

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
OCT 20 4 05 PM '95

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
National Restaurant Association PAC

ADDRESS (number and street)  Check if different than previously reported  
1200 17th Street, NW  
CITY, STATE and ZIP CODE  
Washington, DC 20007

2. FEC IDENTIFICATION NUMBER  
C 0000 3764

3.  This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

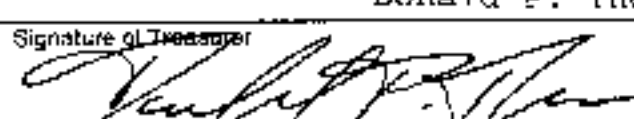
- Monthly Report Due On:
- February 20     June 20     October 20
- March 20     July 20     November 20
- April 20     August 20     December 20
- May 20     September 20     January 31
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_ 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>9/1/95</u> through <u>9/30/95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ 42,802.05
(b) Cash on Hand at Beginning of Reporting Period	\$ 79,997.09	
(c) Total Receipts (from Line 19)	\$ 64,074.94	\$ 229,916.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 144,072.03	\$ 272,718.18
7. Total Disbursements (from Line 30)	\$ 4,668.36	\$ 133,314.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 139,403.67	\$ 139,403.67
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 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ .00	

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

Type or Print Name of Treasurer: Donald P. Thoren

Signature of Treasurer: 

Date: 10/20/95

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

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**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 9/1/95 TO 9/30/95	
		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)		49,817.54	169,185.88
ii. Unitemized		13,067.00	37,883.22
Total (add i and ii) >		62,884.54	207,069.10
b. Political Party Committees		.00	.00
c. Other Political Committees (such as PACs)		1,000.00	22,000.00
Total Contributions (add a iii, b and c) >		63,884.54	229,069.10
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.)		190.40	847.03
18. Transfers From Nonfederal Account for Joint Activity		.00	.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		64,074.94	229,916.13
20. Total Federal Receipts (subtract line 18 from line 19) >		64,074.94	229,916.13
<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		668.36	1,577.67
Total Operating Expenditures (add a i, a ii, and b) >		668.36	1,577.67
22. Transfers to Affiliated/Other Party Committees		.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		4,000.00	131,736.84
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
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) >		4,668.36	133,314.51
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		4,668.36	133,314.51
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		63,884.54	229,069.10
33. Total Contribution Refunds (from line 28d)		.00	.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		63,884.54	229,069.10
35. Total Federal Operating Expenditures (add 21 a i and 21 c) >		668.36	1,577.67
36. Offsets to Operating Expenditures (from line 15)		.00	.00
37. Net Operating Expenditures (subtract line 36 from 35) >		668.36	1,577.67

SCHEDULE A ITEMIZED RECEIPTS

(Use separate schedule(s) for each category of the Detailed Summary Page	Page 1	OF 23
	For Line Number 11a(1)	

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

NAME OF COMMITTEE (In Full)  
National Restaurant Association PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Guy Ahleson 729 Hope St. Providence, RI 02906	Catering Collaborative	09/06/95	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
Robert A Antignano 140 Sugar Hill Court Cranston, RI 02921	Angelo's Civita Farnese Restaurant	09/06/95	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
Robert Ashby 273 Polly Drummond Road Newark, DE 19711	Ashby Management Co.	09/13/95	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
Ralph Brennan 201 Royal Street New Orleans, LA 70130	Mr. B's	09/25/95	1500.00
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) .....

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

FORM 4470 (12-84) SCHEDULE A - RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 2	Of 22
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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
Peter M Cafaro 2033 Plainfield Pike Cranston, RI 02921	Desserts Etc.	09/07/95	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
Thomas J Casaburo 48626 Abolice Center Rd. Short Wayne, IN 46804	Casa D'Angelo Inc.	09/07/95	150.00
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
Rich Chlate 512 W. Why Worry Ln Phoenix, AZ 85021	Pro Clean	09/26/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date: \$ 500.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Cola R Chin 3200 Las Vegas Blvd. South Las Vegas, NV 89109	Chin's Drinking & Eating Place	09/19/95	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 3	Of 22
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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
Alice Cicciatelli 14 Talbot Drive Johnston, RI 02819	Nature's Best Dairy	09/06/95	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
Bill Conidine 45 Sharpe Drive Providence, RI 02920	Wayne Distributing Company	09/06/95	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
Miriam Corveia 4 Blossom St West Warwick, RI 02893	West Valley Inn	09/07/95	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
Bob Condu 473 E. Washington St. W. Milisboro, MA 02750	Ocean Fresh Seafood Inc.	09/07/95	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	

