

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
COMMUNICATIONS MAIL ROOM
OCT 22 4 02 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

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

4. TYPE OF REPORT

- (a) April 16 Quarterly Report
 July 15 Quarterly Report
 October 16 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding General Election
(Type of Election)
election on 11/3/98 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>10/01/98</u> through <u>10/14/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 302,096.92
(b) Cash on Hand at Beginning of Reporting Period	\$ 94,687.90	
(c) Total Receipts (from Line 19)	\$ 20,541.73	\$ 400,388.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 116,229.63	\$ 702,485.26
7. Total Disbursements (from Line 30)	\$ 17,500.00	\$ 804,755.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 97,729.63	\$ 87,729.63
9. Debts and Obligations Owed TO 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 202-219-3420
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.

Type or Print Name of Treasurer Elaine Z. Graham	Date <u>10-22-98</u>
Signature of Treasurer <i>Elaine Z. Graham</i>	

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

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 10/01/98	TO 10/14/98	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	7,320.79	271,672.17	11(a)(i)
ii. Unitemized	7,820.94	76,430.20	11(a)(ii)
iii. Total (add i and ii) >	15,141.73	348,102.37	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	5,000.00	42,000.00	11(c)
d. Total Contributions (add a iii, b and c) >	20,141.73	390,102.37	11(d)
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	400.00	4,146.80	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	6,139.07	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	20,541.73	400,388.34	19
20. Total Federal Receipts (subtract line 18 from line 19) >	20,541.73	400,388.34	20
II. Disbursements			
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	8,554.78	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	8,554.78	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	17,500.00	598,200.85	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 (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	17,500.00	604,766.63	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	17,500.00	604,755.63	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	20,141.73	390,102.37	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	20,141.73	390,102.37	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	8,554.78	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	8,554.78	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11c

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 Texas Restaurant Association PAC P.O. Box 1429 Austin, TX 78767-1651	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/13/98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		6,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	5,000.00
TOTAL This Period (last page this line number only)	5,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
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 Lynne Davidson 11222 Washington Place Culver City, CA 90230-4618 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Tito's Tacos Mexican Restaurant, Inc.	Date (month, day, year) 10/07/98	Amount of Each Receipt This Period 1,000.00
	Occupation Restaurateur Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code John Gurrence 152 Courthouse Square Oxford, MS 38655-3914 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer City Grocery	Date (month, day, year) 10/07/98	Amount of Each Receipt This Period 250.00
	Occupation restaurateur Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Monty Fletcher 239 Road 1046 Tupelo, MS 38801-7812 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Burger King	Date (month, day, year) 10/07/98	Amount of Each Receipt This Period 150.00
	Occupation Restaurateur Aggregate Year-to-Date > \$ 350.00		
D. Full Name, Mailing Address and ZIP Code Doug Fontaine, FMP P.O. Box 1028 Hwy. 90 East Pascagoula, MS 39568-1028 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer La Font Inn	Date (month, day, year) 10/07/98	Amount of Each Receipt This Period 150.00
	Occupation Restaurateur Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code John Bean, FMP P.O. Box 709 104 1/2-3rd St., South Columbus, MS 39703 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer University Management	Date (month, day, year) 10/07/98	Amount of Each Receipt This Period 200.00
	Occupation Restaurateur Aggregate Year-to-Date > \$ 1,700.00		
F. Full Name, Mailing Address and ZIP Code Karl Van Roy 792 Riverview Dr. Green Bay, WI 54303-6498 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer River's Bend Supper Club	Date (month, day, year) 10/07/98	Amount of Each Receipt This Period 400.00
	Occupation Restaurateur Aggregate Year-to-Date > \$ 400.00		
G. Full Name, Mailing Address and ZIP Code Bernard H. Schreiner, FMP P.O. Box 1215 Fond du Lac, WI 54936-4245 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Schreiner's Restaurant	Date (month, day, year) 10/07/98	Amount of Each Receipt This Period 200.00
	Occupation Restaurateur Aggregate Year-to-Date > \$ 300.00		

