

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

1999 NOV 19 P 4:35

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 20036**

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:
- |                                      |                                       |   |
|--------------------------------------|---------------------------------------|---|
| <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 checked="" type="checkbox"/> November 20 |
| <input 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>10/01/99</u> through <u>10/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 164,443.63
(b) Cash on Hand at Beginning of Reporting Period	\$ 158,998.62	
(c) Total Receipts (from Line 1B)	\$ 30,237.20	\$ 310,141.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 199,235.82	\$ 474,684.75
7. Total Disbursements (from Line 3D)	\$ 86,000.00	\$ 361,348.93
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 113,235.82	\$ 113,235.82
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	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-9420

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 **R. Lee Culpepper**

Signature of Treasurer *R. Lee Culpepper* Date **11-18-99**

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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FEC FORM 3X  
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE <b>National Restaurant Association PAC</b>		REPORT COVERING PERIOD		
		FROM	TO:	
		10/01/99	10/31/99	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A) .....	16,470.24	223,583.49	11(a)(i)
ii.	Unitemized .....	6,715.16	77,867.38	11(a)(ii)
iii.	Total .....	23,185.40	301,450.87	11(a)(iii)
	(add i and ii) >			
b.	Political Party Committees .....	0.00	0.00	11(b)
c.	Other Political Committees (such as PACs) .....	7,000.00	7,000.00	11(c)
d.	Total Contributions .....	30,185.40	308,450.87	11(d)
	(add a iii, b and c) >			
12.	Transfers From Affiliated/Other Party Committees .....	0.00	0.00	12
13.	All Loans Received .....	0.00	0.00	13
14.	Loan Repayments Received .....	0.00	0.00	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	0.00	0.00	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	0.00	0.00	16
17.	Other Federal Receipts (Dividends, Interest, etc.) .....	51.80	1,890.25	17
18.	Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00	18
19.	Total Receipts .....	30,237.20	310,141.12	19
	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >			
20.	Total Federal Receipts .....	30,237.20	310,141.12	20
	(subtract line 18 from line 19) >			
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4):			
i.	Federal Share .....	0.00	0.00	21(a)(i)
ii.	Non-Federal Share .....	0.00	0.00	21(a)(ii)
b.	Other Federal Operating Expenditures .....	0.00	10,332.73	21(b)
c.	Total Operating Expenditures .....	0.00	10,332.73	21(c)
	(add a i, a ii, and b) >			
22.	Transfers to Affiliated/Other Party Committees .....	0.00	0.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees .....	86,000.00	336,018.20	23
24.	Independent Expenditures (use Schedule E) .....	0.00	0.00	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) .....	0.00	0.00	25
26.	Loan Repayments Made .....	0.00	0.00	26
27.	Loans Made .....	0.00	0.00	27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees .....	0.00	0.00	28(a)
b.	Political Party Committees .....	0.00	0.00	28(b)
c.	Other Political Committees (such as PACs) .....	0.00	0.00	28(c)
d.	Total Contribution Refunds .....	0.00	0.00	28(d)
	(add a, b and c) >			
29.	Other Disbursements .....	0.00	15,000.00	29
30.	Total Disbursements .....	86,000.00	381,348.93	30
	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >			
31.	Total Federal Disbursements .....	86,000.00	381,348.93	31
	(subtract line 21 a i from line 30) >			
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d) .....	30,185.40	308,450.87	32
33.	Total Contribution Refunds (from line 28d) .....	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32) .....	30,185.40	308,450.87	34
35.	Total Federal Operating Expenditures .....	0.00	10,332.73	35
	(add 21 a i and 21 b) >			
36.	Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36
37.	Net Operating Expenditures .....	0.00	10,332.73	37
	(subtract line 36 from 35) >			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) 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 of any political committee to solicit contributions from such committee.

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

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>McDonald's Corp. PAC</b> <b>One McDonald's Plaza</b> <b>Oak Brook, IL 60523</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	<b>10/21/99</b>	<b>2,000.00</b>
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ <b>2,000.00</b>
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>Outback Steakhouse PAC</b> <b>650 N. Reo Street, Ste 204</b> <b>Tampa, FL 33609-1050</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	<b>10/22/99</b>	<b>5,000.00</b>
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ <b>5,000.00</b>
<b>C. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$
<b>D. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$
<b>E. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$
<b>F. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$
<b>G. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$

