

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

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

Dec 0 3 1994

## 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:  
 February 20  June 20  October 20  
 March 20  July 20  November 20  
 April 20  August 20  December 20  
 May 20  September 20  January 31

- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_  
 Thirtieth day report following the General Election on  
Nov. 8th 1994 in the 9th District - U.S.

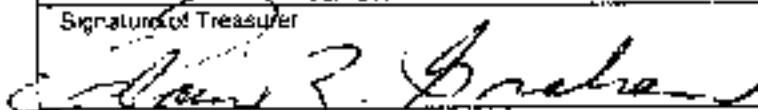
(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/20/94</u> through <u>11/30/94</u>		
6. (a) Cash on Hand January 1, 1994		\$ 173,545.10
(b) Cash on Hand at Beginning of Reporting Period	\$25,897.75	
(c) Total Receipts (from Line 18)	\$55,027.09	\$416,528.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$80,924.84	\$590,074.00
7. Total Disbursements (from Line 30)	\$43,359.84	\$552,510.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$37,565.00	\$37,564.00
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 800-424-9690 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ .00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer  
Elaine Z. Graham

Signature of Treasurer



Date

12/08/94

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

FEC FORM 3X

(revised 8/93)

FCA/NT01

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

(revised 1/1/91)

NAME OF COMMITTEE National Restaurant Association PAC		REPORT COVERING PERIOD FROM 10/20/94 TO 11/30/94	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A) .....	34,097.00	268,707.00
ii.	Unitemized .....	15,299.00	118,949.57
iii.	Total..... (add i and ii) >	49,396.00	387,656.57
b.	Political Party Committees .....	.00	.00
c.	Other Political Committees (such as PACs) .....	5,250.00	24,250.00
d.	Total Contributions .....	54,646.00	411,906.57
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.) .....	381.09	4,622.33
18.	Transfers from Nonfederal Account for Joint Activity .....	.00	.00
19.	Total Receipts .....	55,027.09	416,528.90
20.	Total Federal Receipts .....	55,027.09	416,528.90
<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 .....	181.44	2,130.20
c.	Total Operating Expenditures .....	181.44	2,130.20
22.	Transfers to Affiliated/Other Party Committees .....	.00	.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees .....	31,500.00	501,631.67
24.	Independent Expenditures (use Schedule E) .....	11,678.40	47,768.13
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	.00	.00
26.	Loan Repayments Made .....	.00	.00
27.	Loans Made .....	.00	.00
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees .....	.00	.00
b.	Political Party Committees .....	.00	.00
c.	Other Political Committees (such as PACs) .....	.00	1,000.00
d.	Total Contribution Refunds .....	.00	1,000.00
29.	Other Disbursements .....	.00	.00
30.	Total Disbursements .....	43,359.84	552,510.00
31.	Total Federal Disbursements .....	43,359.84	552,510.00
<b>III. Net Contributions/Operating Expenditures</b>			
32.	Total Contributions (other than loans)(from line 11d) .....	54,646.00	411,906.57
33.	Total Contribution Refunds (from line 28d) .....	.00	1,000.00
34.	Net Contributions (other than loans)(subtract line 33 from 32) .....	54,646.00	410,906.57
35.	Total Federal Operating Expenditures .....	181.44	2,130.20
36.	Offsets to Operating Expenditures (from line 15) .....	.00	.00
37.	Net Operating Expenditures .....	.00	2,130.20

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1 of 2
	For Line Number 11411

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
Jenna Aiken 2735 56th SE Mercer Island, WA 98340	Consolidated Restaurants	10/24/99	275.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 775.00		
Robert A Allard 74 Harborview Drive Portsmouth, NH 03801	Allard's Moving & Storage, Inc.	10/21/94	320.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 320.00		
James C Anderson 8341 Summeret Anchorage, AK 99518	Restaurants Unlimited, Inc.	11/15/99	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		
John T Best, III PO Box 709 Columbus, MS 39702 0709	Harveys	10/24/94	1200.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation RESTAURANT Aggregate Year To Date: \$ 1200.00		