SUBTOTAL of Receipts This Page (optional) **2,360.00**

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 4
FOR LINE NUMBER 11 a 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 Caller L. Worrell 1 W. Dayton Street Madison, WI 53703-2582	Name of Employer Concourse Hotel /Bistro Occupation Restaurateur	Date (month, day, year) 10/07/98	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code John Kavanaugh 1025 North Sherman Avenue Madison, WI 53704	Name of Employer Kavanaugh Esquire Club Occupation Restaurateur	Date (month, day, year) 10/07/98	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 420.00	
C. Full Name, Mailing Address and ZIP Code Richard Kroaning 1617 Blumeret Street Green Bay, WI 54304-3001	Name of Employer Biz-Mark, Inc. Occupation Restaurateur	Date (month, day, year) 10/07/98	Amount of Each Receipt this Period 260.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Steve Torpey 2038 Foulk Rd Wilmington, DE 19810-3865	Name of Employer Stanley's Tavern & Restaurant Occupation restaurateur	Date (month, day, year) 10/07/98	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 > \$ 600.00	
E. Full Name, Mailing Address and ZIP Code Thomas J. Kapp, FMP 3851 Hilderbrand Lane Las Vegas, NV 89121	Name of Employer The Tillerman Occupation Restaurateur	Date (month, day, year) 10/07/98	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	
F. Full Name, Mailing Address and ZIP Code Darrall Hanson 2871 Bible Pamp Road Madison, WI	Name of Employer Wisconsin Distributors Occupation Restaurateur	Date (month, day, year) 10/07/98	Amount of Each Receipt this Period 800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 800.00	
G. Full Name, Mailing Address and ZIP Code Tim Yehle 160 Bishops Way Brookfield, WI 53080	Name of Employer Summit FS Occupation Restaurateur	Date (month, day, year) 10/07/98	Amount of Each Receipt this Period 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 600.00	

SUBTOTAL of Receipts This Page (optional) **3,250.00**

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 4
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 Shappley Harris 107 Kathryn Dr Brandon, MS 39042	Name of Employer Emp. Fire Casualty & Benefit Consultants	Date (month, day, year) 10/07/98	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Restaurateur Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code Bruce Wolf 1951 Bond Street Green Bay, WI 54303-4627	Name of Employer Rock Garden Supper Club	Date (month, day, year) 10/07/98	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Restaurateur Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code Mark Kroon 2013 Winnebago Street Madison, WI 53704	Name of Employer Players Sports Bar	Date (month, day, year) 10/07/98	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Restaurateur Aggregate Year-to-Date > \$ 400.00	
D. Full Name, Mailing Address and ZIP Code James E Schneithorst 1600 S. Lindbergh Blvd. Saint Louis, MO 63131-3599	Name of Employer Schneithorst Restaurant	Date (month, day, year) 10/08/98	Amount of Each Receipt this Period 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Restaurateur Aggregate Year-to-Date > \$ 600.00	
E. Full Name, Mailing Address and ZIP Code Joe Brenza 1805 Key Boulevard #511 Arlington, VA 22201-3816	Name of Employer National Restaurant Association	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 25.00 (\$25.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Association Executive Aggregate Year-to-Date > \$ 476.00	(\$25.00) Semimonthly
F. Full Name, Mailing Address and ZIP Code Steve Caldeira 250 S. Wacker Drive Chicago, IL 80606	Name of Employer National Restaurant Association Educational Found.	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 38.47 (\$38.47)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Association Executive Aggregate Year-to-Date > \$ 789.40	(\$38.47) Semimonthly
G. Full Name, Mailing Address and ZIP Code Elaine Graham 1200 17th Street, NW Washington, DC 20036	Name of Employer National Restaurant Association	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 96.16 (\$96.16)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Association Executive Aggregate Year-to-Date > \$ 1,923.20	(\$96.16) Semimonthly

SUBTOTAL of Receipts This Page (optional) 1,809.63

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4
FOR LINE NUMBER 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
Don Thoren 20861 Great Falls Forest Dr. Sterling, VA 20165 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	National Restaurant Association	Payroll Deduction	25.00 (\$25.00 Semimonth)
	Occupation Association Executive		
Aggregate Year-to-Date > \$ 275.08			
Christina Howard 9700 Chilcott Manor Way Vienna, VA 22181-5400 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	National Restaurant Association	Payroll Deduction	19.24 (\$19.24 Semimonth)
	Occupation Association Executive		
Aggregate Year-to-Date > \$ 384.80			
Denise Roach 1701 Massachusetts Ave., NW #704 Washington, DC 20036-2135 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	National Restaurant Association	Payroll Deduction	12.50 (\$12.50 Semimonth)
	Occupation Association Executive		
Aggregate Year-to-Date > \$ 225.00			
Kathleen O'Leary 1200 Braddock Place, #201 Alexandria, VA 22314-1664 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	National Restaurant Association	Payroll Deduction	25.00 (\$25.00 Semimonth)
	Occupation Association Executive		
Aggregate Year-to-Date > \$ 475.00			
Eric Ruff 1200 17th Street Washington, DC 20036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	National Restaurant Association	Payroll Deduction	29.42 (\$29.42 Semimonth)
	Occupation Association Executive		
Aggregate Year-to-Date > \$ 323.82			
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional) 111.16