**SUBTOTAL** of Receipts This Page (optional) ..... **7,000.00**

**TOTAL** This Period (last page this line number only) ..... **7,000.00**

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 5  
FOR LINE NUMBER 11 a i

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Jack Crawford P.O. Box 526 121 Main Street Yarmouth, ME 04096-0526</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Maine Course Hospitality Group</p> <p>Occupation restaurateur</p> <p>Aggregate Year-to-Date &gt; \$ 1,190.00</p>	<p>Date (month, day, year) 10/05/99</p>	<p>Amount of Each Receipt this Period 1,190.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Randy Wadleigh 742 Stillwater Ave. Old Town, ME 04458-2157</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Governor's</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date &gt; \$ 600.00</p>	<p>Date (month, day, year) 10/05/99</p>	<p>Amount of Each Receipt this Period 600.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Dick McLaughlin P.O. Box 118 Lincolnton, ME 04849-9701</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Lobster Pound Restaurant, Inc.</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date &gt; \$ 710.00</p>	<p>Date (month, day, year) 10/05/99</p>	<p>Amount of Each Receipt this Period 210.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Dick McLaughlin P.O. Box 118 Lincolnton, ME 04849-9701</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Lobster Pound Restaurant, Inc.</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date &gt; \$ 1,305.00</p>	<p>Date (month, day, year) 10/05/99</p>	<p>Amount of Each Receipt this Period 595.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Dick McLaughlin P.O. Box 118 Lincolnton, ME 04849-9701</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Lobster Pound Restaurant, Inc.</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date &gt; \$ 1,900.00</p>	<p>Date (month, day, year) 10/05/99</p>	<p>Amount of Each Receipt this Period 595.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Bradley Pollard Lewiston Rd., Route 25 Gray, ME 04039</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Cole Farm Restaurant</p> <p>Occupation restaurateur</p> <p>Aggregate Year-to-Date &gt; \$ 1,190.00</p>	<p>Date (month, day, year) 10/05/99</p>	<p>Amount of Each Receipt this Period 1,190.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Tom Martin Penthouse Ste. 135 W. 21st St. Clovis, NM 88101-4333</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer T&amp;S Eateries/Taco Box</p> <p>Occupation restaurateur</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 10/05/99</p>	<p>Amount of Each Receipt this Period 250.00</p>

**SUBTOTAL of Receipts This Page (optional)** ..... **4,630.00**

**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 2 OF 5  
FOR LINE NUMBER 11a

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Bradley Day</b> 5808 Padre Roberto Road NW Albuquerque, NM 87107	<b>New England Group</b>	10/05/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Restaurateur</b>	Aggregate Year-to-Date > \$ 500.00	
<b>Frank Gorham</b> 805 Salamanca NW Albuquerque, NM 87107	<b>K - Bob's</b>	10/05/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Restaurateur</b>	Aggregate Year-to-Date > \$ 1,000.00	
<b>Joe Redmond</b> 800 Calle Amor Sa Albuquerque, NM 87123	<b>K - Bob's</b>	10/05/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Restaurateur</b>	Aggregate Year-to-Date > \$ 500.00	
<b>Sharon Richards</b> 305 McKee Drive Gallup, NM 87301-4823	<b>Earl's Family Restaurant</b>	10/05/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Restaurateur</b>	Aggregate Year-to-Date > \$ 300.00	
<b>John L. Stiles</b> 118 Main Street Freeport, ME 04032	<b>Larry's Pizza</b>	10/05/99	595.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>restauratuer</b>	Aggregate Year-to-Date > \$ 595.00	
<b>Jeff Wilson</b> 2009 Brazos Road Roswell, NM 88201-3361	<b>Cattle Baron Restaurants, Inc.</b>	10/05/99	550.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>President</b>	Aggregate Year-to-Date > \$ 550.00	
<b>M. Donald O'Neill</b> 3001 Monroe Avenue Rochester, NY 14618-4603	<b>Spring House Restaurant</b>	10/12/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Restaurateur</b>	Aggregate Year-to-Date > \$ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3,745.00</b>
<b>TOTAL</b> 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 5  
FOR LINE NUMBER 11 a i

