

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION
COMMISSION
WASHINGTON, DC 20542

DEC 20 4 43 PM '95

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 20007		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

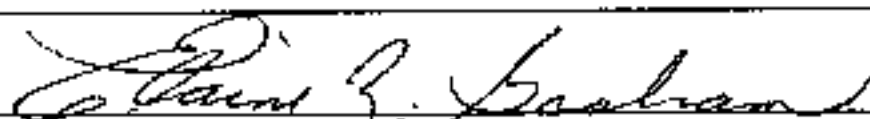
- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
_____ in the State of _____
- (b) Is this Report an Amendment? YES NO

9 5 0 3 0 1 1 5 4 5 2

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <u>11/1/95</u> through <u>11/30/95</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>95</u>		\$ 42,802.05
(b)	Cash on Hand at Beginning of Reporting Period	\$ 221,047.73	
(c)	Total Receipts (from Line 19)	\$ 32,783.46	\$ 384,342.80
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 253,831.19	\$ 427,144.85
7.	Total Disbursements (from Line 30)	\$ 14,437.55	\$ 187,751.21
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 239,393.64	\$ 239,393.64
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20462
Tel Free 800-424-9530
Local 202-218-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer	Elaine Z. Graham	
Signature of Treasurer		Date 12/20/95

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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

(revised 7/1/91)

NAME OF COMMITTEE National Restaurant Association PAC		REPORT COVERING PERIOD FROM 11/1/95 TO: 11/30/95	
		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)	20,122.80	258,304.61
ii.	Unitemized	8,264.00	90,544.85
iii.	Total	28,386.80	348,849.46
b.	Political Party Committees .....	.00	.00
c.	Other Political Committees (such as PACs)	3,500.00	33,413.00
d.	Total Contributions	31,886.80	382,262.46
12.	Transfers From Affiliated/Other Party Committees .....	.00	.00
13.	All Loans Received .....	.00	.00
14.	Loan Repayments Received .....	.00	.00
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	.00	.00
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	.00	.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	896.66	2,080.34
18.	Transfers from Nonfederal Account for Joint Activity .....	.00	.00
19.	Total Receipts	32,783.46	384,342.80
20.	Total Federal Receipts	32,783.46	384,342.80
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share .....	.00	.00
ii.	Non-Federal Share .....	.00	.00
b.	Other Federal Operating Expenditures	64.07	1,827.84
c.	Total Operating Expenditures	64.07	1,827.84
22.	Transfers to Affiliated/Other Party Committees .....	.00	.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	14,373.48	185,923.37
24.	Independent Expenditures (use Schedule E) .....	.00	.00
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441(a)(c)) (use Schedule F) .....	.00	.00
26.	Loan Repayments Made .....	.00	.00
27.	Loans Made .....	.00	.00
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees .....	.00	.00
b.	Political Party Committees .....	.00	.00
c.	Other Political Committees (such as PACs) .....	.00	.00
d.	Total Contribution Refunds .....	.00	.00
29.	Other Disbursements .....	.00	.00
30.	Total Disbursements	14,437.55	187,751.21
31.	Total Federal Disbursements	14,437.55	187,751.21
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	31,886.80	382,262.46
33.	Total Contribution Refunds (from line 28d) .....	.00	.00
34.	Net Contributions (other than loans)(subtract line 33 from 32)	31,886.80	382,262.46
35.	Total Federal Operating Expenditures	64.07	1,827.84
36.	Offsets to Operating Expenditures (from line 15)00	.00
37.	Net Operating Expenditures	64.07	1,827.84

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SCHEDULE A - ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1 of 15
	For Line Number 11a(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 for such committee.

