

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

May 13 4 03 PM '97

1. NAME OF COMMITTEE (in full) National Restaurant Association PAC	2. FEC IDENTIFICATION NUMBER C 0000 3764
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1200 17th Street, 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)

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 _____

- ☐ Termination Report
- (b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>04/01/97</u> through <u>04/30/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 57,460.56
(b) Cash on Hand at Beginning of Reporting Period	\$ 63,204.80	
(c) Total Receipts (from line 19)	\$ 65,694.21	\$ 126,670.48
(d) Subtotal (add Lines 6(b) and 8(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 128,898.80	\$ 194,131.04
7. Total Disbursements (from Line 30)	\$ 14,181.55	\$ 79,413.79
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 114,717.25	\$ 114,717.25
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.		For further information: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
Type or Print Name of Treasurer <u>Donald P. Thoren</u> Assistant Treasurer		Date <u>5/13/97</u>
Signature of Treasurer <u>[Signature]</u>		

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §477g.

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FEC FORM 3X

(Revised 8/93)

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: 04/01/97	TO: 04/30/97
		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).....		45,600.00	104,711.60
ii. Unitemized.....		14,887.93	21,372.89
iii. Total.....(add i and ii) >		60,487.93	126,084.49
b. Political Party Committees.....		0.00	0.00
c. Other Political Committees (such as PACs).....		5,000.00	5,000.00
d. Total Contributions.....(add aiii,b and c) >		65,487.93	131,084.49
12. Transfers From Affiliated/Other Party Committees.....		0.00	0.00
13. All Loans Received.....		0.00	0.00
14. Loan Repayments Received.....		0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....		0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		0.00	5,000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....		206.28	585.99
18. Transfers from Nonfederal Account for Joint Activity.....		0.00	0.00
19. Total Receipts.....(add 11d,12,13,14,15,16,17, and 18) >		65,694.21	136,670.48
20. Total Federal Receipts.....(subtract line 16 from line 19) >		65,694.21	136,670.48
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share.....		0.00	0.00
ii. Non-Federal Share.....		0.00	0.00
b. Other Federal Operating Expenditures.....		785.81	1,268.45
c. Total Operating Expenditures.....(Add aii, and b) >		785.81	1,268.45
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		13,395.74	77,820.34
24. Independent Expenditures (use Schedule E).....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(dH) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees.....		0.00	325.00
b. Political Party Committees.....		0.00	0.00
c. Other Political Committees (Such As PACs).....		0.00	0.00
d. Total Contribution Refunds.....(Add a,b, and c) >		0.00	325.00
29. Other Disbursements.....		0.00	0.00
30. Total Disbursements.....(Add 21c,22,23,24,25,26,27,28d, and 29) >		14,181.55	79,413.79
31. Total Federal Disbursements.....(Subtract line 21 aii from line 30) >		14,181.55	79,413.79
III. Net Contributions/Operating Expenditures			
32. Total Contributions (Other than loans)(from line 11d).....		65,487.93	131,084.49
33. Total Contribution Refunds (from line 28d).....		0.00	325.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....		65,487.93	130,759.49
35. Total Federal Operating Expenditures.....(add 21 ai and 21 b) >		785.81	1,268.45
36. Offsets to Operating Expenditures (from line 15).....		0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35) >		785.81	1,268.45

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 11 c

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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)
National Restaurant Association PAC

A. Full Name, Mailing Address and Zip Code ARAMARK PAC 26 Brandywine Way Sicklerville, NJ 08081	Name of Employer Occupation	Date (Month day, Year) 04/02/97	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 5,000.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
C. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		5,000.00

SUB TOTAL of Receipts this Page (Optional) > 5,000.00
 TOTAL this Period (Last page this line number only) > 5,000.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 1 OF 6
FOR LINE NUMBER 11a i

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NAME OF COMMITTEE (in full)
National Restaurant Association PAC

