

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

JUN 20 5 11 PM '95

1. NAME OF COMMITTEE (in full) <b>National Restaurant Association</b>	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>1200 17th St., NW</b>	2. FEC IDENTIFICATION NUMBER <b>C 0000 3764</b>
CITY, STATE and ZIP CODE <b>Washington, DC 20036</b>	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 checked="" 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 <u>5/1/95</u> through <u>5/31/95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ 42,802.05
(b) Cash on Hand at Beginning of Reporting Period	\$ 37,805.27	
(c) Total Receipts (from Line 19)	\$ 67,858.99	\$ 116,084.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 105,664.26	\$ 158,886.54
7. Total Disbursements (from Line 30)	\$ 9,979.94	\$ 63,202.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 95,684.32	\$ 95,684.32
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 999 E Street, NW Washington, DC 20453 Toll Free 800-424-9630 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: <b>DON THOREN, Assistant Treasurer</b>	
Signature of Treasurer:	Date: <b>6/20/95</b>

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

**FEC FORM 3X**

(revised 8/93)

FEC44NT01

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/93)

NAME OF COMMITTEE <b>National Restaurant Association PAC</b>	REPORT COVERING PERIOD		
	FROM	TO	
	<b>5/1/95</b>	<b>5/31/95</b>	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	37,253.34	81,198.03	11(a)(i)
ii. Unitemized	10,463.00	14,375.12	11(a)(ii)
ii. Total (add i and ii) >	47,716.34	95,573.15	11(a)(iii)
b. Political Party Committees	.00	.00	11(b)
c. Other Political Committees (such as PACs)	20,000.00	20,000.00	11(c)
d. Total Contributions (add a ii, b and c) >	67,716.34	115,573.15	11(d)
12. Transfers From Affiliated/Other Party Committees	.00	.00	12
13. All Loans Received	.00	.00	13
14. Loan Repayments Received	.00	.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	.00	.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	.00	.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	142.65	511.34	17
18. Transfers from Nonfederal Account for Joint Activity	.00	.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	67,858.99	116,084.49	19
20. Total Federal Receipts (subtract line 18 from line 19) >	67,858.99	116,084.49	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	.00	.00	21(a)(i)
ii. Non-Federal Share	.00	.00	21(a)(ii)
b. Other Federal Operating Expenditures	248.83	459.86	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	248.83	459.86	21(c)
22. Transfers to Affiliated/Other Party Committees	.00	.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	9,731.11	62,742.36	23
24. Independent Expenditures (use Schedule E)	.00	.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	.00	.00	25
26. Loan Repayments Made	.00	.00	26
27. Loans Made	.00	.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	.00	.00	28(a)
b. Political Party Committees	.00	.00	28(b)
c. Other Political Committees (such as PACs)	.00	.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	.00	.00	28(d)
29. Other Disbursements	.00	.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	9,979.94	63,202.22	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	9,979.94	63,202.22	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	67,716.66	115,573.15	32
33. Total Contribution Refunds (from line 28d)	.00	.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	67,716.66	115,573.15	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	248.83	459.86	35
36. Offsets to Operating Expenditures (from line 15)	.00	.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	248.83	459.86	37

**SCHEDULE A ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	Page	Of
	1	17
	For Line Number	Date

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
Jerry Abel 4200 Broadway St. San Antonio, TX 78209 6317	Jerry Abel's Restaurant	05/09/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 500.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Arkin 2745 63th St Maui, HI 96740	Maui Island Restaurants	05/10/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 500.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wade Awnsoquid 590 Andover Sparta Road Andover, MA 01821	Parma Farms	05/08/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 500.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bernard Axel PO Box 59294 Birmingham, AL 35259 9244	Christian's Classic Cuisine	05/08/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 500.00	

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

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

**SCHEDULE A ITEMIZED RECEIPTS**

Use separate schedules for each category of use	Page	of
Detailed Summary Page	7	14
	Per Line Number	
	110/11	