TOTAL This Period (last page this line number only) 7,320.79

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 18

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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code Hulshof for Congress P.O. Box 1621 Columbia, MO 65205	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/07/98	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Aggregate Year-to-Date \$ 400.00		400.00

B. Full Name, Mailing Address and ZIP Code	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 \$		

C. Full Name, Mailing Address and ZIP Code	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 \$		

D. Full Name, Mailing Address and ZIP Code	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 \$		

E. Full Name, Mailing Address and ZIP Code	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 \$		

F. Full Name, Mailing Address and ZIP Code	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 \$		

G. Full Name, Mailing Address and ZIP Code	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)	400.00
TOTAL This Period (last page this line number only)	400.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fitzgerald for Senate Inc. 50 North Brockway Street Suite 4-5 Palatine, IL 60067	Peter Fitzgerald, U.S. SENATE IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/14/98	1,500.00
B. Full Name, Mailing Address and ZIP Code Kolbe '98 Committee 4010 Franconia Rd. Alexandria, VA 22310-2136	Purpose of Disbursement Jim Kolbe, U.S. HOUSE 5th AZ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/14/98	1,000.00
C. Full Name, Mailing Address and ZIP Code Matt Salmon for Congress Committee Post Office Box 24890 Tempe, AZ 85285	Purpose of Disbursement Matt Salmon, U.S. HOUSE 1st AZ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/14/98	1,000.00
D. Full Name, Mailing Address and ZIP Code Texans for Henry Bonilla 3905 Tattnell Schertz, TX 78154	Purpose of Disbursement Henry Bonilla, U.S. HOUSE 23rd TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/14/98	500.00
E. Full Name, Mailing Address and ZIP Code Hobson for Congress Committee 2525 North Limestone Springfield, OH 45503	Purpose of Disbursement David L. Hobson, U.S. HOUSE 7th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/14/98	500.00
F. Full Name, Mailing Address and ZIP Code Hastings for Congress Committee Post Office Box 2926 Pasco, WA 99302	Purpose of Disbursement Richard "Doc" Hastings, U.S. HOUSE 4th WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/14/98	500.00
G. Full Name, Mailing Address and ZIP Code McIntyre for Congress Committee P.O. Box 1 Lumberton, NC 28369	Purpose of Disbursement Mike McIntyre, U.S. HOUSE 7th NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/14/98	600.00
H. Full Name, Mailing Address and ZIP Code Rick White for Congress Post Office Box 8156 Kirkland, WA 98034	Purpose of Disbursement Rick White, U.S. HOUSE 1st WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/14/98	1,000.00
I. Full Name, Mailing Address and ZIP Code Stenholm for Congress Committee Post Office Box 1032 Stamford, TX 79553	Purpose of Disbursement Charles W. Stenholm, U.S. HOUSE 17th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/14/98	1,500.00

SUBTOTAL of Disbursements This Page (optional)

8,000.00

TOTAL This Period (last page thru line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 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 TRAFICANT FOR CONGRESS 429 N MAIN STREET POLAND, OH 44514	Purpose of Disbursement James A. Traficant, U.S. HOUSE 17th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	Date (month, day, year) 10/14/98	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Team Emerson Post Office Box 822 Cape Girardeau, MO 63702-0822	Purpose of Disbursement Joanne Emerson, U.S. HOUSE 8th MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	Date (month, day, year) 10/14/98	Amount of Each Disbursement This Period 5,000.00
C. Full Name, Mailing Address and ZIP Code Committee to Elect Winters to Congress P.O. Box 524 Charleston, IL 61920	Purpose of Disbursement Brent Winters, U.S. HOUSE 17th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	Date (month, day, year) 10/14/98	Amount of Each Disbursement This Period 2,000.00
D. Full Name, Mailing Address and ZIP Code Charles A. Gonzalez Congressional Committee 134 Schreiner Place San Antonio, TX 78212	Purpose of Disbursement Charles Gonzalez, U.S. HOUSE 20th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	Date (month, day, year) 10/14/98	Amount of Each Disbursement This Period 2,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

9,500.00

TOTAL This Period (last page this line number only)

17,500.00

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 <u>10-22-98</u>
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<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
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<u>KPJ</u> PREPARER	<u>10-22-98</u> DATE PREPARED