.00	

SUBTOTAL of Receipts This Page (optional) 4,022.81

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 **9** OF **11**
FOR LINE NUMBER **11 B 1**

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)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code Herbert Abrash 7201 West Fort Street Detroit, MI 48116	Name of Employer Health Ventures, Inc.	Date (month, day, year) 12/22/98	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation restaurateur	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Dale Griffin 110 Knapp Road Battle Creek, MI 49015		Name of Employer Bill Knapp's of Michigan	Date (month, day, year) 12/22/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation restaurateur	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Penny Kerekes 616 West Ionia Lansing, MI 48933		Name of Employer Michigan Restaurant Association	Date (month, day, year) 12/22/98	Amount of Each Receipt this Period 238.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Association Executive	Aggregate Year-to-Date > \$ 238.00	
D. Full Name, Mailing Address and ZIP Code Bart LaBelle 405 S. Mission Mt. Pleasant, MI 48858		Name of Employer LaBelle Management	Date (month, day, year) 12/22/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Restaurateur	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Doug LaBelle 405 S. Mission Mt. Pleasant, MI		Name of Employer LaBelle Management	Date (month, day, year) 12/22/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Restaurateur	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Larry Sullivan 4020 Lincoln Bloomfield Township, MI 48301		Name of Employer Ecolab	Date (month, day, year) 12/22/98	Amount of Each Receipt this Period 230.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Restaurant Supplier	Aggregate Year-to-Date > \$ 230.00	
G. Full Name, Mailing Address and ZIP Code Clarence Tuma 393 Hiawatha Drive Mt. Pleasant, MI 48304		Name of Employer Cafe Edward	Date (month, day, year) 12/22/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Restaurateur	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) **1,718.00**

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 10 OF 11
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)
National Restaurant Association PAC

<p>A. Full Name, Mailing Address and ZIP Code Edward Tuma 2001 Wylis Street Midland, MI 48642</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Cafe Edward</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 12/22/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Michael Wolf 1282 Winter Ridge Court Ada, MI 49301</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Michael & Associates</p> <p>Occupation Restaurant Consultant</p> <p>Aggregate Year-to-Date > \$ 450.00</p>	<p>Date (month, day, year) 12/22/98</p>	<p>Amount of Each Receipt this Period 450.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Brad Griffin 1537 Avenue D Suite 320 Billings, MT 59102-3048</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Montana Restaurant Association</p> <p>Occupation Executive Vice President</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 12/28/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Dick Gaven 150 N Michigan Ave Ste 200 Chicago, IL 60601-7524</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer National Restaurant Association</p> <p>Occupation Association Executive</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 30.00 (\$10.00 Semimonthly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Steve Caldeira 250 S. Wacker Drive Chicago, IL 60606</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer National Restaurant Association Educational Found.</p> <p>Occupation Association Executive</p> <p>Aggregate Year-to-Date > \$ 981.53</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 115.19 (\$38.47 Semimonthly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Elaine Graham 1200 17th Street, NW Washington, DC 20036</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer National Restaurant Association</p> <p>Occupation Association Executive</p> <p>Aggregate Year-to-Date > \$ 2,403.84</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 288.32 (\$98.18 Semimonthly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Christina Howard 9700 Chilcote Manor Way Vienna, VA 22181-5400</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer National Restaurant Association</p> <p>Occupation Association Executive</p> <p>Aggregate Year-to-Date > \$ 480.75</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 57.48 (\$19.24 Semimonthly)</p>

SUBTOTAL of Receipts This Page (optional)

1,440.99

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 11 OF 11
FOR LINE NUMBER 11

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)
National Restaurant Association PAC

<p>A. Full Name, Mailing Address and ZIP Code Denise Roach 1701 Massachusetts Ave., NW #704 Washington, DC 20036-2135</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer National Restaurant Association</p> <p>Occupation Association Executive</p> <p>Aggregate Year-to-Date $\\$ 287.50</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>37.50</p> <p>(\$12.50)</p> <p>Semimonthly</p>
<p>B. Full Name, Mailing Address and ZIP Code Eric Ruff 1200 17th Street Washington, DC 20036</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer National Restaurant Association</p> <p>Occupation Association Executive</p> <p>Aggregate Year-to-Date $\\$ 470.58</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>88.12</p> <p>(\$29.42)</p> <p>Semimonthly</p>
<p>C. Full Name, Mailing Address and ZIP Code Herman Cain, FMP 1200 17th Street, NW Washington, DC 20036</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer National Restaurant Association</p> <p>Occupation Association Executive</p> <p>Aggregate Year-to-Date $\\$ 5,000.00</p>	<p>Date (month, day, year)</p> <p>12/31/98</p>	<p>Amount of Each Receipt this Period</p> <p>5,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Bob Borochoff, FMP P.O. Box 1006 Houston, TX 77261-4006</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Epic Restaurants, Inc.</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date $\\$ 1,000.00</p>	<p>Date (month, day, year)</p> <p>12/31/98</p>	<p>Amount of Each Receipt this Period</p> <p>1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</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 $\\$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</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 $\\$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</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 $\\$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>6,125.52</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>32,317.42</p>

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)
National Restaurant Association PAC

<p>A. Full Name, Mailing Address and ZIP Code Crestar Bank NA Crestar Bank NA Post Office Box 26150 Richmond, VA 23260-6150</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Interest Earned</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 6,773.81</p>	<p>Date (month, day, year) 11/30/88</p>	<p>Amount of Each Receipt this Period 188.93</p>
<p>B. Full Name, Mailing Address and ZIP Code Crestar Bank NA Crestar Bank NA Post Office Box 26150 Richmond, VA 23260-6150</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Interest Earned</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 6,988.03</p>	<p>Date (month, day, year) 12/31/88</p>	<p>Amount of Each Receipt this Period 212.22</p>
<p>C. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>401.15</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>401.15</p>

2025 RELEASE UNDER E.O. 14176

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service DC	Income tax Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/98	66.13
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service DC	Income tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/31/98	74.28
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

140.41

TOTAL This Period (last page this line number only)

140.41

99-103-424-0103

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)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period (In-Kind)
Robert Trent Jones Golf Club One Turtle Point Drive Lake Manassas, VA 20155	In-kind green fees for fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	11/26/98	414.40
The Freedom Project 111 G Street, SE Lower Unit Washington, DC 20003	In-kind green fees for fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	11/26/98	414.40 (Memo In-Kind)
Ken Lucas for Congress Committee 8100 Burlington Pike Suite 334 Florence, KY 41042	Ken Lucas, U.S. HOUSE 4th KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	12/02/98	5,000.00
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)

5,414.40

TOTAL This Period (last page this line number only)

5,414.40

99-112-44224-13000005

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>1-30-99</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<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
<input type="checkbox"/> Electronic Filing	
<i>JMH</i> PREPARER	<i>1-30-99</i> DATE PREPARED

2025 RELEASE UNDER E.O. 14176