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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
Doris J. Babcock 2438 Carerra Court Henderson, NV 89014	Subways of Las Vegas, Inc.	05/05/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   Other (specify)		Occupation Restaurantour	Aggregate Year To Date: \$ 500.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ted Balesgray 754 Wave Street Monterey, CA 93940	Sandline Factory, Inc.	05/03/95	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   Other (specify)		Occupation Restaurantour	Aggregate Year To Date: \$ 1000.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John T. Bean, III PO Box 709 Columbus, MS 38703-0709	Harveys	05/05/95	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   Other (specify)		Occupation Restaurantour	Aggregate Year To Date: \$ 1000.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Roger Berkowitz 35 Everett Street Allston, MA 02134	Legal Services	05/24/95	250.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   Other (specify)		Occupation Restaurantour	Aggregate Year To Date: \$ 250.00

**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 01  
3 19  
Per Line Number 11a(1)

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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
A. Elaine Brown 2900 South Horseshoe Drive Naples, FL 34102	Chef/line Manager - The Occupation RESTAURANT	05/22/95	200.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	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
3111 Chestnut PO Box 13066 Seattle, WA 98118	Gille Leasing & Investing Occupation Restaurateur	05/29/95	200.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	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
Charlotte Clark 42106 Pacific Avenue Spokane, WA 99207	Little Park Restaurant Occupation RESTAURANT	05/18/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Aggregate Year To Date: \$ 500.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE A ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
National Restaurant Association -AC

**Full Name, Mailing Address and Zip Code**  
Michael R. Cregg  
14100 West Ten Mile Road  
Southfield, MI 48075

**Name of Employer**  
Golden Apple Inn  
  
**Date (month, day, year)**  
05/21/95  
  
**Occupation**  
Restaurateur  
  
**Aggregate Year To Date** \$ 500.00

**Amount of Each Receipt This Period**  
500.00

Receipt for:  Primary | General  
 Other (specify)

**Full Name, Mailing Address and Zip Code**  
Dana S. Curley  
5225 North High Street  
Columbus, OH 43214

**Name of Employer**  
Zyran's  
  
**Date (month, day, year)**  
05/24/95  
  
**Occupation**  
Restaurateur  
  
**Aggregate Year To Date** \$ 500.00

**Amount of Each Receipt This Period**  
500.00

Receipt for:  Primary | General  
 Other (specify)

**Full Name, Mailing Address and Zip Code**  
Lorry Curtis  
8205 E.M. Creekside Place  
Brevardton, OR 97005

**Name of Employer**  
Star's Management Corporation  
  
**Date (month, day, year)**  
07/09/95  
  
**Occupation**  
Restaurateur  
  
**Aggregate Year To Date** \$ 500.00

**Amount of Each Receipt This Period**  
500.00

Receipt for:  Primary | General  
 Other (specify)

**Full Name, Mailing Address and Zip Code**  
S. Cooper Dawson, Jr.  
PO Box 56  
Alexandria, VA 22313

**Name of Employer**  
Camp Allegheny Inc  
  
**Date (month, day, year)**  
05/09/95  
  
**Occupation**  
Restaurateur  
  
**Aggregate Year To Date** \$ 200.00

**Amount of Each Receipt This Period**  
200.00

Receipt for:  Primary | General  
 Other (specify)

**GRAND TOTAL of Receipts This Page (optional)** .....

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

**SCHEDULE A TAXABLE RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	Page	of
	5	17
	For Line Number	
	11(a)	

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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
Jerry DeFano PO Box 5 Crisfield, VA 23624	Restaurant's Member, Inc.	03/25/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year To Date: \$ 500.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph M DeRosa 1613 West State Street Wauwatosa, WI 53213	DeRosa Corporation	05/05/95	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	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph M DeRosa 1613 West State Street Wauwatosa, WI 53213	DeRosa Corporation	05/08/95	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year To Date: \$ 1500.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Phillip S Tualo PO Box 26056 Las Vegas, NV 89126	Phillip's Supply House	05/09/95	300.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year To Date: \$ 300.00	

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

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

SCHEDULE A - FINANCED RECEIPTS

Use separate schedule for each category of the detailed summary page	Page 6	Of 17
	Per Line Number 11a(1)	

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NAME OF COMMITTEE (In Full)  
 National Restaurant Association PAC