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 24
	For Line Number 11c(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
Lane E Benedict 23022 - 4th Ave. S.E. Rothel, WA 98081	Anthony's Restaurant	11/15/94	200.00
Occupation Restaurateur			
Aggregate Year To Date \$ 200.00			
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
A. Rafik Benjelloun 2285 Peachtree Road Atlanta, GA 30309	Imperial Pex Restaurant	10/26/94	50.00
Occupation Restaurateur			
Aggregate Year To Date \$ 500.00			
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Heppan J Berghoff 17 West Adams Street Chicago, IL 60603	Berghoff Restaurant Company	11/08/94	500.00
Occupation Restaurateur			
Aggregate Year To Date \$ 1000.00			
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Matt Berkovich 560 NE Northlake Way Seattle, WA 98105	Northlake Tavern/Pizza House	10/26/94	100.00
Occupation Restaurateur			
Aggregate Year To Date \$ 200.00			
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

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 1	Of 29
	For Line Number 11a(1)	

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NAME OF CONTRIBUTOR (as 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 A Brundard PO Box 80 Waterville Valley, NH 01211	The Snowy Owl	10/21/94	640.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date \$ 640.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ralph Buchanan, Jr. 1000 Hudson-Aurora Road Hudson, OH 44236	Buchanan Industries Inc.	10/21/94	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date \$ 775.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Steve Burnan 3049 61st Ave. SE Mercer Island, WA 98040	Entertainment Publications	10/24/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date \$ 275.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Enilio Campos 6041 Whipple Avenue, NW North Canton, OH 44720	Cite Grille	11/04/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date \$ 200.00	

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 PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph B Barney, Jr. P.O. Box 219 Seabrook Beach, NH 03674	Yankee Grayhound Racetrack	10/23/94	840.00
Receipt for: <input checked="" type="checkbox"/> Primary   General   Other (Specify)	Occupation Restaurateur Aggregate Year To Date \$ 840.00		
Full Name, Mailing Address and Zip Code Thomas J Casaburo 13520 Sholite Center Rd. Fort Wayne, IN 46604	Casa D'Angelo Inc.	10/24/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   General   Other (Specify)	Occupation Restaurateur Aggregate Year To Date \$ 200.00		
Full Name, Mailing Address and Zip Code Charlotte Cline 17100 Pacific Avenue Spartanburg, WA 98387	Little Park Restaurant	10/24/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   General   Other (Specify)	Occupation Restaurateur Aggregate Year To Date \$ 200.00		
Full Name, Mailing Address and Zip Code Janice K Collins 955 N Bundy Jr. Los Angeles, CA 90045	Collins Foods International,	10/31/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   General   Other (Specify)	Occupation Restaurateur Aggregate Year To Date \$ 1420.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	Page 5	Of 29
	For Line Number	
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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
Mark A Conner 663 Grandin Road Cincinnati, OH 46226	Conisar Le Normandie	10/26/94	100.00
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
Charles R Conner, Jr. PO Box 710 Claremont, NC 28616	Connor Management	10/16/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 600.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wm Curney 1600 Lakewood Drive Lexington, KY 40502 2820	Campbell House Inn	10/31/94	100.00
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
Alan Cox PO Box 42 Vernon, MA 01868	JA Hildreth, Inc.	10/21/94	540.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 540.00		

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 6	Of 29
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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
8 Compas Dawson, Dr. PO Box 56 Alexandria, VA 22313	Camp Allegheny Inc	10/23/94	100.00

Receipt for:  Primary | General  
| Other (specify)

Occupation: Restaurateur  
Aggregate Year To Date: \$ 300.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
116 Knapp Drive Barrington Brook, NJ 09815	Rick Knapp's of Michigan Inc.	11/03/94	100.00

Receipt for:  Primary | General  
| Other (specify)

Occupation: Restaurateur  
Aggregate Year To Date: \$ 205.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Phillip O Beale PO Box 25056 Las Vegas, NV 89126	Phillip's Supper House	10/24/94	100.00

Receipt for:  Primary | General  
| Other (specify)