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 22 of 22 For Line Number 11211
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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 Di Martino 2797 Maryland Parkway Las Vegas, NV 89109	DiMartino's New York Pasta Co.	03/11/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur	Aggregate Year To Date: \$ 500.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gary E Ellis 4188 Koval Lane Las Vegas, NV 89109	Ellis Island	09/26/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur	Aggregate Year To Date: \$ 500.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donald H Ellis 809 West Main Street Mesa, AZ 85201	Landmark Restaurant	09/12/95	200.00
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
Ray Flores 3865 W. Glenn Point Tucson, AZ 85745	El Charro Cafe	09/13/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur	Aggregate Year To Date: \$ 500.00	

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

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

SCHEDULE B ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 5	Of 22
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	11a(ii)	

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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
James R Flynn, MD 6 Cottage Grove Woods Cedar Rapids, IA 52403	Flynn Restaurants Limited	09/21/95	200.00
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
Charles S Pradin 50 Park Row West, Apt. 518 Providence, RI 01029	Charles Pradin Inc.	09/06/95	275.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     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
Dan Dell Frederick 1419 E. Indian Plaza No. B Scottsdale, AZ 85261	<i>Dunzels Risk Restaurant</i>	01/15/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify):		Occupation <i>Restaurateur</i>	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
Morris Gebe 8 Abbott Park Place Providence, RI 02903	Johnson and Wales University	09/06/95	275.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify):		Occupation Restaurateur	Aggregate Year To Date > \$ 550.00

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
Frank T Gallegher, Jr. 84 Inman Road-Masonville Merrisville, RI 02830	Wright's Farm Restaurant	09/06/95	275.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     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
Jim Gately 100 Fountain St. Providence, RI 02903	Union Station Brewery	09/07/95	275.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     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
Robert Gentry PO Box 2300 Newport, RI 02840	Eastcott Resort	09/07/95	275.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     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
Gary Gerard 508 North Street New Harmony, IN 47631	Red Geranium Enterprises Inc.	09/07/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)		Occupation Restaurateur	Aggregate Year To Date > \$ 1250.00

**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
Eary Gerard 508 North Blvd.  New Harmony, IN 47631	Red Seranium Enterprises Inc.	09/12/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date \$ 1250.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles Goodson 3809 Ambassador Caffery Pkwy.  Lafayette, LA 70503	<i>Chuckle Co</i>	09/20/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation <i>Restaurateur</i>	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
Edward P Grace, III 1275 Manganoag Trail PO Box 278 East Providence, RI 02915	Empire Green Co Inc.	09/05/95	750.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date \$ 2250.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gus Gregory 6401 SW 87th Avenue #105  Miami, FL 33173 2586	Total Food Service Direction	09/22/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date \$ 500.00

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

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

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (do not fill)  
National Restaurant Association PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dennis Guenther West 316 Boone Avenue, #572 Spokane, WA 99207	Parkin's Family Restaurant	09/19/95	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
Rob Helpert Box 1460 Woonsocket, RI 02895	United East Food Service Supply	09/05/95	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
Bin Harris 1577 N. Scottsdale Rd. Scottsdale, AZ 85257	Robin Hood Inc.	09/20/95	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
Robert C Bastert Joliet Road Lombard, IL 60438	White Fence Farm	09/25/95	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date > \$ 1000.00

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

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

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)  
National Restaurant Association IAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jay Navarra, Inc. 325 East 6th Street Dayton, OH 45402	Jay's Restaurant	09/21/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 500.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Chip Hearne 8009 Highway One Dewey Beach, DE 19971	STARBOARD RESTAURANT SYSTEMS	09/13/95	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
Stephen Huse 1620 North Walnut Street Bloomington, IN 47402	House Food Group	09/07/95	150.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 400.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lester P Jensen 11717 12th NE Seattle, WA 98135	Marles, Inc.	09/26/95	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

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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
Stephen Johnson 9301 North Central Avenue Phoenix, AZ 85012	Maryo's Restaurants	09/22/95	1500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR		
	Aggregate Year To Date > \$ 1500.00		
Thomas J Kepp 2245 East Flamingo Avenue Las Vegas, NV 89119	The Tillerman	09/14/95	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		
Bank Notes 4 Richmond Square Providence, RI 02906	The Gatehouse Grill	09/06/95	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		
Jack D Knox 300 Crescent Court #1030 Dallas, TX 75201	Cafe Pacific	09/20/95	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) \_\_\_\_\_>  
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SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 11	Of 22
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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
Richard Kern 480 Stone Church Road Tavercon, RI 02878	Yesterday's of Newport	09/06/95	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
Richard W Kuback, Jr. 4501 Snyder Avenue Philadelphia, PA 19145	Melrose Diner, Inc.	09/12/95	1500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 1500.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
B. B LaRoche 1900 Washington St. Suite #315 Amarillo, TX 79102	Collins County Restaurant	09/25/95	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
Bob Larrive 602 Union St. San Francisco, CA 94133	<i>Fior L'Italia</i>	09/28/95	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation <i>Restaurateur</i> Aggregate Year To Date: \$ 1000.00		