Full Name, Mailing Address and Zip Code Houser Divine 7555 Elkhorn Mountain Littleton, CO 80120	Name of Employer Mr. Scott J. Davis	Date (month, day, year) 05/09/95	Amount of Each Receipt This Period 75.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurant	Aggregate Year To Date > \$ 325.00	

Full Name, Mailing Address and Zip Code Houser Divine 7555 Elkhorn Mountain Littleton, CO 80120	Name of Employer Mr. Scott J. Davis	Date (month, day, year) 05/09/95	Amount of Each Receipt This Period 250.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurant	Aggregate Year To Date > \$ 325.00	

Full Name, Mailing Address and Zip Code Van Bure PO Box 5357 Raleigh, NC 27628	Name of Employer The Angus Barn Ltd	Date (month, day, year) 05/05/95	Amount of Each Receipt This Period 200.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurant	Aggregate Year To Date > \$ 200.00	

Full Name, Mailing Address and Zip Code Alton Blair PO Box 5357 Raleigh, NC 27628	Name of Employer The Angus Barn Limited	Date (month, day, year) 05/15/95	Amount of Each Receipt This Period 1000.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurant	Aggregate Year To Date > \$ 1000.00	

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

TOTAL This Period (last page this line number only) \_\_\_\_\_



**SCHEDULE B ITEMIZED RECEIPTS**

Use separate schedules for each category of the detailed Summary Page	Page 7	Of 17
	For Line Number 11a(1)	

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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
Rafaelde Evangelista 4619 Pine Avenue Niagara Falls, NY 14301	La Rocanda of New York Ristorante & Pizzeria	05/25/95	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
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year To Date >	\$	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Fisher 200 17th St. NW Washington, DC 20036	National Restaurant Association	05/01/95	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Senior Vice Pres Genl		
	Aggregate Year To Date >	\$ 1000.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Denise M Puga 3901 Whitman Avenue Cleveland, OH 44113	Senny's	05/22/95	225.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur		
	Aggregate Year To Date >	\$ 225.00	

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

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

**SCHEDULE A ITEMIZED RECEIPTS**

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

Page 8 of 11  
For Line Number 21911

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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
Tom Garrett PO Box 774199 Steamboat Springs, CO 80477	La Montana Corporation	05/09/95	250.00
Receipt for: <input checked="" type="checkbox"/> Primary   General   Other (specify):	Occupation Restaurateur	Aggregate Year To Date: \$ 325.00	

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Tom Garrett PO Box 774199 Steamboat Springs, CO 80477	La Montana Corporation	05/09/95	75.00
Receipt for: <input checked="" type="checkbox"/> Primary   General   Other (specify):	Occupation Restaurateur	Aggregate Year To Date: \$ 325.00	

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Rob Gifford 225 West Washington Lansing, MI 48233	Michigan Restaurant Association	05/11/95	200.00
Receipt for: <input checked="" type="checkbox"/> Primary   General   Other (specify):	Occupation Association Executive	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
Michael D Goodrich PO Box 2767 Waynesville, OH 43092 2767	Michy's Management Group, Inc.	05/11/95	200.00
Receipt for: <input checked="" type="checkbox"/> Primary   General   Other (specify):	Occupation Restaurant Management	Aggregate Year To Date: \$ 200.00	

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

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

**SCHEDULE A ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page	Page 9 of 11
	For Line Number 11a(1)

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**NAME OF COMMITTEE (In Full)**

National Restaurant Association PAC

**Full Name, Mailing Address and Zip Code**

Larry Gr. Gratch  
578 Kipling

Lakewood, CO 80215

Receipt for:  Primary |  General  
| Other (specify):

**Name of Employer**

Jackson's Hole Sports Grill

Date (month, day, year)

05/19/95

Amount of each Receipt This Period

75.00

**Occupation**

Restaurateur

Aggregate Year To Date: \$ 125.00

**Full Name, Mailing Address and Zip Code**

Richard C. Marshall  
PO Box 5278

Kansas City, KS 66106

Receipt for:  Primary |  General  
| Other (specify):

**Name of Employer**

Myron Green Cafeteria, Co.

