

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20543

MAY 17 11 20 AM '95

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	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Washington, DC 20036	

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 checked="" type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____
(Type of Election)
- election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>4/1/95</u> through <u>4/30/95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ 42,802.05
(b) Cash on Hand at Beginning of Reporting Period	\$ 29,441.00	
(c) Total Receipts (from Line 13)	\$ 9,439.00	\$ 48,225.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 38,880.00	\$ 91,027.55
7. Total Disbursements (from Line 20)	\$ 1,074.73	\$ 53,222.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 37,805.27	\$ 37,805.27
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 20543 Tel: Free 800-424-6530 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	Date 5/13/95
Signature of Treasurer 	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §137g.

65209

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 4/1/95 TO: 4/30/95	
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	7,044.69	43,944.69
ii. Unitemized	2,394.31	3,912.12
iii. Total (add i and ii) >	9,439.00	47,856.81
b. Political Party Committees	.00	.00
c. Other Political Committees (such as PACs)	.00	.00
d. Total Contributions (add a ii, b and c) >	9,439.00	47,856.81
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.)	.00	366.69
18. Transfers from Nonfederal Account for Joint Activity	.00	.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	9,439.00	48,225.50
20. Total Federal Receipts (subtract line 18 from line 19) >	9,439.00	48,225.50
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	.00	.00
ii. Non-Federal Share	.00	.00
b. Other Federal Operating Expenditures	74.73	211.03
c. Total Operating Expenditures (add a i, ii, and b) >	74.73	211.03
22. Transfers to Affiliated/Other Party Committees	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	53,011.25
24. Independent Expenditures (use Schedule E)	.00	.00
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	.00
d. Total Contribution Refunds (add a, b and c) >	.00	.00
29. Other Disbursements	.00	.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,074.73	53,222.28
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	1,074.73	53,222.28
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	9,439.00	47,856.81
33. Total Contribution Refunds (from line 28d)	.00	.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	9,439.00	47,856.81
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	74.73	211.03
36. Offsets to Operating Expenditures (from line 15)	.00	.00
37. Net Operating Expenditures (subtract line 36 from 35) >	74.73	211.03

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page	Of
		4
	Form Number	1041

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 967

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David S. Ashton 4136 West Ten Mile Road Smithfield, RI 02976	Golden Mushroom Restaurant	01/26/95	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation RESTAURANT	Aggregate Year To Date: \$ 1000.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DeWane J. Burtenshaw 728 Holly Hill Drive Worcester, MA 01843	ABC Services, Inc.	04/27/95	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date: \$ 1000.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jerome Kern 93 Royal Street New Orleans, LA 70130	Joseph Fern Catering, Inc.	04/27/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation RESTAURANT	Aggregate Year To Date: \$ 500.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wesley Howard 3515 Preston Street, Suite 203 Pasadena, TX 77505	Daisy Queen	04/27/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date: \$ 500.00	

SUBTOTAL of Receipts This Page (optional) _____

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

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 2	of 4
	Per Line Number 11a(1)	

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NAME OF COMMITTEE (In Full)

National Restaurant Association PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ron McMillan 4642 Antelope Wells Drive Las Vegas, NV 89129	EdDanaIde	04/27/95	200.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: RESTAURANT Aggregate Year To Date: \$ 200.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
M. Donald O'Neill 1001 Mason Avenue Rochester, NY 14618	Spring House Restaurant	04/26/95	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: RESTAURANT Aggregate Year To Date: \$ 1000.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eugene Ayler 18519 SE Stark Street Portland, OR 97216	Saylor's Old Country Kitchen, Inc.	04/27/95	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: RESTAURANT Aggregate Year To Date: \$ 1000.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Vola Struckman, Jr. 4020 Downs Ferry Road, #120 Atlanta, GA 30335	S.H. Services, Inc.	04/26/95	200.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: RESTAURANT Aggregate Year To Date: \$ 200.00	

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 line	Page	Of
Detailed Summary Page	1	4
	Per Line Number	
	11411	

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NAME OF COMMITTEE (To 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
Evler, Patrick 2620 Macanara Road Washington, DC 20010	Harry's Seamy Grill	04/27/95	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
Jackie Trujillo 199 First Street, #212 Los Altos, CA 94022 2807	Harmon Management Corporation	07/10/95	1100.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year To Date: \$ 1100.00	

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 4 OF 4
FOR LINE NUMBER 11a(i)

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NAME OF COMMITTEE (In Full)

National Restaurant Association Political Action Committee C 0000 3764

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Elaine S. Graham Route 2, Box 66D Lovettsville, VA 22080	National Restaurant Association	4/21/95	294.69
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Association Executive	Aggregate Year-to-Date > \$ 294.69	
B. 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 > \$	
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)

7,044.69

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21(b)

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Express 200 Vesey Street New York, NY 10285	credit card fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/95	74.73
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

74.73

2003063065275

SCHEDULE A - ITEMIZED DISBURSEMENTS

See separate schedule(s) for each category of the Detailed Summary Page	Page 1 of 2
	Per Line Number 20

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NAME OF COMMITTEE (In Full)
 National Restaurant Association PAC

Full Name, Mailing Address and Zip Code
 Laughlin for Congress
 P.O. Box 594
 West Columbia, TX 77486-

Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cont. to Greg Laughlin (CX 14)		1000.00
Disbursement for: [P] Primary [G] General	04/05/95	
Other (specify)		

6
 1
 2
 3
 6
 7
 8
 9
 0

SUBTOTAL of disbursements This Page (optional).....
TOTAL This Period (last page this line number only)..... **1,000.00**

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

5/17/95

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

J.A.O.
PREPARER

5/17/95
DATE PREPARED

2 4 0 3 9 6 5 2 7