

RECEIVED  
FEDERAL ELECTION COMMISSION  
SEP 20 1994



SEP 19 1994

September 19, 1994

Federal Election Commission  
Reports Analysis Division  
999 E Street, NW  
Washington, DC 20463

National Restaurant Assn. Report Analysis:

I spoke with you on Friday September 16th to inform you that our computer system had crashed. Our computers are still down and this has prohibited the access of the proper files for the FEC September 20 report, covering the month of August. You advised me to produce a report by hand until such time as our computer system has been repaired.

An amendment with all the proper information will follow this report as soon as I am able to export the needed information.

Thank you for your cooperation.

Sincerely,

*Lorna O'Hara*  
Lorna O'Hara  
Political Affairs Coordinator

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
<b>National Restaurant Association PAC</b>	FROM <b>8-1-94</b>	TO: <b>8-31-94</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)	33,911.00	162,055.00
k. Unitemized	15,298.98	57,312.01
ii. Total (add i and ii) >	49,209.98	219,367.01
b. Political Party Committees	.00	.00
c. Other Political Committees (such as PACs)	.00	15,000.00
d. Total Contributions (add a iii, b and c) >	49,209.98	234,367.01
12. Transfers From Affiliated/Other Party Committees	.00	.00
13. All Loans Received	.00	.00
14. Loan Repayments Received	.00	.00
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)	.00	.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.)	538.02	3,815.80
18. Transfers from Nonfederal Account for Joint Activity	.00	.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	49,548.00	238,213.81
20. Total Federal Receipts (subtract line 18 from line 19) >	49,548.00	238,213.81
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	.00	.00
ii. Non-Federal Share	.00	.00
b. Other Federal Operating Expenditures	285.34	1,831.77
c. Total Operating Expenditures (add a i, ii, and b) >	285.34	1,831.77
22. Transfers to Affiliated/Other Party Committees	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,509.17	223,159.17
24. Independent Expenditures (use Schedule E)	14,906.23	36,069.73
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	.00	.00
26. Loan Repayments Made	.00	.00
27. Loans Made	.00	.00
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees	.00	.00
b. Political Party Committees	.00	.00
c. Other Political Committees (such as PACs)	.00	1,000.00
d. Total Contribution Refunds (add a, b and c) >	.00	1,000.00
29. Other Disbursements	.00	.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	20,700.74	262,060.67
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	20,700.74	262,060.67
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d)	49,209.98	234,367.01
33. Total Contribution Refunds (from line 28d)	.00	1,000.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	49,209.98	233,367.01
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	285.34	1,831.77
36. Offsets to Operating Expenditures (from line 15)	.00	.00
37. Net Operating Expenditures (subtract line 36 from 35) >	285.34	1,831.77

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>National Restaurant Association Political Action Committee</b>	2. FEC IDENTIFICATION NUMBER <b>C 0000 3764</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>1200 17th Street, N.W.</b>	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE <b>Washington, D.C. 20036</b>	

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- |                                      |  |                                      |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20                 | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20                 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20               | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input checked="" type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- Twelfth day report preceding \_\_\_\_\_ in the State of \_\_\_\_\_  
(Type of Election)
- 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>8-1-94</u> through <u>8-31-94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 173,545.10
(b) Cash on Hand at Beginning of Reporting Period	\$ 120,850.98	
(c) Total Receipts (from Line 19)	\$ 49,548.00	\$ 238,213.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 170,398.98	\$ 411,758.91
7. Total Disbursements (from Line 30)	\$ 20,700.74	\$ 262,060.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 149,698.24	\$ 149,698.24
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 20463 Toll Free 800-424-9530 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>Elaine Z. Graham</b>	Date
Signature of Treasurer <i>Elaine Z. Graham</i>	<b>9-19-94</b>