Date (month, day, year)

05/24/95

Amount of Each Receipt This Period

200.00

**Occupation**

Restaurateur

Aggregate Year To Date: \$ 200.00

**Full Name, Mailing Address and Zip Code**

B. Jim Hasselbacher  
2411 Dewey Boulevard

Princeton, MS 39370

Receipt for:  Primary |  General  
| Other (specify):

**Name of Employer**

FRONTIER ENTERPRISES

Date (month, day, year)

05/22/95

Amount of Each Receipt This Period

1000.00

**Occupation**

Restaurateur

Aggregate Year To Date: \$ 1000.00

**Full Name, Mailing Address and Zip Code**

Zigmund D Hill  
1551 W. 107th St.

Suite 100  
Overland Park, KS 66207

Receipt for:  Primary |  General  
| Other (specify):

**Name of Employer**

Applebee's INTERNATIONAL INC.

Date (month, day, year)

05/22/95

Amount of Each receipt This Period

500.00

**Occupation**

Restaurateur

Aggregate Year To Date: \$ 500.00

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

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

SCHEDULE A - ITEMIZED RECEIPTS

For separate schedule(s)	Page	95
For each category of the	19	17
Detailed Summary Page		
	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
Florence Jaramillo PO Box 11 Chinayo, NM 87523	Rancho de Chinayo	05/24/95	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date \$ 1000.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Clark E. Jones 1010 West 261E South West Valley City, UT 84119	JE's RESTAURANT, INC.	05/08/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date \$ 500.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas Lackmann 703 Crossways Park Drive Woodbury, NY 11793	<i>Lackmann Food Service</i>	05/09/95	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation <i>Registered</i>	Aggregate Year To Date \$ 1000.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robt Lew. S 2108 Broadway San Francisco, CA 94116	Robt's Restaurant Associates	05/16/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR	Aggregate Year To Date \$ 500.00	

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

TOTAL this Period (last page this line number only) \_\_\_\_\_

SCHEDULE A FINISHED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 01
	11 7
	For Line Number 110(1)

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NAME OF COMMITTEE (In Full)  
National Restaurant Association PWA

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   Other (specify)	Occupation		
	Aggregate Year To Date: \$		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James H Maynard PO Box 29032 Raleigh, NC 27608	Golden Corral Corporation	05/29/95	5000.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   Other (specify)	Occupation RESTAURATEUR		
	Aggregate Year To Date: \$ 5000.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Daniel J McNally PO Box 140 Myrtle Beach, SC 29508	Overbrook Golf Club	05/25/95	220.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   Other (specify)	Occupation RESTAURATEUR		
	Aggregate Year To Date: \$ 220.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard McLaughlin PO Box 118 Winchester, MO 64449	Winstar Grand Restaurant Inc.	05/24/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   Other (specify)	Occupation RESTAURATEUR		
	Aggregate Year To Date: \$ 500.00		

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

**SCHEDULE A FOREIGN RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page	Page 12	of 1
	For Line Number 11a(i)	

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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
Perry Woy 3927 West Main McHenry, IL 60050	Olson Garden	05/24/95	2500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date \$ 2500.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lindy Murray 3380 Cates Creek Road Lexington, KY 40502	Merrick Inn	05/05/95	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
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year To Date \$	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ron Reck 4551 West 107th Street Suite 100 Overland Park, KS 66207	Applebee's International Inc	05/22/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date \$ 500.00	

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 12	of 12
	For Line Number 118(1)	

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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
William Regan 2144 Wellington Drive Knoxville, TN 37919	Regan Butchery, Inc.	05/15/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Restaurant	Aggregate Year To Date: \$ 500.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Blomcoik 219 North 2nd Street Minneapolis, MN 55401	Mancos Restaurant Associates	05/08/95	250.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Restaurant	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
Richard R Rivera 8211 Roswell Road Building 200 Atlanta, GA 30350	Loughran Steaks	05/14/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Restaurant	Aggregate Year To Date: \$ 500.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rayton M Sank 13 Riverside Office Park Suite 200 Norton, MA 02193 2298	Applebee's Neighborhood Grill	05/24/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Restaurant	Aggregate Year To Date: \$ 500.00

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

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

**SCHEDULE A ITEMIZED RECEIPTS**

Use separate schedules: Page of  
 For each category of the 14  
 Detailed Summary Page  
 For Line Number  
 12.00

