

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 AUG 14 P 12:25

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) National Restaurant Association Political Action Committee		2. FEC IDENTIFICATION NUMBER C 0000 3764
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1200 17th Street, NW		
CITY, STATE and ZIP CODE Washington, DC 20035		
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 checked="" 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 <u>07/01/00</u> through <u>07/31/00</u>		
6. (a) Cash on Hand January 1, 2000		\$ 224,637.89
(b) Cash on Hand at Beginning of Reporting Period	\$ 187,693.68	
(c) Total Receipts (from Line 19)	\$ 51,297.04	\$ 209,974.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 238,990.72	\$ 434,512.85
7. Total Disbursements (from Line 30)	\$ 27,135.36	\$ 222,657.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 211,855.36	\$ 211,855.36
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	

For further information contact:
Federal Election Commission
888 E Street, NW
Washington, DC 20463
Toll Free 800-424-9590
Local 202-694-1100

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 Lee Gulpapper		Date 8-10-00
Signature of Treasurer 		

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 9/99)

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

(revised 1/1/91)

NAME OF COMMITTEE National Restaurant Association Political Action Committee		REPORT COVERING PERIOD FROM 07/01/00 TO: 07/31/00		
		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)	38,788.58	182,758.58	11(a)(1)
ii.	Unitemized	7,253.94	23,805.57	11(a)(2)
iii.	Total (add i and ii) >	46,042.52	186,564.15	11(a)(3)
b.	Political Party Committees	0.00	0.00	11(b)
c.	Other Political Committees (such as PACs)	6,000.00	20,403.16	11(c)
d.	Total Contributions (add a iii, b and c) >	51,042.52	206,967.31	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	519.22	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	1,000.00	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	255.54	1,890.45	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) >	51,297.04	209,974.96	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	51,297.04	209,974.96	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	0.00	0.00	21(a)(1)
ii.	Non-Federal Share	0.00	0.00	21(a)(2)
b.	Other Federal Operating Expenditures	135.38	751.36	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	135.38	751.36	21(c)
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	27,000.00	202,178.13	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.	Individuals/Persons Other Than Political Committees	0.00	3,160.00	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	3,160.00	28(d)
29.	Other Disbursements	0.00	16,570.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	27,135.38	222,857.49	30
31.	Total Federal Disbursements (subtract line 21 a II from line 30) >	27,135.38	222,857.49	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	51,042.52	206,967.31	32
33.	Total Contribution Refunds (from line 28d)	0.00	3,160.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	51,042.52	203,807.31	34
35.	Total Federal Operating Expenditures (add 21 a I and 21 b) >	135.38	751.36	35
36.	Offsets to Operating Expenditures (from line 15)	0.00	519.22	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	135.38	232.14	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 c

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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code Outback Steakhouse PAC 660 N. Rao Street, Ste 204 Tampa, FL 33609-1050	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	07/12/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		5,000.00

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	5,000.00
TOTAL This Period (last page this line number only)	5,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
National Restaurant Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code Gerald Danna 9800 SE Stark Street Portland, OR 97216-2408	Name of Employer Danna Brothers Properties Occupation Restaurateur	Date (month, day, year) 07/12/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Michael Alesio P.O. Box 83089 Lincoln, NE 68501	Name of Employer Valentino's, Inc. Occupation Restaurateur	Date (month, day, year) 07/12/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Ron DiPietro 3550 Columbus Road, NE Canton, OH 44705-4406	Name of Employer Beck Management Inc. Occupation Restaurateur	Date (month, day, year) 07/14/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 270.00	
D. Full Name, Mailing Address and ZIP Code Larry Gorbin 3776 S. High Street Columbus, OH 43207-4000	Name of Employer Bob Evans Farms, Inc. Occupation Restaurateur	Date (month, day, year) 07/14/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code Joan Wagner P.O. Box 257 491 Main Street Mount Victory, OH 43340-0257	Name of Employer Plaza Inn Occupation Restaurateur	Date (month, day, year) 07/14/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code James Grote 935 Taylor Station Rd. Columbus, OH 43230-6657	Name of Employer Donatos Pizza Occupation Restaurateur	Date (month, day, year) 07/14/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Rodney Wasserstrom 477 S. Front Street Columbus, OH 43215-5625	Name of Employer The Wasserstrom Company Occupation Restaurateur	Date (month, day, year) 07/14/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)	5,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Enrolled Salaried Page