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Robert Ashby 33 Springbrook Lane Newark, DE 19711-4833</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> McGlynn's Pub &amp; Restaurant</p> <p><b>Occupation</b> Restaurateur</p> <p><b>Aggregate Year-to-Date</b> \$ 500.00</p>	<p><b>Date (month, day, year)</b> 10/12/99</p>	<p><b>Amount of Each Receipt this Period</b> 500.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Ralph O. Brennan, 810 Blarville Street Suite 409 New Orleans, LA 70130-2307</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Ralph Brennan Restaurant Group, LLC</p> <p><b>Occupation</b> Restaurateur</p> <p><b>Aggregate Year-to-Date</b> \$ 1,600.00</p>	<p><b>Date (month, day, year)</b> 10/12/99</p>	<p><b>Amount of Each Receipt this Period</b> 1,500.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Edward Lump 2801 Fish Hatchery Rd. Madison, WI 53713</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Wisconsin Restaurant Association</p> <p><b>Occupation</b> Restaurateur</p> <p><b>Aggregate Year-to-Date</b> \$ 300.00</p>	<p><b>Date (month, day, year)</b> 10/15/99</p>	<p><b>Amount of Each Receipt this Period</b> 300.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> George N Fleea 4409 South 5th Street Milwaukee, WI 53207-4903</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> DeRosa Corp.</p> <p><b>Occupation</b> Restaurateur</p> <p><b>Aggregate Year-to-Date</b> \$ 250.00</p>	<p><b>Date (month, day, year)</b> 10/15/99</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> John Kavanaugh 1025 North Sherman Avenue Madison, WI 53704</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Kavanaugh Esquire Club</p> <p><b>Occupation</b> Restaurateur</p> <p><b>Aggregate Year-to-Date</b> \$ 470.00</p>	<p><b>Date (month, day, year)</b> 10/15/99</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Gerald C Malcore 20655 Tennyson Drive Brookfield, WI 53045-4024</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Miller Brewing Co.</p> <p><b>Occupation</b> Restaurateur</p> <p><b>Aggregate Year-to-Date</b> \$ 250.00</p>	<p><b>Date (month, day, year)</b> 10/15/99</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Cal Worrell 1 W. Dayton Street Madison, WI 53703-2582</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Madison Concourse Hotel</p> <p><b>Occupation</b> Restaurateur</p> <p><b>Aggregate Year-to-Date</b> \$ 220.00</p>	<p><b>Date (month, day, year)</b> 10/15/99</p>	<p><b>Amount of Each Receipt this Period</b> 20.00</p>

**SUBTOTAL of Receipts This Page (optional)** ..... 3,070.00

**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 **4** OF **5**  
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Jack McManus</b> 2800 N. 77th Milwaukee, WI 53226	<b>DeRosa Corp.</b>	<b>10/15/99</b>	<b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Restaurateur</b>	Aggregate Year-to-Date > \$ <b>500.00</b>	
<b>Dale Leffel</b> M329 State Highway 97 Marshfield, WI 54449-9213	<b>Balvadere Supper Club</b>	<b>10/15/99</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Restaurateur</b>	Aggregate Year-to-Date > \$ <b>300.00</b>	
<b>Lynn Saxe</b> W325 S1767 Mickle Rd. Delafield, WI 53018	<b>Saxe's Dining &amp; Banquets</b>	<b>10/15/99</b>	<b>25.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Restaurateur</b>	Aggregate Year-to-Date > \$ <b>425.00</b>	
<b>Lynn Saxe</b> W325 S1767 Mickle Rd. Delafield, WI 53018	<b>Saxe's Dining &amp; Banquets</b>	<b>10/15/99</b>	<b>20.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Restaurateur</b>	Aggregate Year-to-Date > \$ <b>445.00</b>	
<b>Dave Dietz</b> 3801 Kennett Pike Wilmington, DE 19807-2321	<b>Brandywine Brewing Co.</b>	<b>10/20/99</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>restaurateur</b>	Aggregate Year-to-Date > \$ <b>1,000.00</b>	
<b>Christlanna R. Ricchi</b> 1220 19th Street, NW Washington, DC 20036	<b>Ricchi Restaurant</b>	<b>10/20/99</b>	<b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Restaurateur</b>	Aggregate Year-to-Date > \$ <b>500.00</b>	
<b>Paul Tostrel</b> 6810 Merle Hay Johnston, IA 50131	<i>Information Requested</i>	<b>10/20/99</b>	<b>50.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>restaurateur</b>	Aggregate Year-to-Date > \$ <b>250.00</b>	