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**NAME OF COMMITTEE (In Full)**  
 National Restaurant Association (NRA)

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tom Salisbury 516 East Whitmer Boulevard La Mesa, CA 92041	El Chico Restaurants	05/29/95	250.00
Receipt for: <input checked="" type="checkbox"/> Primary   General   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
George D Ehsaid 801 W. 58th Terrace Kansas City, MO 64113	Applebee's International Inc.	05/23/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   General   Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 500.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
G. Clark Shaw Casey Jones Village Jackson, TN 38305	Old Country Store	05/15/95	250.00
Receipt for: <input checked="" type="checkbox"/> Primary   General   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
10614 Sycamore 2309 Las Lomas Lane Fullerton, CA 92633	Polly's Inc	05/05/95	300.00
Receipt for: <input checked="" type="checkbox"/> Primary   General   Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 300.00		

**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 15	Of 24
	for this Number (1111)	

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
Tom Sims 7965 Santa Monica Boulevard Los Angeles, CA 90045	Mimis Cafe	05/30/95	1100.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR	Aggregate Year To Date > \$ 2100.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BOB Stubbs 4403 SW Ave Oklahoma City, OK 73127	Applewood, Inc.	05/28/95	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR	Aggregate Year To Date > \$ 1000.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DAVID Macalistro 378 Chase Avenue Waterbury, CT 06904 0173	C.Vac	05/22/95	2500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR	Aggregate Year To Date > \$ 2500.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Samuel Macy 1099 South Boulevard Street Honolulu, HI 96815	Monte Mariano's	05/24/95	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR	Aggregate Year To Date > \$ 1000.00	

SUBTOTAL of Receipts This Page (optional) >

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

**SCHEDULE A ITEMIZED RECEIPTS**

See separate schedule(s)	Page	of
for each category of line	19	17
Detailed Summary Page:	-----	
	For Line Number	
	11(a)	

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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
John Weidner PO Box 150009 Mobile, AL 36616	Weidner's All Seasons Restaurant	05/24/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year To Date: \$ 500.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James M Woodward 3401 Tom Highway Fairfax, VA 22031	UP's Steak House	05/25/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year To Date: \$ 500.00	

**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 17 OF 17  
FOR LINE NUMBER 11a(i)

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NAME OF COMMITTEE (in Full)  
National Restaurant Association PAC C 0000 3764

A. Full Name, Mailing Address and ZIP Code Elaine Z. Graham Route 2, Box 66D Lovettsville, VA 22080  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer National Restaurant Association  Occupation: Association Executive  Aggregate Year-to-Date > \$ 378.03	Date (month, day, year) 5/31/95	Amount of Each Receipt this Period  83.34
B. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input 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
C. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input 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 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 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 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 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) .....

37,086.66

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11 (D)

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**NAME OF COMMITTEE (In Full)**

National Restaurant Association PAC C 0000 3764

A. Full Name, Mailing Address and ZIP Code ARA PAC ARA Tower 1101 Market Street Philadelphia, PA 19107	Name of Employer  PAC	Date (month, day, year)  5/24/95	Amount of Each Receipt this Period  5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	
		Aggregate Year-to-Date > \$5,000.00	
B. Full Name, Mailing Address and ZIP Code Marriott PAC One Marriott Drive Washington, DC 20058	Name of Employer  PAC	Date (month, day, year)  5/30/95	Amount of Each Receipt this Period  5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	
		Aggregate Year-to-Date > \$5,000.00	
C. Full Name, Mailing Address and ZIP Code Jerrico PAC (J-PAC) 101 Jerrico Drive PO Box 11988 Lexington, KY 40579	Name of Employer  PAC	Date (month, day, year)  5/24/95	Amount of Each Receipt this Period  5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	
		Aggregate Year-to-Date > \$5,000.00	
D. Full Name, Mailing Address and ZIP Code TGI Fridays PAC PO Box 80962 Dallas, TX 75380	Name of Employer  PAC	Date (month, day, year)  5/24/95	Amount of Each Receipt this Period  5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	
		Aggregate Year-to-Date > \$5,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	
		Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	
		Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	
		Aggregate Year-to-Date > \$	

