

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

APR 15 11 05 AM '93

1. NAME OF COMMITTEE (in full) National Restaurant Association Political Action Committee	2. FEC IDENTIFICATION NUMBER C0000 3764
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1200 17th Street, NW	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
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 checked="" type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>3/1/93</u> through <u>3/31/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 32,904.08
(b) Cash on Hand at Beginning of Reporting Period	\$ 42,790.76	
(c) Total Receipts (from Line 19)	\$ 6,841.28	\$ 31,173.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 49,632.04	\$ 64,078.04
7. Total Disbursements (from Line 30)	\$.00	\$ 14,446.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 49,632.04	\$ 49,632.04
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$.00	

For further information contact:
Federal Election Commission
888 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-215-3420

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: **Mark Gorman**

Signature of Treasurer: *Mark Gorman*

Date: **4/15/93**

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

9 3 0 3 4 1 3 0 4

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1	Of 3
	For Line Number 11a(i)	

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
Stanley Briggs 100 South West Temple Salt Lake City, UT 84101	Utah Food and Catering	03/30/93	250.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 250.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dwayne J Burtenshaw 7201 Holly Hill Drive Mercer Island, WA 98040	ABC Services, Inc.	03/23/93	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary General <input checked="" 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
Stephen Huse 2820 North Walnut Street Birmingham, IN 47402	HUSE Food Group	03/29/93	250.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 250.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Harry Knowles 111 Prospect Avenue W Orange, NJ 07052	The Manor	03/24/93	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) 2000.00

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
	2	3
	For Line Number 11a(f)	

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NAME OF COMMITTEE (in Full)
National Restaurant Association PAC

Full Name, Mailing Address and Zip Code Edwin Novak 1421 Onaida Street Denver, CO 80220	Name of Employer Broker Restaurants Occupation Restaurateur Aggregate Year To Date> \$ 500.00	Date(month, day, year) 05/30/93	Amount of Each Receipt This Period 500.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)			

Full Name, Mailing Address and Zip Code Ole Ole Rasmussen 8420 West Dodge Road, Ste. 100 Omaha, NE 68114	Name of Employer Grandmother's Restaurant Occupation Restaurateur Aggregate Year To Date> \$ 1000.00	Date(month, day, year) 03/30/93	Amount of Each Receipt This Period 1000.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)			

Full Name, Mailing Address and Zip Code Richard Rivera 12265 Midway Road Abilene, TX 75244	Name of Employer TGI Friday's Inc. Occupation Restaurateur Aggregate Year To Date> \$ 500.00	Date(month, day, year) 03/29/93	Amount of Each Receipt This Period 500.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)			

Full Name, Mailing Address and Zip Code Jack Sosebee 5330 Castlewood Road Dallas, TX 75229	Name of Employer Sosebee Company Occupation Restaurateur Aggregate Year To Date> \$ 500.00	Date(month, day, year) 03/31/93	Amount of Each Receipt This Period 500.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)			

SUBTOTAL of Receipts This Page (optional)	2500.00
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 3
	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 Clark Stevens 1306 West Haskell Wichita, KS 67230	Kentucky Fried Chicken	03/30/93	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
4103 Stubbs 4403 SW 3rd Oklahoma City, OK 73127	Applewoods, Inc.	03/30/93	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)	1200.00
TOTAL This Period (last page this line number only)	5700.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page	Of
	1	1
	For Line Number	
	11c	

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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
STAR-PAC 1200 North Harbor Boulevard Anaheim, CA 92803		03/02/93	250.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year To Date	\$ 250.00	

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SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	250.00

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 C0000 3764

A. Full Name, Mailing Address and ZIP Code 1st American Bank 740 15th Street, NW Washington, DC 20005	Name of Employer Interest received on investment-money market checking account	Date (month, day, year) 3/31/93	Amount of Each Receipt this Period \$85.79
	Occupation _____ Aggregate Year-to-Date > \$	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
B. Full Name, Mailing Address and ZIP Code 1st American Bank 11751 Pinnacle Drive McLean, VA 22102-3833	Name of Employer Interest received on cash equivalent fund	Date (month, day, year) 3/31/93	Amount of Each Receipt this Period \$47.49
	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) _____	Amount of Each Receipt this Period _____
	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) _____	Amount of Each Receipt this Period _____
	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) _____	Amount of Each Receipt this Period _____
	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) _____	Amount of Each Receipt this Period _____
	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) _____	Amount of Each Receipt this Period _____
	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)

\$133.28

2 3 4 3 8 3 4 1 3 1 0

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

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

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 4/15/93
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT
J.A.Q.	4/16/93
PREPARER	DATE PREPARED

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