A. Full Name, Mailing Address and Zip Code Marcus Zanner 6840 Fort Dent Way, Ste. 350 Seattle, WA 98188	Name of Employer Great Western Dining Occupation Restaurateur	Date (Month day, Year) 04/01/97	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 5,000.00		
B. Full Name, Mailing Address and Zip Code John T Bean PO Box 709 Columbus, MS 39703 0709	Name of Employer University Management Occupation Restaurateur	Date (Month day, Year) 04/01/97	Amount of Each Receipt this Period 1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,500.00		
C. Full Name, Mailing Address and Zip Code Richard W Kubach, Jr. 1501 Snyder Avenue Philadelphia, PA 19145	Name of Employer Melrose Diner, Inc. Occupation Restaurateur	Date (Month day, Year) 04/01/97	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 2,000.00		
D. Full Name, Mailing Address and Zip Code Elaine Graham Route 2, Box 66D Lovettsville, VA 22080	Name of Employer National Restaurant Association Occupation Association Executive	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 200.00 (\$100.00 Sent/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 700.00		
E. Full Name, Mailing Address and Zip Code Herman Cain 1200 17th Street N.W. Washington, DC 20036	Name of Employer National Restaurant Association Occupation Executive	Date (Month day, Year) 04/04/97	Amount of Each Receipt this Period 2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 2,500.00		
F. Full Name, Mailing Address and Zip Code Jackie Trujillo 10330 Tule Lane Cupertino, CA 95014	Name of Employer Harman Management Corporation Occupation Restaurateur	Date (Month day, Year) 04/07/97	Amount of Each Receipt this Period 1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,500.00		
G. Full Name, Mailing Address and Zip Code Jerry Fein 7237 Sardonys Street New Orleans, LA 70124	Name of Employer Court Of Two Sisters Occupation Restaurateur	Date (Month day, Year) 04/08/97	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,000.00		
SUB TOTAL of Receipts This Page (Optional):			13,700.00
TOTAL this Period (Last page this line number only):			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE 2 OF 6
FOR LINE NUMBER 11 u 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 from such committee.

NAME OF COMMITTEE (in full)
National Restaurant Association PAC

A. Full Name, Mailing Address and Zip Code James A Collins 955 North Bundy Drive Los Angeles, CA 90049	Name of Employer Sizzler International, Inc. Occupation Restaurateur	Date (Month day, Year) 04/08/97	Amount of Each Receipt this Period 3,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 3,000.00		
B. Full Name, Mailing Address and Zip Code Julie Flik Bion Island Mamaroneck, NY 10543	Name of Employer Flik International Corporation Occupation Executive	Date (Month day, Year) 04/08/97	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,000.00		
C. Full Name, Mailing Address and Zip Code James Broadhurst 1336 Bennington Avenue Pittsburgh, PA 15217	Name of Employer Eat'N Park Restaurants Occupation Chairman	Date (Month day, Year) 04/08/97	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,000.00		
D. Full Name, Mailing Address and Zip Code Hans Prager 17 Skysail Drive Corona Del Mar, CA 92625	Name of Employer THE RITZ Occupation Restaurateur	Date (Month day, Year) 04/09/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
E. Full Name, Mailing Address and Zip Code Chris Pappas Post Office Box 3141 Houston, TX 77253	Name of Employer Pappas Restaurants Occupation Restaurateur	Date (Month day, Year) 04/14/97	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 5,000.00		
F. Full Name, Mailing Address and Zip Code Karen Oertel PO Box 145 Chester, MD 21619-0145	Name of Employer Harris Crab House Occupation Restaurateur	Date (Month day, Year) 04/17/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
G. Full Name, Mailing Address and Zip Code Charles Pappas 15 South Broadway Rochester, MN 55904	Name of Employer Michael's Restaurant Occupation Restaurateur	Date (Month day, Year) 04/17/97	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
SUB TOTAL of Receipts This Page (Optional).....>			11,300.00
TOTAL this Period (Last page this line number only).....>			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE OF
3 6
FOR LINE NUMBER
11 a 1

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NAME OF COMMITTEE (in full)
National Restaurant Association PAC