Occupation: Restaurateur  
Aggregate Year To Date: \$ 400.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Timothy C Cristall 47A Pleasant Lake Hearfield, NJ 03077	Bigelow	10/21/94	320.00

Receipt for:  Primary | General  
| Other (specify)

Occupation: Restaurateur  
Aggregate Year To Date: \$ 320.00

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 7	Of 29
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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
Anthony Duncan 10732 Alta Vista El Paso, TX 79925	Hudson's Grill	10/24/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation RESTAURANTEUR	Aggregate Year To Date: \$ 300.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Anthony Duncan 10732 Alta Vista El Paso, TX 79925	Hudson's Grill	10/25/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation RESTAURANTEUR	Aggregate Year To Date: \$ 100.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Greg Dinkin 8175 SW Hancock Street Portland, OR 97201 4299	The Old Spaghetti Factory	11/19/94	50.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation RESTAURANTEUR	Aggregate Year To Date: \$ 3150.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sid Eland 1544 Broadmoor Dr. Seattle, WA 98112	Sid Eland, Inc	10/24/94	300.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation RESTAURANTEUR	Aggregate Year To Date: \$ 300.00	

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

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

**SCHEDULE A - RECEIVED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	Page 8 Of 24
	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
Paul Klingson 6426 South Sprague Tacoma, WA 98409	Eargreen-Ellingson Inc.	11/21/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 275.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joe Smiger 27 San Jacinto Blvd. Austin, TX 78701 3623	Elms Restaurant Corporation	11/08/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 350.00		

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: \$		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James R Flynn, MD 6 College Grove Woods Dear Republic, IA 52403	Flynn Restaurants Limited	11/03/94	250.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 750.00		

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

SCHEDULE A IDENTIFIED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 9	Of 29
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NAME OF CONTRIBUTOR (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
Francis Prewley 4 P.O. 4, Box 468 Cliford, NH 03206	Lakes Region Liner	10/21/94	320.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year To Date: \$ 320.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Gibbs 59 Cambridge Boulevard SE Oxford Rapids, MI 49306	Gibbs Family, Inc	10/31/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year To Date: \$ 300.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert M Gould 9113 NE Juniper Dr. Bellevue, WA 98034	Anchor's Restaurant	10/24/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year To Date: \$ 275.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edward P Grace, III 1275 Wagonway Trail PO Box 276 East Providence, RI 02915	Phelps Grace Co Inc.	10/21/94	233.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year To Date: \$ 1450.00	

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

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

SCHEDULE B FINISHED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 10	of 29
	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
Glenn Gulavig 1608 New Brighton Blvd. NE Minneapolis, MN 55412	McGarvey Coffee Inc.	10/24/94	25.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   Other (specify)		Occupation Restaurateur	Aggregate Year To Date \$ 285.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
36 Deborah 244 Lafayette Road Indianapolis, IN 46222	Papa John's Italian Restaurant	10/18/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   Other (specify)		Occupation Restaurateur	Aggregate Year To Date \$ 100.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
4 Joseph P. Hackett PO Box 1014 Caribou, ME 04706	Joe Hackett's Steak & Seafood	10/21/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   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
8 Robert Ham Hafar Road, Route 15 North Lewisburg, PA 17047	Country Cupboard Inn	11/08/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   Other (specify)		Occupation Restaurateur	Aggregate Year To Date \$ 210.00

SUBTOTAL of Receipts This Page (option #1)

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	Of
	12	29
	For Line Number	
	21a(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
Fred Hoffman 1759 South Burma Road Glenview, IL 60056	Saugery	11/15/94	100.00
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
W. Donald Horn 215 Prospect Avenue West Orange, NJ 07052	Pala Cabin	10/24/94	100.00
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
Wayley Howard 1515 Preston Street, Suite 200 Paradise, TX 77506	Dairy Queen	10/26/94	100.00
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
Gordon Jenks 1675 Highway 101 North Florence, OR 97439	The Blue Hen Cafe	11/16/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date \$ 200.00	