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
Ray Lindstrom 1818 Northlake Way Seattle, WA 98103	Restaurants Unlimited, Inc.	09/26/95	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
Raymond MacCini 419 Hopkins Hill Road West Greenwich, RI 02817	R.T. Distributing Company	09/22/95	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 220 SW Washington #550 Portland, OR 97205	McCormick & Schmick Management Group	09/20/95	5000.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 5000.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephen J McCarry 77 Homestead Avenue Narwick, RI 02889	Paramount Restaurant Supply	09/06/95	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		

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
Richard McLaughlin PO Box 118 Lincolnville, ME 04849	Lobster Pound Restaurant Inc.	09/12/95	300.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 1000.00		
Richard McLaughlin PO Box 118 Lincolnville, ME 04849	Lobster Pound Restaurant Inc.	09/12/95	200.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 1000.00		
Steven Kostovich 2831 Calle Del Oro Street Las Vegas, NV 89131	Cafe Michelle	09/14/95	200.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 200.00		
Joe P Miller PO Box 1148 Scottsdale, AZ 85252	El Chorro	09/12/95	200.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 200.00		

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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
Terrence Moran 60 Slater Road Cranston, RI 02920	McLaughlin & Moran Inc.	09/06/95	275.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     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
Paul Moran 40 Slater Road Cranston, RI 02920	McLaughlin & Moran Inc.	09/06/95	275.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     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
Berry May 3917 West Main McHenry, IL 60050	Flum Garden	09/12/95	2000.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)		Occupation Restaurateur	Aggregate Year To Date \$ 5000.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
R. Joseph Beckard 1320 North Rockridge Flagstaff, AZ 86001	KOH Enterprises, Inc.	09/12/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     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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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
James L O'Hara 3 Kizker Drive East Greenwich, RI 02818	Falvey Linen Supply, Inc.	09/06/95	275.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Sales 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
Tim O'Reilly P.O. Box 549 Newport, RI 02840	Newport Yachting Center	09/08/95	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
Michael D Culas 3309 Holland-Sylvania Box 584 Holland, OH 43528	El Exterior	09/12/95	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
Jane D Owen Box 581 New Harmony, IN 47631	Red Curatium Enterprises	09/18/95	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR Aggregate Year To Date \$ 1000.00		

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

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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
Lenny Panaggio America Cup Avenue Newport, RI 02840	The Mooring	09/06/95	175.00
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
Fred Petrus 1400 Dentice Ave. Newport, RI 02840	Fepsi-Cola East	09/07/95	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
Gregory Prime 3375 E. Maule Ave. Las Vegas, NV 89120	Prism Investment Inc	05/14/95	2500.00
Receipt For: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 2500.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
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) \_\_\_\_\_

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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
Winton M Rank 13 Riverside Office Park Suite 200 Weston, MA 02193 2299	Applebee's Neighborhood Grill	09/06/95	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
John Salazar 4920 East Indian School Road Phoenix, AZ 85016	Manuel's Restaurant	09/12/95	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
Michael C Savvides PO Box 1109 Virginia Beach, VA 23451	Savvides Enterprises	09/26/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur		
	Aggregate Year To Date > \$	500.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Steve P Szama 5539 West State Street Milwaukee, WI 53208	Sex's State House	09/26/95	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	

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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
C. Marshall Scott 292 East Avenue St. Louis, MO 63119	Marshall Scott Ret., Inc.	09/12/95	400.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify):		Occupation RESTAURATEUR	Aggregate Year To Date \$ 400.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Sellers Box 1453E Oklahoma City, OK 7313	The Catering Company	09/20/95	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
J. Clark Shaw Casey Jones Village Jackson, TN 38305	Old Country Store	09/21/95	50.00
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 J Slater W 2484 County "D" Delevan, WI 53115	Millie's Restaurants	09/26/95	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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SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule (SI) for each category of the Detailed Summary Page	Page 19 of 20
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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
Lawrence Suffradin, Jr. 2431 Pioneer Rd. Evanston, IL 60201	Illinois Restaurant Association	09/12/95	200.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date > \$ 200.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
C. Milton Tanner PO Box 763 Kent Greenwich, RI 02818	Twenty Water Street Restaurant	09/06/95	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
Walter Peixido 2020 Hamman's Road Wilmington, NC 28410	Wally's Savoy Grill	09/11/95	250.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date > \$ 500.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephen B Thompson PO Box 4558 Akron, OH 44310	Stephen B Thompson Inc.	09/11/95	5000.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date > \$ 5000.00

