

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> National Restaurant Association PAC	RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM  May 20 1999
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 1200 17th Street, NW	<b>2. FEC IDENTIFICATION NUMBER</b> C 0800 3764
<b>CITY, STATE and ZIP CODE</b> Washington, DC 20036	<b>3.</b> <input checked="" type="checkbox"/> 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 type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20          | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input checked="" 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>04/01/99</u> through <u>04/30/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 164,443.63
(b) Cash on Hand at Beginning of Reporting Period	\$ 140,650.83	
(c) Total Receipts (from Line 19)	\$ 38,469.24	\$ 110,888.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 178,119.87	\$ 276,332.35
7. Total Disbursements (from Line 30)	\$ 15,802.26	\$ 111,814.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 163,517.61	\$ 163,517.61
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 800-424-6530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	
<i>I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.</i>		

Type or Print Name of Treasurer <b>Elaine Z. Graham</b>	
Signature of Treasurer 	Date <b>5/19/99</b>
Assistant Treasurer	

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	REPORT COVERING PERIOD		
National Restaurant Association PAC	FROM	TO	
	04/01/99	04/30/99	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	28,875.00	94,347.29	11(a)(i)
ii. Unitemized	8,402.49	15,590.78	11(a)(ii)
<b>ii. Total</b> (add i and ii) >	<b>38,277.49</b>	<b>109,938.07</b>	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
<b>d. Total Contributions</b> (add a iii, b and c) >	<b>38,277.49</b>	<b>109,938.07</b>	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	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	191.76	950.65	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. <b>Total Receipts</b> (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<b>38,469.24</b>	<b>110,888.72</b>	19
20. <b>Total Federal Receipts</b> (subtract line 16 from line 19) >	<b>38,469.24</b>	<b>110,888.72</b>	20
<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	67.11	332.73	21(b)
<b>c. Total Operating Expenditures</b> (add a i, a ii, and b) >	<b>67.11</b>	<b>332.73</b>	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	15,535.15	96,482.01	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. Individual/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)
<b>d. Total Contribution Refunds</b> (add a, b and c) >	<b>0.00</b>	<b>0.00</b>	28(d)
29. Other Disbursements	0.00	15,000.00	29
30. <b>Total Disbursements</b> (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<b>15,602.26</b>	<b>111,814.74</b>	30
31. <b>Total Federal Disbursements</b> (subtract line 21 a ii from line 30) >	<b>15,602.26</b>	<b>111,814.74</b>	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. <b>Total Contributions (other than loans)</b> (from line 11d)	<b>38,277.49</b>	<b>109,938.07</b>	32
33. <b>Total Contribution Refunds</b> (from line 28d)	<b>0.00</b>	<b>0.00</b>	33
34. <b>Net Contributions (other than loans)</b> (subtract line 33 from 32)	<b>38,277.49</b>	<b>109,938.07</b>	34
35. <b>Total Federal Operating Expenditures</b> (add 21 a i and 21 b) >	<b>67.11</b>	<b>332.73</b>	35
36. <b>Offsets to Operating Expenditures</b> (from line 15)	<b>0.00</b>	<b>0.00</b>	36
37. <b>Net Operating Expenditures</b> (subtract line 36 from 35) >	<b>67.11</b>	<b>332.73</b>	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 6  
FOR LINE NUMBER 11a