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

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SCHEDULE B ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page	Page 13	Of 29
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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
Clark D Jones 1010 West 2610 South West Valley City, UT 84119	UN'S Restaurants, Inc.	10/21/94	100.00
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 Kegeleiry PO Box 823 Dover, NH 03820	Business And Personal Insurance Planning	10/21/94	320.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Manager Aggregate Year To Date \$ 480.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Kegeleiry PO Box 823 Dover, NH 03820	Business And Personal Insurance Planning	10/21/94	160.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Manager Aggregate Year To Date \$ 480.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rand Karasaras 3060 Peachtree Trce Rd. # 190 Atlanta, GA 30306	Buckhead Life Restaurant Group	10/26/94	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 1500.00		

SUBTOTAL of Receipts This Page (optional)

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**SCHEDULE A ITEMIZED RECEIPTS**

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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
Ed Kasser 2272 West Great Neck Road Virginia Beach, VA 23461	Corner Market Restaurant	10/21/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     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
William Kavanagh 135 Memorial Avenue West Springfield, MA 01089	Old Sarawitan Tavern	10/24/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 210.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Kelly PO Box 1089 Hags Head, NC 27949	Kelly's Restaurant	10/21/94	150.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 450.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
M.T. Kennedy 121 W. Riverside Dr. Smithfield, NC 27577	Mutual Distributing Company	10/21/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 300.00	

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

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SCHEDULE A ITEMIZED RECEIPTS

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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
Donald L Kimball Box 1667, 760 Highway 50 Waghyr Cove, NY 69448 1667	Travel Systems Ltd.	10/24/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurateur Aggregate Year To Date: \$ 300.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert A Kirkpatrick 291 Mill Street Dagsville, VA 27821	BO'S - A Place for Ribs	10/24/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurateur Aggregate Year To Date: \$ 263.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Henry Knowles 111 Prospect Avenue W. Orange, NC 27052	The Manor	10/24/94	50.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurateur Aggregate Year To Date: \$ 600.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jack Koussalis 598 E. Stratford Winston Salem, NC 27103	Foodcraft Equipment Co.	10/26/94	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurateur Aggregate Year To Date: \$ 500.00		

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

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SCHEDULE A - ITEMIZED RECEIPTS

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Any information copied from each 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 CONTRIBUTOR (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
Ralph Labnon 2917 S.E. Foxcross Place Berham, NH 03581	Town & Country Motor Inn	10/31/94	640.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR	Aggregate Year To Date: \$ 640.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
7 2 J 8 4 Ed Lindstrom 1518 Northlake Way Seattle, WA 98103	Restaurants Unlimited, Inc.	11/15/94	180.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR	Aggregate Year To Date: \$	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dennis Lloyd 58 Elm Hill pk. Boston, MA 02121	Boston Globe	10/24/94	200.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR	Aggregate Year To Date: \$ 400.00	

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

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**SCHEDULE A ITEMIZED RECEIPTS**

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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
E. T. Long PO Box 1163 Roxboro, NC 27573	Old Country Club Steak House, Inc.	10/21/94	300.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 300.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Luddy 112 Kinslow Drive Youngville, NC 27596	Captive-Rice Systems, Inc.	10/21/94	2500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurant Supplier 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
Danny Lon 2701 Kalakaua Avenue Honolulu, HI 96815	Spaghetti Spaghetti	11/25/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 250.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jack T Maier 2800 Gilbert Avenue Cincinnati, OH 45206	Gold Star Chili Inc	10/20/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 250.00		

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SCHEDULE A ITEMIZED RECEIPTS

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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
Frank R McCaslin 2922 28th Ave. West Seattle, WA 98199	Caske Holding Company	10/24/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date: \$ 275.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William P McCormick 720 54 Washington #553 Portland, OR 97205	McCormick & Schmick Management Group	11/08/94	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date: \$ 1000.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
W. Mullins 140 Lafayette Road Hampton, NH 03842	Xenos	10/21/94	640.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date: \$ 640.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dennis Murphy 179 S. Marion Street Oak Park, IL 60503	For Phil's Shell Bar	10/24/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date: \$ 200.00	