**SUBTOTAL** of Receipts This Page (optional) ..... **2,395.00**

**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 5 OF 5

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Edward Traux</b> 210 Oak St. Neenah, WI 54956-3036	<b>INFORMATION REQUESTED</b> Occupation: <b>restaurateur</b>	10/20/99	550.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 750.00		
<b>Nick Apostle</b> 1501 Lakeland Drive Jackson, MS 39216-4834	<b>Nick's</b> Occupation: <b>Restaurateur</b>	10/21/99	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		
<b>Wayne Nelson</b> 206 First Street Pepin, WI 54759	<b>The Pickle Factory</b> Occupation: <b>Restaurateur</b>	10/22/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
<b>Don Thoren</b> 20861 Great Falls Forest Dr. Sterling, VA 20165-2814	<b>National Restaurant Association</b> Occupation: <b>Association Executive</b>	Payroll Deduction	60.00 (\$20.00 Per Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 340.00		
<b>Elaine Graham</b> 1200 17th Street, NW Washington, DC 20036	<b>National Restaurant Association</b> Occupation: <b>Association Executive</b>	Payroll Deduction	200.00 (\$100.00 Per Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,800.00		
<b>Christna Howard</b> 9700 Chilcott Manor Way Vianna, VA 22161-5400	<b>National Restaurant Association</b> Occupation: <b>Association Executive</b>	Payroll Deduction	57.72 (\$19.24 Per Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 384.90		
<b>Kathleen O'Leary</b> 1200 Braddock Place, #201 Alexandria, VA 22314-1664	<b>National Restaurant Association</b> Occupation: <b>Association Executive</b>	Payroll Deduction	62.52 (\$20.84 Per Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 375.12		

**SUBTOTAL** of Receipts This Page (optional) ..... 2,630.24

**TOTAL** This Period (last page this line number only) ..... 16,470.24



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **1** OF **1**  
FOR LINE NUMBER **17**

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Crestar Bank NA Crestar Bank NA Post Office Box 26150 Richmond, VA 23280-8150</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Interest Earned</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <b>1,690.25</b></p>	<p><b>Date (month, day, year)</b> 10/29/99</p>	<p><b>Amount of Each Receipt this Period</b> 51.80</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p><b>Date (month, day, year)</b></p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p><b>Date (month, day, year)</b></p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p><b>Date (month, day, year)</b></p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p><b>Date (month, day, year)</b></p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p><b>Date (month, day, year)</b></p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p><b>Date (month, day, year)</b></p>	<p><b>Amount of Each Receipt this Period</b></p>

<p><b>SUBTOTAL of Receipts This Page (optional)</b> .....</p>	<p><b>51.80</b></p>
<p><b>TOTAL This Period (last page this line number only)</b> .....</p>	<p><b>51.80</b></p>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Republican Congressional Committee 320 First Street, SE Washington, DC	Federal Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	10/14/99	5,000.00
JON KYL U.S. SENATE 2200 Camelback Road Phoenix, AZ 85016	Purpose of Disbursement Jon Kyl, U.S. SENATE AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	5,000.00
Anne Northup for Congress Post Office Box 7313 Louisville, KY 40257	Purpose of Disbursement Anne Northup, U.S. HOUSE 3rd KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	2,500.00
MCCONNELL FOR US SENATE 400 North Capitol Street Suite 505 Washington, DC 20001	Purpose of Disbursement Mitch McConnell, U.S. SENATE KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002	10/28/99	5,000.00
Mark Neilsen for Congress 2 Stony Hill Road Bethel, CT 06801	Purpose of Disbursement Mark Neilsen, U.S. HOUSE 5th CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	2,000.00
Lieberman Campaign Committee 236 Massachusetts Ave. Suite 202 Washington, DC 20002	Purpose of Disbursement Joseph I. Lieberman, U.S. SENATE CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	3,000.00
Re-Elect Nancy Johnson to Congress Post Office Box 1988 New Britain, CT 06050	Purpose of Disbursement Nancy L. Johnson, U.S. HOUSE 6th CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	2,000.00
Roth Senate Committee P.O. Box 105 Wilmington, DE 19898	Purpose of Disbursement William V. Roth, U.S. SENATE DE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	4,000.00
Friends of Roy Blunt 1736 East Sunshine Street, #817 Springfield, MO 65804	Purpose of Disbursement Roy Blunt, U.S. HOUSE 7th MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	3,000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	31,500.00
<b>TOTAL</b> 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 2 OF 4  
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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crane for Congress Committee P.O. Box 8634 Rolling Meadows, IL 60008	Philip M. Crane, U.S. HOUSE 8th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	2,000.00
B. Full Name, Mailing Address and ZIP Code People for English P.O. Box 1840 Erle, PA 18507	Phil English, U.S. HOUSE 21st PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	2,000.00
C. Full Name, Mailing Address and ZIP Code Citizens for Tom Petri Post Office Box 270 Fond du Lac, WI 54935	Tom Petri, U.S. HOUSE 6th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	2,000.00
D. Full Name, Mailing Address and ZIP Code Hall for Congress Committee Post Office Box 711 Rockwall, TX 75087	Ralph M. Hall, U.S. HOUSE 4th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	2,000.00
E. Full Name, Mailing Address and ZIP Code Rogan Campaign Committee P.O. Box 38 Montrose, CA 91021	Rogan, U.S. HOUSE 27th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	2,500.00
F. Full Name, Mailing Address and ZIP Code BILLY TAUZIN CONGRESSIONAL COMMITTEE 550 South Van Haouma, LA 70381	W.J. "Billy" Tauzin, U.S. HOUSE 3rd LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	2,000.00
G. Full Name, Mailing Address and ZIP Code Committee to Re-Elect J.D. Hayworth Post Office Box 14273 Scottsdale, AZ 85267	J. D. Hayworth, U.S. HOUSE 6th AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	3,000.00
H. Full Name, Mailing Address and ZIP Code ZIMMER 2000 P.O. Box 8888 Lawrenceville, NJ 08548	Dick Zimmer, U.S. HOUSE 12th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	2,000.00
I. Full Name, Mailing Address and ZIP Code Mark Green for Congress PO Box 13103 Green Bay, WI 54307	Mark Green, U.S. HOUSE 8th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	500.00