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 Mike Kull 9655 Bluegrass Pkwy. Suite 200 Louisville, KY 40299  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dairy Queen Corporate Stores  Occupation Restaurateur  Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year)  04/13/99	Amount of Each Receipt this Period  1,000.00
B. Full Name, Mailing Address and ZIP Code James Robinette 350 North McWhorter Street London, KY 40741-2222  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dairy Queen  Occupation Restaurateur  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year)  04/13/99	Amount of Each Receipt this Period  250.00
C. Full Name, Mailing Address and ZIP Code Seymour Altman 1019 E. Lombard Street Baltimore, MD 21202-4500  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Altman's Delicatessen & Cafeterias  Occupation	Date (month, day, year)  04/13/99	Amount of Each Receipt this Period  500.00
D. Full Name, Mailing Address and ZIP Code Ralph Buchanan, Jr. 3007 Hudson-Aurora Road Hudson, OH 44236-2423  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Buchanan Industries  Occupation Restaurateur  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year)  04/13/99	Amount of Each Receipt this Period  250.00
E. Full Name, Mailing Address and ZIP Code DeVere "Jerry" Burtenshaw, FMP 1500-114th Avenue, SE Suite 105 Bellevue, WA 98004  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ABC Services, Inc.  Occupation Food Service Management  Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year)  04/13/99	Amount of Each Receipt this Period  1,000.00
F. Full Name, Mailing Address and ZIP Code Jackie Trujillo, FMP 199 First Street Suite 212 Los Altos, CA 94022-2807  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Harman Management Corp.  Occupation Restaurateur  Aggregate Year-to-Date > \$ 1,500.00	Date (month, day, year)  04/13/99	Amount of Each Receipt this Period  1,500.00
G. Full Name, Mailing Address and ZIP Code John Brockman, Jr. 6520 Powers Ferry Road, #120 Atlanta, GA 30339-2910  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer S.M. Services, Inc.  Occupation Restaurateur  Aggregate Year-to-Date > \$ 300.00	Date (month, day, year)  04/13/99	Amount of Each Receipt this Period  300.00

**SUBTOTAL** of Receipts This Page (optional) ..... **4,800.00**

**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 6  
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 each committee.

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>William King</b> 3410 Plumtree Drive Ellicott City, MD 21042-3899	<b>The Crab Shanty</b>	04/13/99	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>James A. Collina, FMP</b> 6101 W. Centinela Ave. Suite 200 Culver City, CA 90230-6337	<b>Sizzler International, Inc.</b>	04/13/99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Restaurateur</b>	Aggregate Year-to-Date > \$ 5,000.00	
<b>Denise Marie Fugo, FMP</b> 1400 West 10th Street Cleveland, OH 44113-1215	<b>Sammy's</b>	04/13/99	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>Lynne Davidson</b> 11222 Washington Place Culver City, CA 90230-4618	<b>Tito's Tacos Mexican Restaurant, Inc.</b>	04/13/99	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>Ashiq A Dalawalla</b> 6300 Oakbrook Pkwy. #200 Norcross, GA 30093-2270	<b>Restaurant Management</b>	04/13/99	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>Jimmie Clark</b> 537 Leicester Circle Louisville, KY 40222-5064	<b>Sysco / Louisville Food Services Company</b>	04/13/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Restaurateur</b>	Aggregate Year-to-Date > \$ 250.00	
<b>David Miller</b> P.O. Box 31577 Charleston, SC 29417-1577	<b>T-Bonz Restaurant Group</b>	04/13/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Restaurateur</b>	Aggregate Year-to-Date > \$ 275.00	

**SUBTOTAL** of Receipts This Page (optional) ..... **8,025.00**

**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 6  
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

<p>A. Full Name, Mailing Address and ZIP Code <b>Van Eure, FMP</b> P.O. Box 6357 Raleigh, NC 27628</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>The Angus Barn Restaurant</b></p> <p>Occupation <b>Restaurateur</b></p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) <b>04/15/99</b></p>	<p>Amount of Each Receipt this Period <b>1,000.00</b></p>
<p>B. Full Name, Mailing Address and ZIP Code <b>Robert Rosenberg, FMP</b> 4 Chadwick Road Weston, MA 02493</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Dunkin Donuts</b></p> <p>Occupation <b>Restaurateur</b></p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) <b>04/15/99</b></p>	<p>Amount of Each Receipt this Period <b>500.00</b></p>
<p>C. Full Name, Mailing Address and ZIP Code <b>William Beuret</b> 430 S. Wymora Rd. Altamonte Springs, FL 32714-8098</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Melson &amp; Jardin</b></p> <p>Occupation <b>Restaurateur</b></p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) <b>04/15/99</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>D. Full Name, Mailing Address and ZIP Code <b>Bob Larive</b> 601 Union Street San Francisco, CA 94133-2812</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Fior d' Italia Ristorante</b></p> <p>Occupation <b>Restaurateur</b></p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) <b>04/15/99</b></p>	<p>Amount of Each Receipt this Period <b>1,000.00</b></p>
<p>E. Full Name, Mailing Address and ZIP Code <b>Tom S Anderson</b> 712 Home Street Saint Charles, IL 60174-3704</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Colonial Ice Cream Inc.</b></p> <p>Occupation <b>Restaurateur</b></p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) <b>04/18/99</b></p>	<p>Amount of Each Receipt this Period <b>500.00</b></p>
<p>F. Full Name, Mailing Address and ZIP Code <b>Tad Balestreri, FMP</b> 765 Wave Street Monterey, CA 93940-1016</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Sardine Factory, Inc.</b></p> <p>Occupation <b>Restaurateur</b></p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) <b>04/18/99</b></p>	<p>Amount of Each Receipt this Period <b>1,000.00</b></p>
<p>G. Full Name, Mailing Address and ZIP Code <b>Mike D. Jensen, FMP</b> 2216 N. Dodge Street Iowa City, IA 52240</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Group 5 Hospitality</b></p> <p>Occupation <b>Restaurateur</b></p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) <b>04/19/99</b></p>	<p>Amount of Each Receipt this Period <b>500.00</b></p>