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**SCHEDULE A ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kathleen M Murphy 75 Leslie Avenue Wilmington, MA 01701	K Massachusetts Restaurant Association	11/09/94	2600.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify):	Occupation Restaurateur Aggregate Year To Date \$ 2600.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Naravore Box 1600 Wolfeboro, NH 03894	John Naravore	10/21/94	640.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify):	Occupation Lawyer Aggregate Year To Date \$ 640.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Don L Nicely PO Box 249 Lee Vining, CA 92541	Nicely Restaurant	11/16/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify):	Occupation Restaurateur Aggregate Year To Date \$ 205.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Patrick L O'Malley 203 North LaSalle Street #2100 Chicago, IL 60601	Carlleen Corporation	10/29/94	75.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify):	Occupation Restaurateur Aggregate Year To Date \$ 675.00		

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

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SCHEDULE A ITEMIZED RECEIPTS

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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
Brian D'Rourke PO Box 1245  Idaho Springs, CO 80452	B.J. Management	10/21/94	350.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurant	Aggregate Year To Date > \$ 350.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Palladin, Jr. 542 Lafayette Road  Essex, NY 03874	Fel's Pub	10/21/94	260.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurant	Aggregate Year To Date > \$ 260.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John H Ferreault PO Box 435  Milton, NH 03851	Miller Brewing Company	10/21/94	640.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurant	Aggregate Year To Date > \$ 640.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brad Pettinger 14655 Bell Road, Suite 102  Billings, WA 98007	Keg Restaurant	10/24/94	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	

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SCHEDULE A ITEMIZED RECEIPTS

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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
Jose Ramos 1899 - 48th Ave S Dulles, VA 20188	Artema Restaurants	10/24/94	250.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 250.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark Ray 2415 Old Wake Forest Road Raleigh, NC 27609	North Raleigh Hilton	11/20/94	300.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 300.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Regas 2144 Wellington Drive Knoxville, TN 37918	Megas Brochets, Inc.	10/24/94	50.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 1300.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas Roberti Upper Terrace Street Kensdale, PA 15111	Jack Trainer's Restaurant & Lounge	10/21/94	100.00
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) .....

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SCCHEDULE A ITEMIZED RECEIPTS

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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 R Roberts 4930 South Front Street New Orleans, LA 70115	Roberts Jumbo Shop	10/31/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   General   Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 435.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wol Salisbury 816 East Whittier Boulevard La Habra, CA 90632	El Cholo Restaurants	11/07/94	50.00
Receipt for: <input checked="" type="checkbox"/> Primary   General   Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 300.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael C Savvides PO Box 1109 Virginia Beach, VA 23451	Savvides Enterprises	10/31/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   General   Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 330.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
410 J Schaeke 124 Lafayette Road PO Box 231 Hampton, NH 03842	Hampton Beach Casino Properties	10/25/94	640.00
Receipt for: <input checked="" type="checkbox"/> Primary   General   Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 640.00		

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

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SCHEDULE A - ITEMIZED RECEIPTS

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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
Edward Schindler PO Box 1259 Hampton, NH 03842	The Galley Hatch	10/21/94	325.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> 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
Walter Sikma PO Box 141 Medina, WA 98039	Ways Boathouse	10/24/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year To Date > \$ 275.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Singleton 17300 N.E. 24th St. Medford, WA 98552 1234	Yankee Diner	10/24/94	550.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year To Date > \$ 550.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William J Sladey 4 2484 County "D" Delevan, WI 53515	Millie's Restaurants	10/21/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year To Date > \$ 400.00	

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SCHEDULE A ITEMIZED RECEIPTS

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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
Barbara Smith 6212 Weaver Dr Baltimore, MD 21253	Golden Corral	10/24/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year To Date: \$ 300.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Swanson 110-1/2 Geis Street C1 Aurora, MN 56008	La Veranda	11/16/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year To Date: \$ 300.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul Spillone 105 Hill Street M Roxfield, MA 01960	West Lynn	10/21/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year To Date: \$ 320.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Russell Swanson 107 Lake Street North Prescott, WI 54021	Steamboat Inn	10/24/94	50.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year To Date: \$ 200.00	

