

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) National Restaurant Association Political Action Committee	Jan 31 4 00 PM '95
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1200 17th St. NW	2. FEC IDENTIFICATION NUMBER C 0000 3764
CITY, STATE and ZIP CODE Washington, DC 20036	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input checked="" 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	12/1/94	through	12/31/94	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period					
6. (a) Cash on Hand January 1, 19 <u>94</u>					\$ 173,545.10
(b) Cash on Hand at Beginning of Reporting Period				\$ 37,565.00	
(c) Total Receipts (from Line 19)				\$ 5,509.81	\$ 422,039.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)				\$ 43,074.81	\$ 595,584.80
7. Total Disbursements (from Line 30)				\$ 272.76	\$ 552,782.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))				\$ 42,802.05	\$ 42,802.05
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)				\$.00	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-424-8530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)				\$.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 Graham	
Signature of Treasurer 	Date 1/31/95

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, FED FORM 9X

(revised 1/1/91)

NAME OF COMMITTEE National Restaurant Association PAC	REPORT COVERING PERIOD	
	FROM	TO
	12/17/94	12/31/94
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	3,350.00	272,057.00
ii. Unitemized	2,100.68	121,051.24
iii. Total	5,450.68	393,108.24
b. Political Party Committees .....	.00	.00
c. Other Political Committees (such as PACs) .....	.00	.00
d. Total Contributions	5,450.68	417,358.24
12. Transfers From Affiliated/Other Party Committees .....	.00	.00
13. All Loans Received .....	.00	.00
14. Loan Repayments Received .....	.00	.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	.00	.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.)	59.13	4,681.46
18. Transfers from Nonfederal Account for Joint Activity .....	.00	.00
19. Total Receipts	5,509.81	422,039.70
20. Total Federal Receipts	5,509.81	422,039.70
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4):		
i. Federal Share .....	.00	.00
ii. Non-Federal Share .....	.00	.00
b. Other Federal Operating Expenditures	22.76	2,152.96
c. Total Operating Expenditures	22.76	2,152.96
22. Transfers to Affiliated/Other Party Committees .....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	250.00	501,881.67
24. Independent Expenditures (use Schedule E) .....	.00	47,748.13
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	.00	.00
26. Loan Repayments Made .....	.00	.00
27. Loans Made .....	.00	.00
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees .....	.00	.00
b. Political Party Committees .....	.00	.00
c. Other Political Committees (such as PACs) .....	.00	1,000.00
d. Total Contribution Refunds .....	.00	1,000.00
29. Other Disbursements .....	.00	.00
30. Total Disbursements	272.76	552,782.75
31. Total Federal Disbursements	272.76	552,782.75
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	5,450.68	417,358.24
33. Total Contribution Refunds (from line 28d) .....	.00	1,000.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	5,450.68	416,358.24
35. Total Federal Operating Expenditures	22.76	2,152.96
36. Offsets to Operating Expenditures (from line 15) .....	.00	.00
37. Net Operating Expenditures	22.76	2,152.96

9 0 0 3 3 2 1 0 3

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1	Of 2
	For Line Number 11a(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 for such committee.

NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jill Norton PO Box 557 Mammoth Lakes, 93546	WIK-N-WILLIE'S PIZZA & SANDWICHES	12/23/94	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date: \$ 200.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dennis Gunther N88C 316 Boone Avenue, #572 Spokane, WA 99207	Darkin's Family Restaurant	12/23/94	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date: \$ 200.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Fred J Kuntz 316 Fourth Avenue Knoxville, KY 40202	KNOX-FOURTH & MARKET	12/13/94	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date: \$ 200.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Perry Moy 3917 West Main McHenry, IL 60050	Plum Garden	12/05/94	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date: \$ 1500.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A - ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 2	OF 2
	For Line Number 12a(ii)	

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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
W. Howard Pepla 217 West Saint Catherine Louisville, KY 40203	Disney Whizz Drive In	12/22/94	400.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date > \$ 400.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Louis Finucci 396 21st Street Newport, NH 05055	Timucia Restaurant	12/23/94	130.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date > \$ 250.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Carmen Vaccarelli 74 Chase Avenue Waterbury, CT 06704	C.Vac	12/29/94	1800.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date > \$ 2800.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jacqueline White 89 Steinwehr Avenue Gettysburg, PA 17325	Dobbie House	12/12/94	250.00
Receipt for: <input checked="" 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)

TOTAL This Period (last page this line number only) 3350.00

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 Political Action Committee C 0000 3764

9303962106

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Crestar Securities Corp. P.O. Box 498 Richmond, VA 23204 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	interest earned on money market account Occupation Aggregate Year-to-Date > \$ 562.03	12/31/94	.88
B. Full Name, Mailing Address and ZIP Code Crestar NA P.O. Box 26150 Richmond, VA 23260 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	interest earned on cash equivalent fund Occupation Aggregate Year-to-Date > \$ 1,799.80	12/31/94	58.25
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	59.13

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
National Restaurant Association Political Action Committee C 0000 3764

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Express 200 Vesey Street New York, NY 10285	credit card fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/31/94	22.76
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

95039:2107

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	22.76

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Chambliss for Congress Cate, P.O. Box 605 Moultrie, GA 31776-	Cont. to Saxby Chambliss (GA-8)	12/22/94	250.00
	Disbursement for: [P] Primary [General] Other (specify)		

9503421100

SUBTOTAL of Disbursements This Page (optional).....>
TOTAL This Period (last page this line number only).....> 250.00

**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
1-31-95

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Registered/Certified Mail POSTMARKED

No Postmark

Postmark Illegible

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

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Other (Specify): POSTMARKED
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LLB 2-1-95

PREPARER DATE PREPARED

95039621109