A. Full Name, Mailing Address and Zip Code Richard F Burke 164 Saint James Place Atlantic City, NJ 08401 7190	Name of Employer Irish Pub Occupation Restaurateur	Date (Month day, Year) 04/21/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
B. Full Name, Mailing Address and Zip Code Ashig A Delawalla 5300 Oakbrook Pkwy. #200 Norcross, GA 30093	Name of Employer Restaurant Management Occupation Restaurateur	Date (Month day, Year) 04/21/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
C. Full Name, Mailing Address and Zip Code Harry Knowles 111 Prospect Avenue W Orange, NJ 07052	Name of Employer The Manor Occupation Restaurateur	Date (Month day, Year) 04/21/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
D. Full Name, Mailing Address and Zip Code Charles Goodson 3809 Ambassador Caffery Pkwy. Lafayette, LA 70503	Name of Employer Charley G's Seafood Occupation Restaurateur	Date (Month day, Year) 04/21/97	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,000.00		
E. Full Name, Mailing Address and Zip Code Carrie Arnold 19192 Route 8 Morrison, CO 80465	Name of Employer THE FORT Occupation Restaurateur	Date (Month day, Year) 04/21/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
F. Full Name, Mailing Address and Zip Code Edmund J Warren P.O. Box 1858 Ventura, CA 93002 1858	Name of Employer Downtown Hospitality Group Occupation Restaurateur	Date (Month day, Year) 04/21/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
G. Full Name, Mailing Address and Zip Code Ralph Buchanan 36 E. Streetsboro St. Hudson, OH 44236	Name of Employer The Inn at Turner's Occupation Investor	Date (Month day, Year) 04/22/97	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
SUB TOTAL of Receipts This Page (Optional)			3,750.00
TOTAL this Period (Last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 4 OF 6

FOR LINE NUMBER
11 a i

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NAME OF COMMITTEE (in full)
National Restaurant Association PAC

A. Full Name, Mailing Address and Zip Code Eugene Saylor 01414 SW Corbett Hill Circle Portland, OR 97219	Name of Employer Old Country Kitchen, Inc. Occupation Restaurateur	Date (Month day, Year) 04/22/97	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 2,000.00		
B. Full Name, Mailing Address and Zip Code Joseph Colandrea 911-S. Ocean Blvd., #3B Boca Raton, FL 33432	Name of Employer Colandrea New Corner Occupation Restaurateur	Date (Month day, Year) 04/22/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
C. Full Name, Mailing Address and Zip Code L. R LaRoche 1800 Washington St. Suite #315 Amarillo, TX 79102	Name of Employer L. R. LaRoche Occupation Restaurateur	Date (Month day, Year) 04/22/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
D. Full Name, Mailing Address and Zip Code Craig Nikoloff 16721 Milliken Avenue Irvine, CA 92714	Name of Employer Claim Jumper Restaurants Occupation Restaurateur	Date (Month day, Year) 04/22/97	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 5,000.00		
E. Full Name, Mailing Address and Zip Code David Gibbs 600 Cambridge Boulevard SE Grand Rapids, MI 49506	Name of Employer Gibbs Country House Restaurant Occupation Restaurateur	Date (Month day, Year) 04/23/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
F. Full Name, Mailing Address and Zip Code Jose G Zarate 1629 South 11th Street Milwaukee, WI 53204	Name of Employer La Fuente Ltd. Occupation Restaurateur	Date (Month day, Year) 04/24/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
G. Full Name, Mailing Address and Zip Code James Aitken 2735 69th SE Mercer Island, WA 98040	Name of Employer Consolidated Restaurants, Inc. Occupation Restaurateur	Date (Month day, Year) 04/24/97	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
SUB TOTAL of Receipts This Page (Optional).....>			8,250.00
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 5 OF 6
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in full)
National Restaurant Association PAC