PAGE 2 OF 7
FOR LINE NUMBER 11 a i

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Denise Marie Fugo 1400 West 10th Street Cleveland, OH 44113-1215	Sammy's Occupation: Restaurateur	07/14/00	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,500.00		
Herman Cain 9140 W. Dodge Road Omaha, NE 68114	T.H.E. Inc. Occupation: CEO	07/14/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
Kevin Gorham 4592 Walnut Road, SE Buckeye Lake, OH 43008	Pizza Cottage Occupation: Restaurateur	07/14/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Jay Haverstick 225 E Sixth Dayton, OH 45458-3001	Jay's Restaurant Occupation: Restaurateur	07/14/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Don Curley 220 Worthington Mall Worthington, OH 43085	Franco's Occupation: Restaurateur	07/14/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 800.00		
William Morgan 4199 Marcy Ave. Warren, MI 48091-1733	information requested Occupation: Restaurateur	07/14/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Steve Overholt 45170 Schoenherr Rd Shelby Twp, MI 48315-6014	Outback Steakhouse Occupation: Restaurateur	07/14/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) 7,350.00

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

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FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
National Restaurant Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Beverly Thompson P.O. Box 4688 Akron, OH 44310-0588	Swenson's Drive In	07/14/00	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	
Charles Maready 8113 Harps Mill Road Raleigh, NC 27615	Golden Corral	07/19/00	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	
Debbie Day 608 Marlowe Road Raleigh, NC 27609	Golden Corral	07/19/00	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	
Larry Tata 8801 Caldwell Dr. Raleigh, NC 27615-2558	Golden Corral Corp.	07/19/00	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	
Paul A Weber 7504 Wingfoot Dr. Raleigh, NC 27615-5476	Golden Corral	07/19/00	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	
Sandra Hough Rear 821 Garden Street Connellsville, PA 16425-8728	Golden Corral	07/19/00	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	
Craig Heath 400 West Main Street Brighton, MI 48116	Healthcorp Ventures, Inc.	07/19/00	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) **2,800.00**

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 4 OF 7
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
National Restaurant Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code Robert McDevitt 10621 Cahill Road Raleigh, NC 27614	Name of Employer Golden Corral Corp. Occupation Restaurateur	Date (month, day, year) 07/19/00	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code Frederick Kuchs 9122 Old Newtown Road Apt. 13 Philadelphia, PA 19112	Name of Employer Information requested Occupation Restaurateur	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 600.00	
C. Full Name, Mailing Address and ZIP Code Leon W. "Pete" Harman 199 First Street Suite 212 Los Altos, CA 94022-2708	Name of Employer Harman Management Corp. Occupation Restaurateur	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 5,000.00	
D. Full Name, Mailing Address and ZIP Code Michael Moore 2201 Ridgewood Rd Ste 310 Wyomissing, PA 19610-1192	Name of Employer TGI Friday's Occupation Restaurateur	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code G. Jim Hasslocher 8520 Crownhill Blvd. San Antonio, TX 78209	Name of Employer Frontier Enterprises Occupation Restaurateur	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Thomas Kleinman 222 W. Rittenhouse Sq. 27th FL Philadelphia, PA 19103-5705	Name of Employer Kleinman & Associates Occupation restaurateur	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code Eugene Kestonbaum 1263 Gantt Dr. Huntingdon Valley, PA 19006-3211	Name of Employer Ellis Coffee Company Occupation Restaurateur	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,500.00	

SUBTOTAL of Receipts This Page (optional) 9,400.00

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 5 OF 7

FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)
National Restaurant Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code Guss Dussin 0176 S.W. Bancroft Street Portland, OR 97201 4299	Name of Employer OSF Int'l, Inc./dba: The Old Spaghetti Factory	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 1,000.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code Michael Howanski 117 Veterans Sq Media, PA 19063-3290	Name of Employer Towne House Restaurant	Date (month, day, year) 07/24/00	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):			

C. Full Name, Mailing Address and ZIP Code John R. Farquharson 8 Belmont Boulevard Sewell, NJ 08080	Name of Employer International Food Safety Council	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 1,000.00
	Occupation President	Aggregate Year-to-Date > \$ 3,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