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 17  
FOR LINE NUMBER 1160

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code Joseph A Milano JR 41 Union Street Boston, MA 02108 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Union Oyster House Occupation Restaurateur Aggregate Year-to-Date > \$	Date (month, day, year) 08/03/94	Amount of Each Receipt this Period 300.00
B. Full Name, Mailing Address and ZIP Code Ronald N Magruder 1366 Bear Creek Cove Longwood, FL 32779 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Olive Garden Occupation Restaurateur Aggregate Year-to-Date > \$	Date (month, day, year) 08/01/94	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Maurice E Lewis 603 Pulaski Street PO Box 1556, Little Rock, AR 72203 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Arkansas Hospitality Association Occupation Restaurateur Aggregate Year-to-Date > \$	Date (month, day, year) 08/01/94	Amount of Each Receipt this Period 200.00
D. Full Name, Mailing Address and ZIP Code Donna Bobcock 2332 Caserta Ct Henderson, NV 89014 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Subways of Las Vegas Occupation Restaurateur Aggregate Year-to-Date > \$	Date (month, day, year) 08/01/94	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Harold Pollin 2591 S.W. Cedar Portland, OR 97205 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Pollin Restaurants Occupation Restaurateur Aggregate Year-to-Date > \$	Date (month, day, year) 08/01/94	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Gretchen Mathers 37196 Garfield Seattle, WA 98112 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Gretchen's of Schwartz Occupation Restaurateur Aggregate Year-to-Date > \$	Date (month, day, year) 08/01/94	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code James Aithen 2735 68th Mercer Island, WA 98040 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RUI Occupation Restaurateur Aggregate Year-to-Date > \$	Date (month, day, year) 08/01/94	Amount of Each Receipt this Period 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 2 OF 12  
FOR LINE NUMBER 160

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NAME OF COMMITTEE (In Full)

National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Adrian Stevens 205 Rte 9 Freehold, NJ. 07728	American Realty Assoc	08/04/94	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurant Management Aggregate Year-to-Date: \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara R. Wood 32333 Phanton Dr. Rancho Palms Verdes, CA 90271	The Admiral	08/05/94	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur Aggregate Year-to-Date: \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph R. Omann 809 Southeast Hwy 10 Saint Cloud, MN 56204	Appre Foods	08/05/94	350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur 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
Reuben N. Palm 2727 Nicollet Ave. Minneapolis, MN 55408	Palm Brothers	08/05/94	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur Aggregate Year-to-Date: \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James M. Phillips 1030 Lone Oak Rd. Eagan, MN 55121	Boyd Coffee	08/05/94	350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur 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
Larry A. Colbeck		08/05/94	350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur 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
George L. Bissonnette 2800 Northview Rd. Mimetonka Beach, MN	Lafayette Club	08/05/94	700.00
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)

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NAME OF COMMITTEE (in Full)

National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Bell 17323 Hwy 10 Elk River, MN 55330	Bridgemont/Elk River Occupation: Restaurateur	08/05/94	417.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard D'Amico 2210 Hennipin Ave South Minneapolis, MN 55445	D'Amico Partners Occupation: Restaurateur	08/05/94	700.00
Receipt For: <input checked="" 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
Nancy Mueller 263 Cedar St. White Bear Lake, MN 55110	Kraft Occupation: Restaurateur	08/05/94	350.00
Receipt For: <input checked="" 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
Karin L Koenig 150 Park Place Blvd Minneapolis, MN 55416	Sheraton Park Place Occupation: Restaurateur	08/05/94	700.00
Receipt For: <input checked="" 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
John Schiltz 3142 Lake Elmo Ave Lake Elmo, MN 55412	Lake Elmo Inn Occupation: Restaurateur	08/05/94	700.00
Receipt For: <input checked="" 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
Henry Skristal 1044 Overlook Rd Mendota Heights MN 55118	Ember's Restaurant Occupation: Restaurateur	08/05/94	200.00
Receipt For: <input checked="" 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
Joe Cody 2620 South Highway 71 Willmar, MN 56201	Restech Partners Occupation: Restaurateur	08/05/94	800.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