NAME OF COMMITTEE (In Full)
National Restaurant Association

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Debra Ackerman 16 Sherman St. Newport, RI 02840	Bugaboo Creek Steak House, Inc.	11/27/95	275.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 275.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nick & Alice Apostle 4440 Meadow Hill Road Jackson, MS 39206	Nick's Incorporated	11/10/95	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 1000.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
T.M. Ashcraft PO Box 2615 Napa, CA 94558	The Front Porch	11/10/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 500.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gandy Barnhart 915 Bolt Avenue Manchester, NH 03109	Seagram's	11/14/95	640.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 640.00		

SUBTOTAL of Receipts This Page (optional)

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 15
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NAME OF COMMITTEE (In Full)
National Restaurant Association

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Einar N Bergstedt 199 First Street Suite 212 Los Altos, CA 94022	Harmon Management Corporation Occupation Restaurateur Aggregate Year To Date \$ 300.00	 11/14/95	 300.00
Receipt for: <input checked="" type="checkbox"/> Primary | | General | | Other (specify)			
Full Name, Mailing Address and Zip Code Ted Burke PO Box 2247 Santa Cruz, CA 94067 2247	Shadowbrook Restaurant Occupation RESTAURTEUR Aggregate Year To Date \$ 500.00	 11/08/95	 500.00
Receipt for: <input checked="" type="checkbox"/> Primary | | General | | Other (specify)			
Full Name, Mailing Address and Zip Code Joe Byron 6721 Morrison Drive Mobile, AL 36625	Gardner Merchant Occupation RESTAURTEUR Aggregate Year To Date \$ 500.00	 11/20/95	 500.00
Receipt for: <input checked="" type="checkbox"/> Primary | | General | | Other (specify)			
Full Name, Mailing Address and Zip Code Frank Calvert 3750 South Old Spanish Trail Tucson, AZ 85730	Saguaro Corners Restaurant Occupation Restaurateur Aggregate Year To Date \$ 200.00	 11/10/95	 100.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)			

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A - ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 3	Of 5
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NAME OF COMMITTEE (In Full)
National Restaurant Association

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph E Carney, Jr. P.O. Box 219 Seabrook Beach, NH 03074	Yankee Greyhound Racetrack	11/14/96	800.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 800.00		
Johnie J Cooper 1100 Old Housycutt Road Furley-Varina, NC 27526	Southbend	11/20/96	350.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 350.00		
Bob Daniel 299 Englewood Dr. Wilmington, NC 28409	Atlantic Quest Corp.	11/14/96	250.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 250.00		
Tom Burns PO Box 5357 Raleigh, NC 27628	The Angus Barn Ltd	11/17/96	250.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 630.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A IDENTIFIED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 4	Of 15
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NAME OF COMMITTEE (In Full)
National Restaurant Association

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
B. Jennings Swell P.O. Box 7 Chapel Hill, NC 27514	Spanky's Restaurant	11/20/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 500.00		
William Fark P.O. Box 2429 Starkville, MS 39759	Bulldog Deli	11/10/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 500.00		
Marta Figel P.O. Box 186 Highlands, NC 28741	On The Verandah Inc.	11/20/95	250.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 250.00		
Ben A Geschwind 250 S. Wacker Dr. Chicago, IL 60606	Educational Foundation, IFA	11/13/95	250.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Association Executive Aggregate Year To Date: \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A ITEMIZED RECEIPTS

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NAME OF CONTRIBUTOR (in full)
National Restaurant Association

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles Goodson 3809 Ambassador Caffery Pkwy. Lafayette, LA 70503	Cherley G's Seafood Grill	11/20/95	200.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 700.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Grisanti 9300 Shelbyville Road Louisville, KY 03402	Grisanti, Inc.	11/17/95	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 1000.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jeffrey Hirsh Begy Winkle Cove Warren, RI 02885	The Lobster Pot	11/27/95	250.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 250.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Maurence Jennings P.O. Box 2600 Burlington, NC 27216	Biscuitville, Inc.	11/20/95	200.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 200.00		

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 6	Of 5
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NAME OF DONOR(S) (In Full)
National Restaurant Association

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year To Date: \$		
Full Name, Mailing Address and Zip Code Steve Jones 1096 N. Hwy 40 Vernal, VT 04078	Name of Employer Golden Corral	Date (month, day, year) 11/14/95	Amount of Each Receipt This Period 200.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur		
	Aggregate Year To Date: \$ 200.00		
Full Name, Mailing Address and Zip Code Andre Jossé Financial Center Boston, MA 02111	Name of Employer Brown, Rudnick, Fried & Bresmer	Date (month, day, year) 11/14/95	Amount of Each Receipt This Period 500.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur		
	Aggregate Year To Date: \$ 500.00		
Full Name, Mailing Address and Zip Code Kenneth J King 3630 Walnut Hills Avenue Cleveland, OH 44122	Name of Employer Kenny King Corporation	Date (month, day, year) 11/20/95	Amount of Each Receipt This Period 500.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur		
	Aggregate Year To Date: \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page	Of
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NAME OF COMMITTEE (in full)