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)  
National Restaurant Association PAC

Full Name, Mailing Address and Zip Code Stephen B Thompson PO Box 4599 Rivers, OH 44210	Name of Employer Stephen B Thompson Inc  Occupation RESTAURATEUR	Date (month, day, year)  10/27/94	Amount of Each Receipt This Period  1000.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify):	Aggregate Year To Date: \$ 4000.00		

Full Name, Mailing Address and Zip Code Richard Thompson 1130 Highview Dr Madeworth, OH 44281	Name of Employer Swenson's Drive Inc  Occupation RESTAURATEUR	Date (month, day, year)  11/06/94	Amount of Each Receipt This Period  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 John Tinius PO Box 1259 Hampton, NH 03842	Name of Employer The Galley Hatch  Occupation RESTAURATEUR	Date (month, day, year)  10/21/94	Amount of Each Receipt This Period  70.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify):	Aggregate Year To Date: \$ 3982.00		

Full Name, Mailing Address and Zip Code John Tinius PO Box 1259 Hampton, NH 03842	Name of Employer The Galley Hatch  Occupation RESTAURATEUR	Date (month, day, year)  10/23/94	Amount of Each Receipt This Period  3397.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify):	Aggregate Year To Date: \$ 3982.00		

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 27	Of 29
	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
John Tinios PO Box 1259 Hampton, NH 03842	The Galley Hatch	11/16/94	150.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 1982.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Tinios PO Box 1259 Hampton, NH 03842	The Galley Hatch	11/16/94	355.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 1982.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Chris Tsagalis 782 Crescent Street Brookton, MA 02403	Christo's Inc.	11/21/94	150.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 255.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark Valente 5920 West 28th Avenue Wheat Ridge, CO 80033	MAYO'S Restaurant & Lounge	10/31/94	200.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 200.00		

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 28	OF 29
	For Line Number 11a1-1	

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NAME OF COMMITTEE (in Full)  
NATIONAL RESTAURANT ASSOCIATION INC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robin Villavicencio 480 Apollo Street, Suite A Fremont, CA 94621	R & M Food Services	10/24/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 700.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Scott Hicker 1106 Waterford Pl Raleigh, NC 27615	Angus Barn	11/09/94	300.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 300.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Carline H Wright 5201 Depature Drive Raleigh, NC 27608	PFA/Manuch Inc.	11/21/94	300.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 300.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Peggy Wyatt 2204 Landings Way Raleigh, NC 27615	National Scale & Equipment Company, Inc.	10/24/94	300.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 300.00	

Subtotal of Receipts This Page (optional) >

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

SCHEDULE A - INCLUDED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 29	Of 29
	For Line Number	11w(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 CONTRIBUTOR (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
Harold Zanner 5525 South Othello Street Seattle, WA 98148	South Sound Red Robin Inc.	10/24/94	300.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   Other (specify)		Occupation RESTAURATEUR	Aggregate Year To Date > \$ 300.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William H Zeff Route 160 2 Jackson, ME 03845	Christmas Farm Inn	10/21/94	480.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   Other (specify)		Occupation RESTAURATEUR	Aggregate Year To Date > \$ 480.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Hegler 920 South Grand 3 Denver, CO 80224	Jackson's Hole Sports Grill	10/21/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   Other (specify)		Occupation RESTAURATEUR	Aggregate Year To Date > \$ 350.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Raul Rugman One United Drive West Bridgewater, MA 02159	United Liquors	10/31/94	300.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   Other (specify)		Occupation Manager	Aggregate Year To Date > \$ 300.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

34,097.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 1  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

National Restaurant Association Political Action Committee C 0000 3764

9  
4  
0  
3  
9  
4  
8  
0  
2  
3  
3

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	interest earned on money market account	10/31/94	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 542.59	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Crestar NA PO Box 26150 Richmond, VA 23260	interest earned on cash equivalent fund	10/31/94	117.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,616.41	
C. 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	interest earned on money market account	11/30/94	18.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 561.15	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Crestar NA PO Box 26150 Richmond, VA 23260	interest earned on cash equivalent fund	11/30/94	125.14
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,741.55	
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) .....

