

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
National Restaurant Association PAC

ADDRESS (number and street) 1200 17th Street NW  
 Check if different than previously reported. (ACC)  
Washington DC 20036

2. **FEC IDENTIFICATION NUMBER** C00003764  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2011 through 01 31 2011

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 Mr. Scott DeFife  
Signature of Treasurer Electronically Filed by Mr. Scott DeFife Date 02 14 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
National Restaurant Association PAC

Report Covering the Period: From:    To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2011"/>		93320.39
(b) Cash on Hand at Beginning of Reporting Period .....	93320.39	
(c) Total Receipts (from Line 19) .....	3749.99	3749.99
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	97070.38	97070.38
7. Total Disbursements (from Line 31) .....	4622.88	4622.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	92447.50	92447.50
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Restaurant Association PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	2205.00	2205.00
(ii) Unitemized .....	1544.99	1544.99
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3749.99	3749.99
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	3749.99	3749.99
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	3749.99	3749.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3749.99	3749.99

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	918.65	918.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	918.65	918.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	3704.23	3704.23
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	3704.23	3704.23
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4622.88	4622.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4622.88	4622.88

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	3749.99	3749.99
34. Total Contribution Refunds (from Line 28(d)) .....	3704.23	3704.23
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	45.76	45.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	918.65	918.65
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	918.65	918.65

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
National Restaurant Association PAC

**A.** Full Name (Last, First, Middle Initial)  
John F. Arena, Jr.  
Mailing Address 2809 Waterview Dr  
City Las Vegas State NV Zip Code 89117-2369  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Metro Pizza Arena Corporation Occupation Owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 01 / 20 / 2011  
Transaction ID: 20110210141610-1  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Kevin Davies  
Mailing Address 2502 W 6th St  
City Wilmington State DE Zip Code 19805-2909  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Iron Hill Brewery Occupation Owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 01 / 20 / 2011  
Transaction ID: 20110210141610-2  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
David Hofstetter  
Mailing Address 4901 Kanawha Ave SW  
City Charleston State WV Zip Code 25309-1208  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Songer Whitewater Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 235.00  
Date of Receipt 01 / 20 / 2011  
Transaction ID: 20110210141610-3  
Amount of Each Receipt this Period 235.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1035.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 10  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
National Restaurant Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Thomas A. Kershaw

Mailing Address 84 Beacon St

City Boston State MA Zip Code 02108-3496

FEC ID number of contributing federal political committee. **C**

Name of Employer Hampshire House Occupation Owner, President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 01 / 20 / 2011  
**Transaction ID:** 20110210141610-4  
 Amount of Each Receipt this Period 260.00

**B.**

Full Name (Last, First, Middle Initial)  
Kevin Settles

Mailing Address PO Box 1558

City Boise State ID Zip Code 83701-1558

FEC ID number of contributing federal political committee. **C**

Name of Employer Bardenay Restaurant & Distillery Occupation President/Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 01 / 20 / 2011  
**Transaction ID:** 20110210141610-11  
 Amount of Each Receipt this Period 650.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael White

Mailing Address 17 Gates Rd

City Marshfield State MA Zip Code 02050-4744

FEC ID number of contributing federal political committee. **C**

Name of Employer OMNI Career Search Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 01 / 20 / 2011  
**Transaction ID:** 20110210141610-14  
 Amount of Each Receipt this Period 260.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1170.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2205.00</b>



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Restaurant Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address Suite 0001 <hr/> City Chicago State IL Zip Code 60679 <hr/> Purpose of Disbursement Amex Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V72A10852A23E12579AB Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 1 1
	Amount of Each Disbursement this Period 168.30
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address Suite 0001 <hr/> City Chicago State IL Zip Code 60679 <hr/> Purpose of Disbursement Amex Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: VE9DBA3D171E70F33E24 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 1 1
	Amount of Each Disbursement this Period 69.39
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Heartland Service Centers <hr/> Mailing Address One Heartland Way <hr/> City Jeffersonville State IN Zip Code 47130 <hr/> Purpose of Disbursement Merchant Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: VDCED223C6DFE58A3335 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 1 1
	Amount of Each Disbursement this Period 577.52
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>815.21</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>815.21</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Restaurant Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Kevin Gudejko <hr/> Mailing Address 605 S Main St Ste 2 <hr/> City Ann Arbor State MI Zip Code 48104-7900 <hr/> Purpose of Disbursement Partial Refund of 2010 Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 8E7AAD7BDF018108734 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 4.23 Category/Type 010
<b>B.</b> Full Name (Last, First, Middle Initial) Sally Smith <hr/> Mailing Address 7001 Dublin Rd <hr/> City Edina State MN Zip Code 55439-1732 <hr/> Purpose of Disbursement Refund of 2010 Excessive Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> DB3F11708B8983986EC <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 1 1
	Amount of Each Disbursement this Period 3700.00 Category/Type 010

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

3704.23

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

3704.23