National Restaurant Association

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ellen Kolemainen 84 Beacon Street Boston, MA 02108	Hampshire House Corporation	11/30/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Executive Aggregate Year To Date: \$ 800.00		
3 Thomas Larsen 26 Quinbequin Road Newton, MA 02162	Pillar House Inc.	11/14/95	400.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 400.00		
5 Ray Lindstrom 318 Northlake Way Seattle, WA 98103	Restaurants Unlimited, Inc.	11/20/95	150.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 1150.00		
13 Frank Meeks 817 E Blaters Lane Alexandria, VA 22314	Domino's Pizza Team Washington	11/27/95	250.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A - ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page #	Of 15
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NAME OF COMMITTEE (In Full)
National Restaurant Association

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph A Milano, Jr. 41 Union Street Boston, MA 02108	Union Oyster House	11/14/95	200.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date: \$ 200.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Craig Mitchell 6633 Falls of the House Road Raleigh, NC 27615	Mitchell's Catering	11/20/95	350.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date: \$ 350.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edward B Monsour 813 Longview Street Mekaburg, MS 39180	Edward's	11/10/95	200.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date: \$ 200.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Francis R Murphy 34 Turner's Way Norwell, MA 02061	Bugabo Creek Steak House, Inc.	11/27/95	250.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date: \$ 250.00

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A TAXABLE RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page	Of
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NAME OF COMMITTEE (In Full)
National Restaurant Association

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Naegels 4300 Baker Road Minnetonka, MN 55343	Lord Fletcher's/Flagship	11/20/95	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 3000.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
4 5 15			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Aggregate Year To Date: \$		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Steve Givens P.O. Box 6357 Raleigh, NC 27628	Angus Barn, Ltd.	11/20/95	350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 350.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Douglas T Pearce 101 Northway Court Raleigh, NC 27615	National Chain Marketing	11/14/95	350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 350.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

APPENDIX A FINANCIAL REPORTS

One separate schedule(s) for each category of the Detailed Summary Page	Page 10	Of 15
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NAME OF COMMITTEE (In Full)
National Restaurant Association

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Manuel P Pena 1639 E Street, NW Washington, DC 20005	La Funda Restaurant	11/06/95	250.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date \$ 250.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Virginia Pfile 549 S Chillionthe Rd Knoxville, TN 37902 8843	Aurora Farms Anish Style Restaurant	11/03/95	250.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date \$ 250.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jarome Polcak 3813 Fanny Brown Rd. Raleigh, NC 27603	Mutual Distributing Company	11/20/95	350.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date \$ 350.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dennis Quinlance PO Box 29228 Greensboro, NC 27429	Quinlance Weaver Inc.	11/17/95	200.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date \$ 400.00	

TOTAL of Receipts This Page (optional)

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 11	Of 15
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NAME OF COMMITTEE (In Full)
National Restaurant Association

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Raposa P.O. Box 9245 Providence, RI 02940	Bugaboo Creek Steak House, Inc.	11/27/95	250.00
Receipt for: <input checked="" type="checkbox"/> Primary | | General | | Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 250.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
15 A Melvin Simpson 6801 Brockhollow Dr. Raleigh, NC 27615	Golden Corral, Corp.	11/13/95	200.00
Receipt for: <input checked="" type="checkbox"/> Primary | | General | | Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 200.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Q Jack Soesbee 330 Castlewood Road Dallas, TX 75229	Soesbee Company	11/20/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary | | General | | Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 500.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Q Ken Spangle 402 Colonial Dr. Burlington, NC 27215	Cobb Sign Company	11/20/95	750.00
Receipt for: <input checked="" type="checkbox"/> Primary | | General | | Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 750.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEMULE 1 ITEMIZED RECEIPTS

Use separate subchedule(s) for each category of the Detailed Summary Page	Page 13	Of 15
	For Line Number 11a(i)	

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NAME OF COMMITTEE (In Full)
National Restaurant Association