381.09



SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

National Restaurant Association Political Action Committee C 0000 3764

9403290

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Station Casinos Inc. 2411 West Sahara Avenue Las Vegas, NV 89102	PAC	11/01/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$ 250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Marriott Intl., INC. One Marriott Drive Washington, DC 20058	PAC	11/07/94	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	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	\$
D. 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	\$
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) .....

5,250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

National Restaurant Association Political Action Committee 60000 3764

94037480291

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Express 200 Vesey Street New York, NY 10285	credit card fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/94	147.45
B. Full Name, Mailing Address and ZIP Code American Express 200 Vesey Street New York, NY 10285	credit card fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/94	33.99
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) .....

181.44

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

94039480292

Name of Committee (in Full)				
National Restaurant Association Political Action Committee		C 0000 3764		
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
Gannon, McCarthy Mason 1828 L St., NW, Suite 402 Washington, D.C. 20036	Creative/Technical Services	10/27/94	8,025.15	Rep. Tom Sawyer OH-14 <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Gannon, McCarthy Mason 1828 L Street, NW, Suite 402 Washington, D.C. 20036	Creative/Technical Services	10/27/94	3,653.25	Rep. Karen English AZ-6 <input checked="" type="checkbox"/> Support <input 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
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$11,678.40	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$	
(c) TOTAL Independent Expenditures			\$11,678.40	

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.

Subscribed and sworn to before me this 29 day of

October 1994

My Commission expires:

*Ann L. Watanlest*  
NOTARY PUBLIC

Ann L. Watanlest  
Notary Public, District of Columbia  
My Commission Expires May 31, 1998

Signature

10/28/94

Date

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1	Of 6
	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
MARK Victory '94 Committee 116 North Main St., Ste 3 Concord, NH 03301	Cont. to Charlie Bass (NH-2)	11/01/94	1000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input checked="" type="checkbox"/> Other (specify): <u>debt retirement</u>		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Partner for Congress PO Box 655 Norway, ME 04258-	Cont. to R. Bennett (ME-2)	10/27/94	3000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Ney for Congress PO Box 490 St. Clairsville, OH 43880-	Cont. to Bob Ney (OH-18)	10/27/94	1000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bobby Ortiz for U.S. Congress 303 Texas, Suite 600 El Paso, TX 79901-	Cont. to Bobby Ortiz (TX-16)	10/27/94	1000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brink for Congress Committee 1127 High Street Solo Alto, CA 94301-	Cont. to Ben Brink (CA-10)	10/27/94	1000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