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

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

20,000.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

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**NAME OF COMMITTEE (in Full)**

National Restaurant Association PAC C 0000 3764

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Crestar NA PO Box 26150 Richmond, VA</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer interest earned on cash equivalent fund</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$510.32</p>	<p>Date (month, day, year) 5/31/95</p>	<p>Amount of Each Receipt this Period 141.63</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

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

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

141.63

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 22 (b)

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**NAME OF COMMITTEE (in Full)**

National Restaurant Association PAC C 0000 3764

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement credit card Fees 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
American Express 200 Vesey Street New York, NY 10285		5/31/95	248.83
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) .....

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

248.83

**SCHEDULE B - ITEMIZED DISBURSEMENTS**

Use separate schedule (B) for each category of the Detailed Summary Page	Page 1 of 2
	For Line Number 25

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

<b>Full Name, Mailing Address and Zip Code</b> America's Back to Congress 142 South Street #2920 Providence, RI 02819	<b>Purpose of Disbursement</b> Cont. to ABRAHAMIC (HI-011) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Date (month, day, year)</b> 05/16/95	<b>Amount of Each Disbursement This Period</b> 1000.00
--------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------	-----------------------------------------------------------

<b>Full Name, Mailing Address and Zip Code</b> Bill Brewster for Congress PO Box 10 Madill, OK 73446	<b>Purpose of Disbursement</b> Cont. to Bill Brewster (OK-03) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Date (month, day, year)</b> 05/15/95	<b>Amount of Each Disbursement This Period</b> 500.00
---------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------	----------------------------------------------------------

<b>Full Name, Mailing Address and Zip Code</b> Bob Barr for Congress 231 Madison Road, Suite 100 Austell, GA 30001	<b>Purpose of Disbursement</b> Cont. to Bob Barr (GA-09) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Date (month, day, year)</b> 05/16/95	<b>Amount of Each Disbursement This Period</b> 500.00
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<b>Full Name, Mailing Address and Zip Code</b> Friends of Conrad Burns PO Box 3411 Billings, MT 59103	<b>Purpose of Disbursement</b> Cont. to Conrad Burns (MT-01) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Debit System</i>	<b>Date (month, day, year)</b> 05/03/95	<b>Amount of Each Disbursement This Period</b> 1000.00
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<b>Full Name, Mailing Address and Zip Code</b> Gene Taylor for US Congress 412 Highway 90 Bay St. Louis, MS 39520	<b>Purpose of Disbursement</b> Cont. to Gene Taylor (MS-5) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Date (month, day, year)</b> 05/16/95	<b>Amount of Each Disbursement This Period</b> 500.00
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**SUBTOTAL of Disbursements This Page (optional)** .....

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

**SCHEDULE B ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of the Detailed Summary Page  
 Page: 2 of 23  
 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
Le Mistral 213 Pennsylvania Ave. S.E. Washington D.C. 20003	Cont. to Tom Coburn (OK-2) Disbursement for: [P Primary] [General] Other (specify): Fundraising Dinner	05/11/95	1000.00 (IN-K113)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Fortna for Congress P.O. Box 77443 Washington, DC 20013	Cont. to Mike Fortna (NY-1) Disbursement for: [P Primary] [General] Other (specify):	05/15/95	500.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ridgewell's Caterers 5525 Kersey Lane Bethesda, MD 20812	Cont. to Nathan Deal (GA-1) Disbursement for: [P Primary] [General] Other (specify): Fundraising Event	05/23/95	2131.11 (IN-K113)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sensenbrenner Committee P.O. Box 54 Broomfield, WI 53008	Cont. to Sensenbrenner (WI-9) Disbursement for: [P Primary] [General] Other (specify):	05/11/95	2000.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shazalyan Cavin 2135 Mount Vernon Avenue Alexandria, VA 22301	Cont. to Mark Souder (IN-1) Disbursement for: [P Primary] [General] Other (specify): Catering for Breakfast	05/06/95	500.00 (IN-K113)

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only) 6731.11



**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>6-20-95</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
<i>AM</i> PREPARER	<i>6-21-95</i> DATE PREPARED