D. Full Name, Mailing Address and ZIP Code William D Baker 2681 Redington Road Hellertown, PA 18055	Name of Employer Baker Management Inc.	Date (month, day, year) 07/24/00	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 Richard Fox 20 N. Union Street Rochester, NY 14607	Name of Employer Western Reserve Restaurant Management	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 500.00
	Occupation President	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 James Conboy 982 N. Delaware Avenue Philadelphia, PA 19123	Name of Employer George L. Wells Meat Co.	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 1,250.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 1,250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

G. Full Name, Mailing Address and ZIP Code Gail McCormick 720 SW Wash Street, #550 Portland, OR 97205	Name of Employer McCormick & Schmick Management Corp.	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 5,000.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 6,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) **9,250.00**

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 **6** OF **7**

FOR LINE NUMBER **11 a i**

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

A. Full Name, Mailing Address and ZIP Code Frank Stea 1419 E. Moyamensing Ave. Philadelphia, PA 19147	Name of Employer Stea Brothers, Inc. Occupation Restaurateur	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Richard T Chase 2633 Ridgewell Court Raleigh, NC 27613-1612	Name of Employer Golden Corral Corp. Occupation Restaurateur	Date (month, day, year) 07/25/00	Amount of Each Receipt this Period 450.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 450.00	
C. Full Name, Mailing Address and ZIP Code Deborah Fratrk 212 Scenic Ridge Ct. Old Hickory, TN	Name of Employer Golden Corral Occupation Restauranter	Date (month, day, year) 07/26/00	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.00	
D. Full Name, Mailing Address and ZIP Code Gene A. Saylor 10519 S.E. Stark Portland, OR 97216	Name of Employer Saylor's Old Country Kitchen, Inc. Occupation Restaurateur	Date (month, day, year) 07/25/00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code Ronnie Hart P.O. Box 601207 Franklin, IN 37068-1207	Name of Employer Tennessee Restaurant Association Occupation Association Executive	Date (month, day, year) 07/25/00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code Gene T Aman 7500 South Tanglewild Drive Raleigh, NC 27613-1414	Name of Employer Golden Corral Corp. Occupation Restaurateur	Date (month, day, year) 07/25/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code Dale Whitworth 10221 Bushveld Lane Raleigh, NC 27613-6149	Name of Employer Golden Corral Corp. Occupation Restaurateur	Date (month, day, year) 07/26/00	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional) **2,750.00**

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 7

FOR LINE NUMBER 11 & 1

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NAME OF COMMITTEE (In Full)
National Restaurant Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Houston Odom 1453 Kampsville Rd. Suite 107 Virginia Beach, VA 23464-7319	Both, Inc. dba Golden Corral	07/25/00	750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 750.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lloyd L. Hill 17935 Canterbury Road Stilwell, KS 66085-9269	Applebee's	07/27/00	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Harry Knowles 111 Prospect Avenue West Orange, NJ 07052-4202	The Manor	07/27/00	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Christina Howard 9700 Chilcott Manor Way Vienna, VA 22181-5400	National Restaurant Association	Payroll Deduction	43.40 (\$21.74 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Association Executive	Aggregate Year-to-Date > \$ 217.40	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lee Culpepper 341 South Pickett Street Alexandria, VA 22304-4746	National Restaurant Association	Payroll Deduction	100.00 (\$50.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Association Executive	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
Kathleen O'Leary 1200 Braddock Place, #201 Alexandria, VA 22314-1664	National Restaurant Association	Payroll Deduction	45.46 (\$22.73 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Association Executive	Aggregate Year-to-Date > \$ 204.57	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gay Westbrook 1255 New Hampshire Ave. NW Washington, DC 20036-2325	National Restaurant Association	Payroll Deduction	47.82 (\$23.81 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Association Executive	Aggregate Year-to-Date > \$ 214.29	

SUBTOTAL of Receipts This Page (optional) 1,736.56

TOTAL This Period (last page this line number only) 38,786.66

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

A. Full Name, Mailing Address and ZIP Code Crestar Bank NA Post Office Box 26150 Richmond, VA 23260-6150	Name of Employer Interest Earned Occupation Aggregate Year-to-Date > \$ 1,690.45	Date (month, day, year) 07/31/00	Amount of Each Receipt this Period 256.54
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) **256.54**

TOTAL This Period (last page this line number only) **256.54**

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21B

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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank NA 1100 Connecticut Avenue, NW Washington, DC 20036	July Bank Fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/31/00	136.36
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	136.36
TOTAL This Period (last page this line number only)	136.36