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert St. John 222 Arlington Loop Battlesburg, MS 39401	Denny's Restaurant	11/10/95	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 500.00		
<input checked="" type="checkbox"/> Full Name, Mailing Address and Zip Code Diane Gyons 2200 NW Market Seattle, WA 98107	Lombardi's Cusineaurant	11/20/95	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 500.00		
<input checked="" type="checkbox"/> Full Name, Mailing Address and Zip Code John Timio PO Box 1259 Hampton, NH 03842	The Galley Hatch	11/14/95	350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 350.00		
<input checked="" type="checkbox"/> Full Name, Mailing Address and Zip Code Sadie N Vann 540 Pylon Drive Raleigh, NC 33686	Robert Corporation	11/30/95	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

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 13	OF 15
	For Line Number 13a(i)	

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NAME OF COMMITTEE (In Full)
National Restaurant Association

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ruben Villavicencio 430 KINLOCH DR. PLACENTIA, CA 92670	R.M. Food Service	11/16/95	600.00
Receipt for: <input checked="" type="checkbox"/> Primary | | General | | Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 600.00		
<input checked="" type="checkbox"/> James G Walsh 1834 Beverly Hills Drive High Point, NC 27260	Goody's Restaurant & Catering	11/14/95	200.00
Receipt for: <input checked="" type="checkbox"/> Primary | | General | | Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 200.00		
Regynald Washington 514 Fair Street, SW MARIETTA, GA 30033	Concessions International, Inc.	11/14/95	235.00
Receipt for: <input checked="" type="checkbox"/> Primary | | General | | Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 1335.00		
Ann Winter 844 Barrett Ave. LOUISVILLE, KY 40204	Lynn's Paradise Cafe	11/27/95	200.00
Receipt for: <input checked="" type="checkbox"/> Primary | | General | | Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 200.00		

SUBTOTAL of Receipts This Page (optional)

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 14	Of 15
	For Line Number	
	11a(1)	

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NAME OF COMMITTEE (in full)
National Restaurant Association

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Larry Work 1200 19th Street Washington, DC 20036 2412	Sam & Harry's	11/17/95	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date: \$ 1000.00	

95030115467

SUBTOTAL of Receipts This Page [optional]

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 15 OF 15
FOR LINE NUMBER 11a(i)

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NAME OF COMMITTEE (in Full)

National Restaurant Association Political Action Committee C 0000 3764

95030115468

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elaine Z. Graham Route 2, Box 66D Lovettsville, VA 22080	National Restaurant Association		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Association Executive	11/30	83.60
	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Don Thoren 5340 Holmes Run Parkway, #305 Alexandria, VA 22304	National Restaurant Association		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Association Executive	11/30	41.68
	Aggregate Year-to-Date > \$ 437.64		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patti Stinger 115 South Patrick St. Alexandria, VA 22304	National Restaurant Association		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Association Executive	11/30	43.48
	Aggregate Year-to-Date > \$ 434.80		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lee Culpepper 341 South Pickett Street Alexandria, VA 22304	National Restaurant Association		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Association Executive	11/30	43.48
	Aggregate Year-to-Date > \$ 434.80		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christina Howard 9700 Chilcott Manor Way Vienna, VA 22181	National Restaurant Association		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Association Executive	11/30	60.56
	Aggregate Year-to-Date > \$ 431.70		
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)

TOTAL This Period (last page this line number only)

20,122.80

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)

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NAME OF COMMITTEE (in Full)

National Restaurant Association Political Action Committee C 0000 3764

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Coca-Cola Company PO Drawer 1734 Atlanta, GA 30301	PAC	11/01	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hormel Foods Corp. PAC 1 Hormel Place Austin, MN 55912-3680	PAC	11/07	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 2,500.00		
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 > \$		

95030115469

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

3,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

National Restaurant Association Political Action Committee C 0000 3764

95030115470

A. Full Name, Mailing Address and ZIP Code Crestar NA P.O. Box 26150 Richmond, VA 23260	Name of Employer interest earned on cash equivalent fund Occupation	Date (month, day, year) 11/30/95	Amount of Each Receipt this Period 896.66
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,080.34	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code		Name of Employer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code		Name of Employer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code		Name of Employer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code		Name of Employer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code		Name of Employer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