**SUBTOTAL of Receipts This Page (optional)** ..... **4,750.00**

**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 6  
FOR LINE NUMBER 11a

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Donald L Kimball</b> Box 1667, 760 Highway 50 Zephyr Cove, NV 89448-0050	<b>Travel Systems Ltd.</b>	04/19/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Restaurateur</b> Aggregate Year-to-Date > \$ 250.00		
<b>Larry M Brown</b> East 2011 South Ridge Drive Spokane, WA 99223-8430	<b>Onions, Inc.</b>	04/19/99	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>Joe Schafer</b> 857 Sibley Memorial Highway Mendota Heights, MN 55118-1709	<b>Moose Country Restaurant</b>	04/19/99	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>Patrick J. Murray</b> 2354 Ventura Drive Saint Paul, MN 55126-3929	<b>Service Ideas, Inc.</b>	04/19/99	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>Panagiotis Skabardonis</b> 58 Marnay Drive Middlebury, CT 06762-2023	<b>Pizza Castle</b>	04/19/99	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 > \$ 600.00		
<b>Guss Duggin</b> 0175 S.W. Bancroft Street Portland, OR 97201 4299	<b>OSF Int'l, Inc./dba: The Old Spaghetti Factory</b>	04/21/99	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>Bob Anera ,FMP</b> 3863 S. Valley View Suite 2 Las Vegas, NV 89103-2922	<b>Ricardo's of Las Vegas, Inc.</b>	04/21/99	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		

**SUBTOTAL** of Receipts This Page (optional) ..... **4,750.00**

**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 6 OF 6  
FOR LINE NUMBER 11 a 1

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

**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
O. Schulz P.O. Box 118 Grasonville, MD 21638-0118	Fishermans Inn	04/21/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: restaurateur Aggregate Year-to-Date > \$ 600.00	
B. Full Name, Mailing Address and ZIP Code Kenneth D. Hill, FMP 12601 Briar Drive Leawood, KS 66209-3164	Name of Employer Applebee's	Date (month, day, year) 04/26/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Restaurateur Aggregate Year-to-Date > \$ 600.00	
C. Full Name, Mailing Address and ZIP Code Pete Mihajlov 3001 Hennepin Avenue Suite 301A Minneapolis, MN 55400	Name of Employer Parasole Restaurant Holdings, Inc.	Date (month, day, year) 04/26/99	Amount of Each Receipt this Period 2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Restaurateur Aggregate Year-to-Date > \$ 2,500.00	
D. Full Name, Mailing Address and ZIP Code Larry Corbin 3776 S. High Street Columbus, OH 43207-4000	Name of Employer Bob Evans Farms, Inc.	Date (month, day, year) 04/26/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Restaurateur Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code Tom Martin Penthouse Ste. 136 W. 21st St. Clovis, NM 88101-4333	Name of Employer T&S Eateries/Taco Box	Date (month, day, year) 04/26/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: restaurateur Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Lee Culpepper 341 South Pickett Street Alexandria, VA 22304-4748	Name of Employer National Restaurant Association	Date (month, day, year) 04/26/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Association Executive Aggregate Year-to-Date > \$ 500.00	
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 Da fuction	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Association Executive Aggregate Year-to-Date > \$ 800.00	300.00 \$100 300 - monthly