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 4 OF 12 FOR LINE NUMBER 1190

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NAME OF COMMITTEE (In Full)

National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert W Kelley 5901 Wayzata Blvd Saint Louis Park, MN 55416	RyKoff-Sexton	08/05/04	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert A Maletis 1740 Southwest Fighland Rd. Portland, OR 97222		08/08/04	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	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
Eugene Saylor 6425 Southeast Yamhill St. Portland, OR 97215		08/08/04	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	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
Michael D Keller 345 Southwest 65 Ave. Portland, OR 97215		08/08/04	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	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
James C Martine 81 East Golf Course Rd. Madison, WI 53704		08/08/04	270.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	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
Richard A Kroening 445 Huron Rd Greenbay, WI 54311		08/08/04	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	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
Ed Lump 305 Beaver View Rd. Hartland, WI 53029	WI Restaurant Assn.	08/08/04	829.00
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

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

PAGE 5 OF 12  
FOR LINE NUMBER 11011

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NAME OF COMMITTEE (In Full)

National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard J Horstman 2325 Thomas Court Oronoka, WI 54650	Cedar Creek Co.	08/08/94	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Guss Dassin 0715 Southwest Bancroft Portland OR 97201	OSF	08/08/94	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 2,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Roberts Rural Rte 1 Coon Valley, WI	GCR Investments	08/08/94	630.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	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
Larry J Rupp 1125 Oakland Ave. Sheboygan, WI 53081	Rupps At Riverdale	08/08/94	410.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	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
J Thomas Boyle 33 Cottage Ave Fond du Lac, WI	Threshermans	08/08/94	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terrance T McCormick 2077 Candle way Greenbay, WI 54304	Superior Coffee	08/08/94	400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Craig Culver 804 Red Pine Court Prairie du Sac, WI 53578	Culver Franchizing	08/08/94	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$	

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 6 OF 12  
FOR LINE NUMBER 11(d)

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NAME OF COMMITTEE (in Full)

National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerald Dana 9800 SE Stark St. Portland, OR 97216	Danna Brothers Paper	08/09/94	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dale McMath 25300 Perdido Beach Blvd Orange Beach, AL 36561	Perdido Pass Restarat	08/11/94	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raymond W Lindstrom 951 Lake Wash Blvd NE Bellevue WA 98004	R.U.I.	08/11/94	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kim A Culp 11455 Viking Dr. Eden Prairie MN 55344	Flagship Athletic Club	08/17/94	700.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur 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
Evert S Maks 1313 Nicollet Minneapolis, MN 55403		08/17/94	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John J Kawa 537 South 52nd St. Omaha, NE 68106	Johny's Cafe	08/17/94	330.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur 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
Bill Naegele 4300 Baker Rd. Minnetonka, MN 55343	Flagship Athletic Club	08/17/94	300.00
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

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

PAGE 7 OF 17 FOR LINE NUMBER 11(d)

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 Inc

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
J Robert Wheeler 478 North Prior Saint Paul, MN 55104	Mark VII Sales Occupation: Restaurateur	08/17/94	350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Arakanos 325 Hopkins Cross Rd. Minnetonka, MN 55343	H.A. Indoor Occupation: Restaurateur	08/17/94	350.00
Receipt For: <input checked="" 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
Lynn Corrigan 2514 Emerson Ave. Minneapolis, MN 55405	Boston Beer Co. Occupation: Restaurateur	08/17/94	650.00
Receipt For: <input checked="" 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
John P. Muchulas 3005 Harbor Lane Plymouth, MN 55411	J.P. Mulligan's Occupation: Restaurateur	08/17/94	350.00
Receipt For: <input checked="" 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
Marcus Zanner 3525 South Othello St. Seattle, WA 98118	Occupation: Restaurateur	08/12/94	500.00
Receipt For: <input checked="" 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
William Nagele 4310 Baker Rd. Minnetonka, MN 55343	Lord Fletcher's Occupation: Restaurateur	08/13/94	200.00
Receipt For: <input checked="" 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
Douglas L Salisbury 17042 Fillette Ave. Trvale, CA 97214	Occupation: Restaurateur	08/19/94	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

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 8 OF 12  
FOR LINE NUMBER 11(d)

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 committees.