SCHEDULE B

ITEMIZED DISBURSEMENTS

Line appears on sheet(s) for each category of the Detailed Summary Page

PAGE 1 OF 3
FOR LINE NUMBER 23

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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Re-Elect Brian Bilbray for Congress 12780 High Bluff Drive #270 San Diego, CA 92130	Brian P. Bilbray, U.S. HOUSE 49th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/06/00	2,000.00
B. Full Name, Mailing Address and ZIP Code Rogan For Congress Committee P O Box 30 Montrose, CA 91021	James E. Rogan, U.S. HOUSE 27th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/06/00	2,600.00
C. Full Name, Mailing Address and ZIP Code Kuykendall Congressional Committee 1379 Park Western Drive #300 San Pedro, CA 90732	Steve Kuykendall, U.S. HOUSE 38th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	2,000.00
D. Full Name, Mailing Address and ZIP Code Tom DeLay Congressional Committee 10707 Corporate Drive Suite 130 Stafford, TX 77477	Tom DeLay, U.S. HOUSE 22nd TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	1,000.00
E. Full Name, Mailing Address and ZIP Code The Freedom Project 111 C Street SE Washington, DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	1,000.00
F. Full Name, Mailing Address and ZIP Code PIONEER PAC 499 South Capital Street Suite 2000A Washington, DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	1,000.00
G. Full Name, Mailing Address and ZIP Code Friends of Clay Shaw 2800 NE 14th Street Causeway Pompano Beach, FL 33062	E. Clay Shaw, U.S. HOUSE 22nd FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	1,000.00
H. Full Name, Mailing Address and ZIP Code JOE SKEEN FOR CONGRESS INC PO BOX 2446 ROSWELL, NM 87201	Joe Skeen, U.S. HOUSE 2nd NM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	1,000.00
I. Full Name, Mailing Address and ZIP Code Crane for Congress Committee P.O. Box 8534 Rolling Meadows, IL 60008	Philip M. Crane, U.S. HOUSE 8th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)

12,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mark Green for Congress PO Box 13103 Green Bay, WI 54307	Mark Green, U.S. HOUSE 8th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	1,000.00
Kline for Congress P.O. Box 21632 Eagan, MN 55121	Kline, U.S. HOUSE 6th MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	1,000.00
DeWine for U.S. Senate PO Box 340188 Columbus, OH 43234	Mike DeWine, U.S. SENATE OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	1,000.00
Lazio 2000 72 East Main St Suite 4 c/o Piccirillo Reinfurt & Lamont LLP Babylon, NY 11702	Rick A. Lazio, U.S. HOUSE 2nd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	2,500.00
Gutknecht for U.S. Congress Committee Post Office Box 6428 Rochester, MN 55903	Gil Gutknecht, U.S. HOUSE 1st MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	1,000.00
McCrary for Congress PO BOX 4650 Shreveport, LA 71134	Jim McCrary, U.S. HOUSE 5th LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	1,000.00
Gallegly for Congress P.O. Box 3789 Simi Valley, CA 93093	Elton Gallegly, U.S. HOUSE 23rd CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	500.00
Pat Toomey for Congress Committee P.O. Box 90168 Allentown, PA 18109	Toomey, U.S. HOUSE 15th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	1,600.00
Republican Majority Fund 1165 21st Street, NW Suite 300 Washington, DC 20036	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	2,500.00

SUBTOTAL of Disbursements This Page (optional)

12,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
National Restaurant Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Volunteers for Shimkus Post Office Box 6468 Springfield, IL 62704	John Shimkus, U.S. HOUSE 20th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	500.00
B. Full Name, Mailing Address and ZIP Code Chabot for Congress 3014 Harrison Street Cincinnati, OH 45211	Steve Chabot, U.S. HOUSE 1st OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Team Emerson 2210 Lakewood Dr Cape Girardeau, MO 63701	Jo Ann Emerson, U.S. HOUSE 8th MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/05/00	600.00
D. Full Name, Mailing Address and ZIP Code Hoosiers Supporting Buyer 200 N. Main Street PO Box 712 Monticello, IN 47960	Steve Buyer, U.S. HOUSE 5th IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/06/00	500.00
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)

2,500.00

TOTAL This Period (last page this line number only)

27,000.00

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>8-14-00</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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>See</i> PREPARER	<i>8-14-00</i> DATE PREPARED