**SUBTOTAL** of Receipts This Page (optional) ..... **5,550.00**

**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 6 OF 6  
FOR LINE NUMBER 11 a 1

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

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

A. Full Name, Mailing Address and ZIP Code Daniel Straus 8400 North New Braunfels San Antonio, TX 78209-1191	Name of Employer Barn Door Restaurant  Occupation Restaurateur	Date (month, day, year)  04/30/99	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		
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 > \$		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1,000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>28,875.00</b>



**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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Crestar Bank NA Crestar Bank NA Post Office Box 26150 Richmond, VA 23260-6150</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; \$ 960.66</p>	<p><b>Date (month, day, year)</b> 04/30/99</p>	<p><b>Amount of Each Receipt this Period</b> 191.75</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>191.75</p>
<p><b>TOTAL This Period (last page this line number only)</b> .....</p>	<p>191.75</p>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21B

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 Internal Revenue Service DC	Purpose of Disbursement Tax expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/30/99	Amount of Each Disbursement This Period 87.11
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

<b>SUBTOTAL</b> of Disbursements This Page (optional)	87.11
<b>TOTAL</b> This Period (last page this line number only)	87.11

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 23

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
COMMITTEE FOR LORETTA SANCHEZ 1209 N SPURGEON STREET SANTA ANA, CA 92701	Loretta Sanchez, U.S. HOUSE 46th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/26/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Lazio for Congress 72 East Main St. Suite 4 c/o Piccirillo Reinfurt & Lamont LLP Babylon, NY 11702	Rick A. Lazio, U.S. HOUSE 2nd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/26/99	500.00
C. Full Name, Mailing Address and ZIP Code Ryan for Congress P.O. Box 1919 Jameeville, WI 53547	Paul Ryan, U.S. HOUSE 1st WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/26/99	500.00
D. Full Name, Mailing Address and ZIP Code Gene Taylor for US Congress Post Office Box 38 Bay Saint Louis, MS 39520	Gene Taylor, U.S. HOUSE 5th MS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/26/99	500.00
E. Full Name, Mailing Address and ZIP Code FRIENDS FOR SLADE GORTON P.O. Box 1827 N. Bend, WA 98045	Slade Gorton, U.S. SENATE WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	1,000.00
F. Full Name, Mailing Address and ZIP Code Friends of Roger Wicker Post Office Box 874 Tupelo, MS 38802	Roger Wicker, U.S. HOUSE 1st MS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/26/99	1,000.00
G. Full Name, Mailing Address and ZIP Code Volunteers for Shimkus Post Office Box 6468 Springfield, IL 62704	John Shimkus, U.S. HOUSE 20th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/26/99	1,000.00
H. Full Name, Mailing Address and ZIP Code Ed Bryant for Congress Post Office Box 1981 Cardova, TN 38088	Ed Bryant, U.S. HOUSE 7th TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/26/99	500.00
I. Full Name, Mailing Address and ZIP Code Upton for All of Us Post Office Box 480 St. Joe, MI 49085	Fred Upton, U.S. HOUSE 6th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/26/99	500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... 6,500.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 23

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
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	04/26/99	500.00
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	04/26/99	500.00
Whitfield for Congress Committee 1611 South Main Street Hopkinsville, KY 42240	Edward Whitfield, U.S. HOUSE 1st KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/26/99	1,000.00
Linder for Congress Post Office Box 942060 Atlanta, GA 31141	John Linder, U.S. HOUSE 4th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/26/99	1,000.00
Lewis for Congress Committee Post Office Box 247 Redlands, CA 92373	Jerry Lewis, U.S. HOUSE 40th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/26/99	2,000.00
Kathleen O'Leary 1200 Braddock Place #201 Alexandria, VA 22314	In-kind Catering Costs Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/26/99	1,232.35 (In-Kind)
Friends of Mark Foley Post Office Box 30505 Palm Beach Gardens, FL 33420	Mark Foley U.S. HOUSE 11th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/26/99	1,232.35 (Memo In-Kind)
Capital Q Restaurant 707 6th Street, NW Washington, DC 20001	In kind catering costs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	04/29/99	2,802.80 (In-Kind)
The Freedom Project 111 C Street, SE Washington, DC 20003	In kind catering costs. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1999	04/29/99	2,802.80 (Memo In-Kind)

**SUBTOTAL** of Disbursements This Page (optional) ..... 9,036.15

**TOTAL** This Period (last page this line number only) ..... 15,538.15

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 5-20-99
<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>SLV</i> PREPARER	5-20-99 DATE PREPARED