896.66

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedulers for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

National Restaurant Association Political Action Committee C 0000 3764

95030115471

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Express 260 Vesey Street New York, NY 10285	credit card fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/95	64.07
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

64.07

SCHEDULE 3 ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1	Of 4
	For Line Number 23	

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NAME OF COMMITTEE (In Full)

National Restaurant Association PAC

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Credit for Congress 300 Capitol Mall Suite 350 Sacramento, CA 95814-	Cont. to Gary Condit (CA-10) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	11/29/95	500.00
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Donald Mansullo for Congress PO Box 7783 Rockford, IL 61126-	Cont. to Mansullo (IL-16) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	11/29/95	1000.00
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Frank Riggs For Congress PO Box 590 Windsor, CA 95492-	Cont. to Frank Riggs (CA-1) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	11/29/95	1000.00
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Bill Emerson 1310 Lexington D.O. Box 323 Cape Girardeau, MO 63701-	Cont. to Bill Emerson (MO-8) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	11/29/95	500.00
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Cliff Stearns P.O. Box 308 Silver Springs, FL 32688-	Cont. to Cliff Stearns (FL-6) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	11/29/95	500.00
	Other (specify)		

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

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 2	Of 4
	For Line Number 23	

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NAME OF COMMITTEE (in full)
National Restaurant Association PAC

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Dan Miller 1111 Third Ave., Ste. 200 Brdenton, FL 34305-	Cont. to Dan Miller (FL-13) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | Other (specify)	11/29/95	1000.00
Gutknecht for U.S. Congress 200 3rd Ave., SE Rochester, MN 55904-	Cont. to Gutknecht (MN-1) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | Other (specify)	11/29/95	500.00
Hall for Congress Committee P.O. Box 711 Rockwall, TX 75087-	Cont. to Ralph Hall (TX-4) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | Other (specify)	11/29/95	1000.00
Haineman for Congress P.O. Box 19609 Raleigh, NC 27619-	Cont. to Fred Haineman (NC-4) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | Other (specify)	11/29/95	1000.00
Katy Quietto 7433 Jayhawk St. Annandale, VA 22003-	Reception for Clay Shaw FL-22 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | Other (specify)	11/29/95	924.03

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

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ken Calvert for Congress PO Box 1414 Riverside, CA 92502-	Cont. to Ken Calvert (CA-43)	11/29/95	1000.00
	Disbursement for: [P] Primary | [General]		
	| Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Legourette for Congress Cmte. 4900 Deleaven Drive Lynchburg, OH 44124-	Cont. to LaTourrette (OH-19)	11/29/95	1000.00
	Disbursement for: [P] Primary | [General]		
	| Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Le Bon Cafe 1110 Braddock Place Alexandria, VA 22314-	Catered lunch for Souder IN-4	11/29/95	549.48 (IN-KIND)
	Disbursement for: [P] Primary | [General]		
	| Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Souder for Congress PO Box 942060 Atlanta, GA 30341-	Cont. to John Linder (GA-6)	11/29/95	500.00
	Disbursement for: [P] Primary | [General]		
	| Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Longley for Congress PO Box 7770 DTB Portland, ME 04122-	Cont. to Jim Longley (ME-1)	11/29/95	1000.00
	Disbursement for: [P] Primary | [General]		
	| Other (specify)		

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

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

SCHEDULE 2 FEDERAL 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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Matt Salmon for Congress 2942 N 24th St. Phoenix, AZ 85016-	Cont. to Matt Salmon (AZ-1)	11/29/95	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	| Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Peterson for Congress 1382 Cypress Rd. Saint Cloud, MN 56303-	Cont. to Peterson (MN-7)	11/29/95	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	| Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Trant Lott for Mississippi PO Box 22629 Jackson, MS 39225-	Cont. to Trant Lott (MS)	11/20/95	1000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	| Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Upton for All of Us P.O. Box 490 St. Joseph, MI 49085-	Cont. to Fred Upton (MI-6)	11/29/95	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	| Other (specify)		

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

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

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

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

Hand Delivered

DATE OF RECEIPT

12-20-95

First Class Mail

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Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

S.S.
PREPARER

12-21-95
DATE PREPARED

95030115476