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 20	of 22
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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
Ronald Thompson 1130 Highview Dr Wadsworth, OH 44281	Svenson's Drive Inn	09/12/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 500.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tom Wiesner 3025 Sheridan Street Las Vegas, NV 89103	Bly Dog's Hospitality Grp	09/14/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 500.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ralph M Wood 31244 P.V. Drive West #226 Rancho Palms Verde, CA 90274	The Admiral Risty	09/05/95	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
John A Vera 8 Abbot Park Place Providence, RI 02903	Johnson & Wales University	09/06/95	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		

SUBTOTAL of receipts This Page (optional) \_\_\_\_\_  
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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Elaine Graham Route 2, Box 660 Lovettsville, VA 22080	National Restaurant Association	9/30/95	123.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Association Executive	Aggregate Year-to-Date > \$ 793.06	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Don Thoren 5340 Holmes Run Parkway, #305 Alexandria, VA 22304	National Restaurant Association	9/30/95	41.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Association Executive	Aggregate Year-to-Date > \$ 354.28	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Patti Stinger 115 South Patrick Street Alexandria, VA 22304	National Restaurant Association	9/30/95	43.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Association Executive	Aggregate Year-to-Date > \$ 347.84	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lee Culpepper 341 South Pickett Street Alexandria, VA 22304	National Restaurant Association	9/30/95	43.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Association Executive	Aggregate Year-to-Date > \$ 347.84	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Christina Howard 9700 Chilcott Manor Way Vienna, VA 22181	National Restaurant Association	9/30/95	60.56
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Association Executive	Aggregate Year-to-Date > \$ 310.58	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Katy McGregor 7433 Jayhawk Street Annandale, VA 22003	National Restaurant Association	9/30/95	5.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Association Executive	Aggregate Year-to-Date > \$ 205.00	
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) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 110

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**NAME OF COMMITTEE (In Full)**

National Restaurant Association Political Action Committee C 0000 3764

95030045307

<b>A. Full Name, Mailing Address and ZIP Code</b> Coca-Cola 8215 Roswell Road Building 200 Atlanta, GA 30350 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Contribution Occupation Aggregate Year-to-Date > \$	<b>Date (month, day, year)</b> 9/29/95	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Occupation Aggregate Year-to-Date > \$	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
<b>C. Full Name, Mailing Address and ZIP Code</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Occupation Aggregate Year-to-Date > \$	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
<b>D. Full Name, Mailing Address and ZIP Code</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Occupation Aggregate Year-to-Date > \$	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
<b>E. Full Name, Mailing Address and ZIP Code</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Occupation Aggregate Year-to-Date > \$	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
<b>F. Full Name, Mailing Address and ZIP Code</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Occupation Aggregate Year-to-Date > \$	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
<b>G. Full Name, Mailing Address and ZIP Code</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Occupation Aggregate Year-to-Date > \$	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>

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

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

1,000.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

National Restaurant Association Political Action Committee C 0000 3764

2  
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A. Full Name, Mailing Address and ZIP Code Crestar NA P.O. Box 26150 Richmond, VA 23260	Name of Employer interest earned on cash equivalent fund Occupation Aggregate Year-to-Date > \$ 846.05	Date (month, day, year) 9/30/95	Amount of Each Receipt this Period 189.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code			
Name of Employer Date (month, day, year) Occupation Aggregate Year-to-Date > \$			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code			
Name of Employer Date (month, day, year) Occupation Aggregate Year-to-Date > \$			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code			
Name of Employer Date (month, day, year) Occupation Aggregate Year-to-Date > \$			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code			
Name of Employer Date (month, day, year) Occupation Aggregate Year-to-Date > \$			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code			
Name of Employer Date (month, day, year) Occupation Aggregate Year-to-Date > \$			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code			
Name of Employer Date (month, day, year) Occupation Aggregate Year-to-Date > \$			
Receipt For: <input 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) .....	189.42

**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)	9/30/95	668.36
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

668.36

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**SCHEDULE B ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1	Of 1
	For Line Number	
	23	

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hurr For Congress 2834 Forest Drive Winston-Salem, NC 27104-	Cont. to Richard DURY (NC-5)		2000.00
	Disbursement for:   P Primary   General		
	Other (specify)	09/15/95	

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Good Government Committee 3091 Maple Drive, Suite 300 Atlanta, GA 30305-	Cont. Good Gov't Fund		2000.00
	Disbursement for:   P Primary   General		
	Other (specify)	09/15/95	

SUBTOTAL of Disbursements This Page (optional).....> 4000.00

TOTAL This Period (last page this line number only).....> 4000.00

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

First Class Mail

POSTMARKED

10/12/95

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

E.S.

PREPARER

10/23/95

DATE PREPARED

95030045311