A. Full Name, Mailing Address and Zip Code Frank Pombo Jr. 38 Lackawanna Avenue P.O. Box 303 Totowa, NJ 07511	Name of Employer Bethwood Restaurant Occupation Restaurateur	Date (Month day, Year) 04/24/97	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
B. Full Name, Mailing Address and Zip Code Larry Curtis 16280 NW Mission Oaks Drive Beaverton, OR 97006	Name of Employer Sharl's Management Corporation Occupation Restaurateur	Date (Month day, Year) 04/25/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
C. Full Name, Mailing Address and Zip Code A. Rafih Benjeloun 2285 Peachtree Road Atlanta, GA 30309	Name of Employer IMPERIAL FEZ RESTAURANT Occupation Restaurateur	Date (Month day, Year) 04/25/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
D. Full Name, Mailing Address and Zip Code DeVere Jerry Burtenshaw 7201 Holly Hill Drive Mercer Island, WA 98040	Name of Employer ABC Services, Inc. Occupation Food Service Management	Date (Month day, Year) 04/25/97	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,000.00		
E. Full Name, Mailing Address and Zip Code C. Ronald Dufina P.O. Box 495 Mackinac Island Mackinac Island, MI 49757	Name of Employer Village Inn Restaurant Occupation Restaurateur	Date (Month day, Year) 04/25/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
F. Full Name, Mailing Address and Zip Code Lee Culpepper 341 South Pickett Street Alexandria, VA 22304	Name of Employer National Restaurant Association Occupation Association Executive	Date (Month day, Year) 04/25/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
G. Full Name, Mailing Address and Zip Code Bob Kinsey 3837 Evelyn Drive Salt Lake City, UT 84124	Name of Employer Sizzler Restaurants Occupation Restaurateur	Date (Month day, Year) 04/28/97	Amount of Each Receipt this Period 2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 2,500.00		
SUB TOTAL of Receipts This Page (Optional)			5,800.00
TOTAL this Period (Last page this line number only)			

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PAGE	OF
6	6
FOR LINE NUMBER	
11 a i	

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NAME OF COMMITTEE (In full)
National Restaurant Association PAC

A. Full Name, Mailing Address and Zip Code James C Anthe 4315 Manchester Road Akron, OH 44319	Name of Employer Anthe's Restaurant Occupation Restaurateur	Date (Month day, Year) 04/28/97	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
B. Full Name, Mailing Address and Zip Code Robert Boss, Sr. 3935 Hagers Grove Road SE Salem, OR 97301 6189	Name of Employer BURGER KING/BOSS ENT Occupation Restaurateur	Date (Month day, Year) 04/28/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
C. Full Name, Mailing Address and Zip Code Bernard Axel PO Box 59284 Birmingham, AL 35259 9284	Name of Employer Christian's Tutwiler Occupation Restaurateur	Date (Month day, Year) 04/28/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
D. Full Name, Mailing Address and Zip Code Jack C Maler 9235 Shawnee Run Road Cincinnati, OH 45243	Name of Employer Frisch's Restaurants Occupation Restaurateur	Date (Month day, Year) 04/30/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
E. Full Name, Mailing Address and Zip Code Larry Work 1200 19th Street Washington, DC 20036 2412	Name of Employer SAM & HARRY'S Occupation Restaurateur	Date (Month day, Year) 04/30/97	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,000.00		
F. Full Name, Mailing Address and Zip Code 	Name of Employer Occupation 	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)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code 	Name of Employer Occupation 	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)	Aggregate Year-to-date > \$		
SUB TOTAL of Receipts This Page (Optional):			2,800.00
TOTAL this Period (Last page this line number only):			45,600.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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

NAME OF COMMITTEE (in full)
National Restaurant Association PAC

A. Full Name, Mailing Address and Zip Code Crestar Bank NA Crestar Bank NA Post Office Box 26150 Richmond, VA 23260	Name of Employer Interest Earned Occupation	Date (Month day, Year) 04/30/97	Amount of Each Receipt this Period 206.28
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 585.99		
B. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
C. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
SUB TOTAL of Receipts This Page (Optional)			206.28
TOTAL this Period (Last page this line number only)			206.28

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF
1 1
FOR LINE NUMBER
21B

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NAME OF COMMITTEE (in Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and Zip Code American Express 200 Vesey Street New York, NY 10285	Purpose of Disbursement Credit Card Fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 04/30/97	Amount of Each Disb. this Period 785.81
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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	785.81
TOTAL this Period (Last page this line number only).....>	785.81