NAME OF COMMITTEE (In Full)

National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lester P. Jensen 11717 12th NE Seattle, WA 98125	Restaurateur	08/19/94	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Waldron 5451 NE 85th St. Seattle, WA 98115	Cinabon Restaurateur	08/27/94	200.00
Receipt For: <input checked="" 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
William A. Andrews 144 Hawkins St. Providence, R.I. 02908	Restaurateur	08/29/94	275.00
Receipt For: <input checked="" 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
William R. Fuller 3 Chase Lane Lincoln, R.I. 02865	Restaurateur	08/29/94	275.00
Receipt For: <input checked="" 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
Scott Robb 64 Old Marlboro Rd. Concord, MA 01742	Restaurateur	08/29/94	275.00
Receipt For: <input checked="" 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
Christopher Reilly	Restaurateur	08/29/94	275.00
Receipt For: <input checked="" 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
Leonard C. Panaggio 232 Tuckermans Ave. Middletown, R.I. 02840	Restaurateur	08/29/94	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

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 9 OF 12  
FOR LINE NUMBER

1161

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James L. O'Hara 3 Kirker Dr. East Greenwich 02818	Restaurateur	08/29/94	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David J. Frickson 83 Round Rd. Cumberland, RI 02864	Restaurateur	08/29/94	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	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
Raul Fernandes 194 Judson St. Tiverton RI 02878	Restaurateur	08/29/94	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	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
Charles S. Fradin 50 Park Row West Providence, RI 02903	Restaurateur	08/29/94	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	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
Francis T. Gollashaw 189 Inman Rd. Harrisville, RI 02830	Restaurateur	08/29/94	275.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	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
Jeffrey Hirsh 43 Bagywrinkle Lane Warren, RI 02885	Restaurateur	08/29/94	275.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	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
Edmund Fuller 15 Bayside Ave. Warwick RI 02888	Restaurateur	08/29/94	275.00
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

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

PAGE 10 OF 12 FOR LINE NUMBER 11(a)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen J McGarry 77 Holmstead Ave. Warwick, RI 02889	Restaurateur	08/29/94	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E Buckley Cooney 275 Rhode Island Ave 40 Glendale Ave Providence, RI 02906	Restaurateur	08/29/94	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	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
Wayne M Considine 15 Starr Dr Narragansett, RI 02882	Restaurateur	08/29/94	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	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
Allen H Cicchilli 39 Susan Circle Johnston, RI 02919	Restaurateur	08/29/94	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	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
Peter Cafaro 70 Verdant Dr. Cranston, RI 02920	Restaurateur	08/29/94	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	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
Frederick L Briggs	Restaurateur	08/29/94	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	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
Norman S. Bean 77 Mountain Laurel Dr. Cranston, RI 02920	Restaurateur	08/29/94	275.00
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

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

PAGE 11 OF 11  
FOR LINE NUMBER 116(A)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full): **National Restaurant Association PAC**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>C Milton Tanner</b> PO Box 760 East Greenwich, RI 02818		08/29/94	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Restaurateur</b> Aggregate Year-to-Date > \$		
<b>Barry Crowley</b> 351 Thames St. Narragansett, RI 02882		08/29/94	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Restaurateur</b> Aggregate Year-to-Date > \$		
<b>Terrence P Moran</b> PO Box 20217 Cranston RI 02920		08/29/94	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Restaurateur</b> Aggregate Year-to-Date > \$		
<b>Paul P. Moran</b> PO Box 20217 Cranston, RI 02920		08/29/94	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Restaurateur</b> Aggregate Year-to-Date > \$		
<b>Rolf Lewis</b> 2108 Broadway San Francisco, CA 94115	<b>Rolf's Restaurants Assoc.</b>	08/29/94	2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Restaurateur</b> Aggregate Year-to-Date > \$		
<b>Joe Gately</b> 100 Fountain St Providence, RI 02903	<b>Union Station Brewery</b>	08/29/94	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Restaurateur</b> Aggregate Year-to-Date > \$		
<b>Herminio R Correia</b> 4 Blossom St West Warwick RI 02893	<b>West Valley Inn</b>	08/29/94	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Restaurateur</b> Aggregate Year-to-Date > \$		