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

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

SCHEDULE B ITEMIZED DISBURSEMENTS

See separate schedule(s) for each category of the Detailed Summary Page	Page 2	Of 6
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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
Citizens for Greg White 14 Bagwood Drive Grafton, OH 44044-	Cont. to Greg White (OH-13) Disbursement for:   Primary   <input type="checkbox"/> General   Other (specify)	10/27/94	2000.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Neumann '92 One Parker Place, Suite 710 Cokesville, MD 21545-	Cont. to Mark Neumann (MD-1) Disbursement for:   Primary   <input type="checkbox"/> General   Other (specify)	11/02/94	2000.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Elect Scaven J. Walker 4423 Herway Avenue Cincinnati, OH 45221-	Cont. to Steven Chabot (OH-1) Disbursement for:   Primary   <input type="checkbox"/> General   Other (specify)	10/27/94	1000.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Elect Lynda Smith 11719 NE 35th St. Ste A Seattle, WA 98182-	Cont. to Linda Smith (WA-3) Disbursement for:   Primary   <input type="checkbox"/> General   Other (specify)	10/27/94	1000.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shelton for Congress (MD) 1201 York Rd. Catheterville, MD 21035-	Cont. to Bob Ehrlich (MD-2) Disbursement for:   Primary   <input type="checkbox"/> General   Other (specify)	10/27/94	1000.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 5	of 6
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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
Friends for Slide Gordon 16411 West Avenue, S.W. Seattle, WA 98166-	Cont. to Slide Gordon (WA-5) Disbursement for:   Primary   G   General   Other (specify)	10/27/94	1000.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Bob Meppert PO Box 1162 Binghamton, NY 13902-	Cont. to Bob Meppert (NY-26) Disbursement for:   Primary   G   General   Other (specify)	10/27/94	2000.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jack Retsch for Congress 2273 Saratoga Road Langley, WA 98260	Cont. to Jack Retsch (WA-21) Disbursement for:   Primary   B   General   Other (specify)	10/27/94	1000.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joe Scarborough for Congress Box 15052 Tallahassee, FL 32352-	Cont. to J. Scarborough (FL 11) Disbursement for:   Primary   G   General   Other (specify)	10/27/94	1000.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Schell for Congress 12901 Five Mile Rd. Ste 212 Livonia, MI 48150-	Cont. to John Schell (MI-13) Disbursement for:   Primary   G   General   Other (specify)	10/27/94	1000.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B ~~Itemized~~ DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 4	Of 6
	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
L.P. Wayne for Congress 3305 Wyndham Circle #2178 Alexandria, VA 22302	Cont. to L.P. Wayne (VA-5) Disbursement for: Primary [G] General	10/27/94	500.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Order for Congress PO Box 942660 Atlanta, GA 30341-	Cont. to John Binder (GA-5) Disbursement for: Primary [G] General	10/27/94	1000.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Myers for Congress P.O. Box 11 Covington, IN 47932	Cont. to John Myers (IN-7) Disbursement for: Primary [G] General	10/27/94	1000.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fappageorge for Congress 2338 Dequindre Sterling Heights, MI 48310-	Cont. to J. Fappageorge (MI-12) Disbursement for: Primary [G] General	10/27/94	2000.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pastor for Arizona 802 E. 3rd Ave. Phoenix, AZ 85003-	Cont. to Ed Pastor (AZ-2) Disbursement for: Primary [G] General	10/27/94	500.00

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

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

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 5	of 6
	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
People for Ganske 5907 Grand Avenue Des Moines, IA 50312-	Cont. to Greg Ganske (IA-1)	11/06/94	2000.00
	Disbursement for:   Primary   <input type="checkbox"/>   General     Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Price for Congress Committee PO Box 1926 Raleigh, NC 27602-	Cont. to David Price (NC-4)	10/27/94	1000.00
	Disbursement for:   Primary   <input type="checkbox"/>   General     Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rep. Frelinghuysen for Congress 100 Gibraltar Ex. Morris Plains, NJ 07940-	Cont. to Frelinghuysen (NJ-11)	10/27/94	1000.00
	Disbursement for:   Primary   <input type="checkbox"/>   General     Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Souder for Congress, Inc. 1356 State St. Cynthiana, IN 46701-	Cont. to Mark Souder (IN 4)	10/29/94	2500.00
	Disbursement for:   Primary   <input type="checkbox"/>   General     Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Opton for All of Us P. O. Box 490 E. Longport, NJ 09085-	Cont. to Fred Opton (NJ-6)	10/27/94	500.00
	Disbursement for:   Primary   <input type="checkbox"/>   General     Other (specify)		

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

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



SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 6	OF 6
	FOR LINE NUMBER 33	

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NAME OF COMMITTEE (In Full)  
National Restaurant Association PAC

Full Name, Mailing Address and Zip Code Viewlosky for Congress Cal.	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
P.O. Box 10003 Merrillville, IN 46411-	CONT. TO Peter Viewlosky (IN-1) Disbursement for:   Primary   G   General   -- Other (specify)	10/21/94	500.00

9  
4  
3  
2  
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0  
8  
7  
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TOTAL of Disbursements This Page (optimal).....  
TOTAL This Period (last page this line number only)..... 31,500.00

Federal Election Commission  
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