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF
1 2
FOR LINE NUMBER
23

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NAME OF COMMITTEE (in Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and Zip Code Elaine Z. Graham 1200 17th Street, NW 8th Floor Washington, DC 20036	Purpose of Disbursement catered fund-raiser for T.DeLay US House 22nd TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 04/29/97	Amount of Each Disb. this Period 2,220.14 (In-Kind)
B. Full Name, Mailing Address and Zip Code Tom DeLay Congressional Committee 10707 Corporate Drive Suite 130 Stafford, TX 77477	Purpose of Disbursement catered fund-raiser for T.DeLay US House 22nd TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 04/29/97	Amount of Each Disb. this Period 2,220.14 (Memo In-Kind)
C. Full Name, Mailing Address and Zip Code Dick Armey Campaign Post Office Box 85 Lewisville, TX 75067	Purpose of Disbursement Dick Armey, U.S. HOUSE 26th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 04/28/97	Amount of Each Disb. this Period 1,000.00
D. Full Name, Mailing Address and Zip Code Bob Barr for Congress Post Office Box 4323 Marietta, GA 30061	Purpose of Disbursement Bob Barr, U.S. HOUSE 7th GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 04/28/97	Amount of Each Disb. this Period 500.00
E. Full Name, Mailing Address and Zip Code Re-Elect Brian Bilbray for Congress 12780 High Bluff Drive #270 San Diego, CA 92130	Purpose of Disbursement Brian P. Bilbray, U.S. HOUSE 49th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 04/28/97	Amount of Each Disb. this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Texans for Henry Bonilla 15643 Cloud Top San Antonio, TX 78248	Purpose of Disbursement Henry Bonilla, U.S. HOUSE 23rd TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 04/28/97	Amount of Each Disb. this Period 500.00
G. Full Name, Mailing Address and Zip Code Sam Brownback for Senate Post Office Box 2008 Topeka, KS 66601	Purpose of Disbursement Sam Brownback, U.S. SENATE KS Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 04/28/97	Amount of Each Disb. this Period 500.00
H. Full Name, Mailing Address and Zip Code Danner for Congress Post Office Box 143 Smithville, MO 64089	Purpose of Disbursement Pat Danner, U.S. HOUSE 6th MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 04/28/97	Amount of Each Disb. this Period 500.00
I. Full Name, Mailing Address and Zip Code Friends of Eric Serna for Congress 1996 Warner Drive Santa Fe, NM 87505	Purpose of Disbursement Eric Serna, U.S. HOUSE 3rd NM Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1997 Special	Date (Month day, Year) 04/08/97	Amount of Each Disb. this Period 2,500.00

SUB TOTAL of Disbursements this page (Optional).....

8,720.14

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	OF
2	2
FOR LINE NUMBER	
23	

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NAME OF COMMITTEE (in Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and Zip Code Harris Fawell for Congress Post Office Box 3896 Naperville, IL 60567	Purpose of Disbursement Harris W. Fawell, U.S. HOUSE 13th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 04/28/97	Amount of Each Disb. this Period 750.00
B. Full Name, mailing Address and Zip Code Friends of Nickles P.O. Box 21033 Alexandria, VA 22320-2033	Purpose of Disbursement Don Nickles, U.S. SENATE OK Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 04/28/97	Amount of Each Disb. this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Peterson for Congress 928 Lake Avenue Detroit Lakes, MN 56501	Purpose of Disbursement Collin C. Peterson, U.S. HOUSE 7th MN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 04/28/97	Amount of Each Disb. this Period 500.00
D. Full Name, Mailing Address and Zip Code Citizens for Tom Petri Post Office Box 270 Fond du Lac, WI 54936	Purpose of Disbursement Tom Petri, U.S. HOUSE 6th WI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 04/03/97	Amount of Each Disb. this Period 500.00
E. Full Name, Mailing Address and Zip Code Citizens for Tom Petri Post Office Box 270 Fond du Lac, WI 54936	Purpose of Disbursement Tom Petri, U.S. HOUSE 6th WI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 04/28/97	Amount of Each Disb. this Period 500.00
F. Full Name, Mailing Address and Zip Code Red Hat & Blue 1600 Wilson Blvd Suite 704 Arlington, VA 22209	Purpose of Disbursement catered reception for Ed Pease, U.S. House 7th IN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 04/15/97	Amount of Each Disb. this Period 1,425.60 (In-Kind)
G. Full Name, Mailing Address and Zip Code Pease for Congress Committee Post Office Box 511 Seelyville, IN 47878	Purpose of Disbursement catered reception for Ed Pease, U.S. House 7th IN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 04/15/97	Amount of Each Disb. this Period 1,425.60 (Memo In-Kind)
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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....> **4,675.60**

TOTAL this Period (Last page this line number only).....> **13,395.74**

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

5-13-97

☐ First Class Mail

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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


PREPARER

5-14-97
DATE PREPARED