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 13 OF 12  
FOR LINE NUMBER 11015

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Cortez 218 Produce Row San Antonio, TX 78217 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	CUR-PAC DBA/ Mitiria cafe Occupation: Restaurateur Aggregate Year-to-Date > \$		\$1,000
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) .....

\$33,911.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
First Union Bank PO Box 13327 Roanoke, VA 24040 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	interest earned on money market checking account Occupation: Aggregate Year-to-Date > \$ 422.53	8/31/94	10.54
Crestar NA PO Box 26150 Richmond, VA 23260 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	interest received on cash equivalent fund Occupation: Aggregate Year-to-Date > \$ 6103.64	8/31/94	327.48
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) .....

338.02



ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (In Full)				
National Restaurant Association PAC				
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
Multi Media Services 801 North Fairfax Street Alexandria, VA 22314	T.V. Advertising	08/04/94	14,600.00	Rep. Karen English (D-VA-6) <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Portik Illustration 405 Hart Sen. Office Bldg. Washington, D.C. 20510	Newspaper Ad	08/19/94	195.00	Rep. Abram Siskind (D-VA-4) <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Capitol Legal Copies Inc. Suite 200 1275 Pennsylvania Ave Washington, DC 20004	Press Release	08/19/94	116.23	Rep. Tom Sawyer (D-OH-14) <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ 14,906.23	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$ —	
(c) TOTAL Independent Expenditures			\$ 14,906.23	

Under penalty of perjury, I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

*[Signature]*  
 Signature \_\_\_\_\_ Date 9/19/94

Subscribed and sworn to before me this 19 day of SEPTEMBER, 1994  
 My Commission expires: \_\_\_\_\_

*[Signature]*  
 NOTARY PUBLIC

Anne L. Wurchfield  
 Notary Public, District of Columbia  
 My Commission Expires May 31, 1999

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Witt For Congress Cmte. 16165 SW 72ND ST. TIGARD, OR 97223	Cont. to Bill Witt OR-1 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/02/94	2,000.00
Louise Slaughter Re-election Committee 700 First Federal Plaza Rochester, NY 14614	Cont. to Louise Slaughter NY-23 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/94	500.00
The Senator or I Wash. Ave at I-95 Augusta, ME 04330	Cont. to Senator John Baldacci ME-2 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/94	334.17
Steve Schiff for Congress P.O. Box 25185 Albuquerque, NM 87125	Cont. to Steve Schiff NM-11 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/19/94	1,000.00
Reed Committee; The PO Box 8628 Cranston, RI 02920	Cont. to John Reed RI-2 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/19/94	175.00
Mica For Congress - 1994 PO Box 181546 Casselberry, FL 32718	Cont. to John Mica FL-7 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/19/94	500.00
Friends and Neighbors of Steve Gunderson 217 W 7th Street Ossau, WI 54758	Cont. to Steve Gunderson WI-3 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/19/94	1,000.00
Laughlin For Congress PO Box 504 West Columbia, TX 77486	Cont. to Greg Laughlin TX-14 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/19/94	1,000.00
Hall For Congress Committee Post Office Box 711 Rockwall, TX 75087	Cont. to Ralph Hall TX-4 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/31/94	-1,000.00 VOID

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

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

5,509.17

**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 9-21-94
--	----------------------------

<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
--	------------------------

	9-21-94
--	---------

MMR PREPARER	DATE PREPARED
-----------------	---------------