SUBTOTAL of Disbursements This Page (optional) .....	18,000.00
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 3 OF 4  
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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sensenbrenner Committee Post Office Box 575 Brookfield, WI 53008	F. James Sensenbrenner, U.S. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	2,000.00
B. Full Name, Mailing Address and ZIP Code Ryan for Congress P.O. Box 1919 Jamesville, WI 53647	Paul Ryan, U.S. HOUSE 1st WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	500.00
C. Full Name, Mailing Address and ZIP Code Texans for Henry Bonilla 3905 Tattnell Schertz, TX 78164	Henry Bonilla, U.S. HOUSE 23rd TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Jim Turner for Congress Committee 603 East Goliad Crockett, TX 75835	Jim Turner, U.S. HOUSE 2nd TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	2,000.00
E. Full Name, Mailing Address and ZIP Code Friends of John Tanner Post Office Box 1998 Union City, TN 38281	John Tanner, U.S. HOUSE 8th TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	2,000.00
F. Full Name, Mailing Address and ZIP Code Dreler For Congress Post Office Box 1110 Govina, CA 91722	David Dreler, U.S. HOUSE 28th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	1,000.00
G. Full Name, Mailing Address and ZIP Code Hoosiers for Tim Roemer Post Office Box 4400 South Bend, IN 46634	Tim Roemer, U.S. HOUSE 3rd IN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	500.00
H. Full Name, Mailing Address and ZIP Code Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302	Bill Thomas, U.S. HOUSE 21st CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	2,000.00
I. Full Name, Mailing Address and ZIP Code Goode for Congress 112 North Main Street Rocky Mount, VA 24151	Virgil Goode, U.S. HOUSE 5th VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	4,000.00

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

15,000.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 4  
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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Boyd for Congress Post Office Box 15703 Tallahassee, FL 32317	Allen Boyd, U.S. HOUSE 2nd FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	2,500.00
B. Full Name, Mailing Address and ZIP Code Rod Grams for Senate P.O. Box 1029 Anoka, MN 55303	Rod Grams, U.S. SENATE MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	2,000.00
C. Full Name, Mailing Address and ZIP Code Rod Grams for Senate P.O. Box 1029 Anoka, MN 55303	Rod Grams, U.S. SENATE MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Putnam for Congress Committee P.O. Box 2426 Bartow, FL 33831	Adam Putnam, U.S. HOUSE 12th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	2,000.00
E. Full Name, Mailing Address and ZIP Code Friends of Giuliani 250 Broadway Suite 2104 New York, NY 10007	Rudolph Giuliani, U.S. SENATE NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	5,000.00
F. Full Name, Mailing Address and ZIP Code Jeffords for Vermont Committee PO Box 246 Montpelier, VT 05601	James M. Jeffords, U.S. SENATE VT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	3,000.00
G. Full Name, Mailing Address and ZIP Code Frist 2000 4206 Hillsboro Road Suite 306 Nashville, TN 37215	Bill Frist, U.S. SENATE TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	1,000.00
H. Full Name, Mailing Address and ZIP Code George Allen for U.S. Senate P.O. Box 573 Richmond, VA 23218	George Allen, U.S. SENATE VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	5,000.00
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) .....

21,500.00

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

86,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>11-19-99</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<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
<input type="checkbox"/> Electronic Filing	
<i>SL</i> PREPARER	<i>11-22-99</i> DATE PREPARED