

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

Sep 20 4 11 PM '95

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) National Restaurant Association Political Action Committee		2. FEC IDENTIFICATION NUMBER C 0000 3764
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1200 17th St., NW		
CITY, STATE and ZIP CODE Washington, DC 20036		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		


4. TYPE OF REPORT

- (a) April 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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>8/1/95</u> through <u>8/31/95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ 42,802.05
(b) Cash on Hand at Beginning of Reporting Period	\$ 62,419.40	
(c) Total Receipts (from Line 18)	\$ 16,027.14	\$ 165,841.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 78,446.54	\$ 208,643.24
7. Total Disbursements (from Line 30)	\$ (1,550.55)	\$ 128,646.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 79,997.09	\$ 79,997.09
9. Debts and Obligations Owed TO 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 20463 Toll Free 800-424-3530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$.00	

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

Type or Print Name of Treasurer <p style="text-align: center;">Don P. Thoren</p>	Date 9/20/95
Signature of Treasurer 	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §487g.

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FEC FORM 3X
(revised 9/83)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	TO
National Restaurant Association PAC	8/1/95	8/31/95
I. Receipts		
	COLUMN A	COLUMN B
	Total This Period	Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Remized (use Schedule A)	11,217.54	118,368.34
ii. Unremized	4,164.31	25,816.22
ii. Total (add i and ii) >	15,381.85	144,184.56
b. Political Party Committees	.00	.00
c. Other Political Committees (such as PACs)	500.00	21,000.00
d. Total Contributions (add a ii, b and c) >	15,881.85	165,184.56
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.)	745.29	656.63
18. Transfers from Nonfederal Account for Joint Activity	.00	.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	16,027.14	165,841.19
20. Total Federal Receipts (subtract line 18 from line 19) >	16,027.14	165,841.19
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)	.00	.00
i. Federal Share	.00	.00
ii. Non-Federal Share	.00	.00
b. Other Federal Operating Expenditures	449.45	909.31
c. Total Operating Expenditures (add a i, a ii, and b) >	449.45	909.31
22. Transfers to Affiliated/Other Party Committees	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	(2,000.00)	127,736.84
24. Independent Expenditures (use Schedule E)	.00	.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (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 (add a, b and c) >	.00	.00
29. Other Disbursements	.00	.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	(1,550.55)	128,646.15
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	(1,550.55)	128,646.15
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	15,881.85	165,184.56
33. Total Contribution Refunds (from line 28d)	.00	.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	15,881.85	165,184.56
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	449.45	909.31
36. Offsets to Operating Expenditures (from line 15)	.00	.00
37. Net Operating Expenditures (subtract line 36 from 35) >	449.45	909.31

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SCHEDULE A - ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1	Of 3
	-----]	
	For Line Number	
	11(ii)	

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 PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bob Adams 1391 Chatterton Eagan, MN 55123	Reinhart Foods	06/25/95	10.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 710.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert L. Ansara 3863 S. Valley View Drive #2 Las Vegas, NV 89103	Ricardo's of Las Vegas	08/23/95	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
Mike Baily 5966 LaPlace Court Carlsbad, CA 92008	MTW Communications	08/03/95	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
Brad Boce 4618 Edgebrook Edina, MN 55424	Grand View Lodge	08/03/95	200.00
Receipt for: <input checked="" type="checkbox"/> Primary General 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)

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 2	Of 3
	For Line Number 11a(1)	

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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Fred Boon 4619 Edgebrook Edina, MN 55424	Grand View Lodge	08/25/95	150.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur		
	Aggregate Year To Date > \$	350.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Chris Brakebush R. 2 Box 24C Westfield, WI 53964	Brakebush Brothers Inc.	08/06/95	260.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur		
	Aggregate Year To Date > \$	260.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Larry M Brown East 2011 South Ridge Drive Spokane, WA 99223	Onions Inc.	08/04/95	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
Evaig Burstein 17260 33rd Avenue Minneapolis, MN 55447	Diners Club	08/03/95	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)

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 3	Of 13
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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Chail 13405-36th Avenue North Minneapolis, MN 55441	Diner's Club	08/03/95	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
Paul Cunningham 168 North Pioneer Road Fond du Lac, WI 54935	Schreiner's Restaurant, Inc.	08/07/95	130.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation RESTAURATEUR Aggregate Year To Date: \$ 230.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard D'Amico 2902 1st Avenue South Minneapolis, MN 55403	D'Amico & Partners Inc	08/28/95	40.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation RESTAURATEUR Aggregate Year To Date: \$ 800.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Phillip Q Deale PO Box 26056 Las Vegas, NV 89126	Phillip's Supper House	08/23/95	200.00
Receipt for: <input checked="" type="checkbox"/> Primary General 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 FINANCED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 4	Of 13
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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul Dyke PO Box 446 Spring Park, MN 55364	Lord Pletober's of the Lake	08/25/95	10.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 210.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Fitzgerald 1921 North 22nd Boise, ID 83702		08/28/95	200.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation 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
Herbert K Gould 313 NE Juanita Dr. Bellevue, WA 98034	Anthony's Restaurant	08/02/95	200.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation RESTAURTEUR 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
Jimmy Hayes 1055 10th Ave S.E. Minneapolis, MN 55414 1379	Marigold Foods	08/03/95	200.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation RESTAURTEUR Aggregate Year To Date > \$ 200.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A - RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 5	of 13
	For Line Number 11a(1)	

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NAME OF COMMITTEE (In Full)
National Restaurant Association SAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Arnold News 871 Jefferson Avenue St. Paul, MN 55102	Minnesota Restaurant Assn.	08/25/95	20.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 420.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ann Jennings 4915 West 35th Street St. Louis Park, MN 55416	T.I.P.S./Best Mark	08/25/95	50.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 1150.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Kavanaugh 5096 Eaton Lane Waukegan, WI 53597	Bequire Club	08/08/95	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
Devin Koenig 1500 Park Place Blvd St. Louis Park, MN 55416	Sheraton Park Place	08/25/95	50.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 850.00		

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 6	Of 13
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NAME OF COMMITTEE (in full)
National Restaurant Association PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wayne Kostrowski 800 Nicollet Mall Minneapolis, MN 55402	Routh Street Investments-North	08/25/95	10.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date: \$ 210.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard Krosning 1517 Bismarck Street Green Bay, WI 54304	Bla Mark Inn.	08/08/95	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
Bob Kruse 3552 Lafayette Rd. Meyers, MN 55391	Lord Fletcher's	08/25/95	80.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date: \$ 680.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark Lidinsky 2400 Egan Woods Drive, Suite 350 Eagan, MN 55121 1152	Lord Fletcher's/Flagship	08/03/95	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

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 7	Of 13
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	For Line Number 11a(4)	

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NAME OF COMMITTEE (In Full)

National Restaurant Association PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark Lidinsky 2600 Egan Woods Drive, Suite 350 Egan, MN 55121 1152	Lord Fletcher's/Flagship	08/25/95	40.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation Restaurateur	Aggregate Year To Date: \$ 440.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gretchen Mathers 1333 Fifth Avenue Seattle, WA 98101	Gretchen's of Course	08/13/95	500.00
Receipt for: <input checked="" type="checkbox"/> Primary 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
Pete Mihajlov Suite 301A 3601 Hennepin Avenue South Minneapolis, MN 55408	Parasol Restaurant Holdings	08/25/95	20.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation Restaurateur	Aggregate Year To Date: \$ 270.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Michulec 3005 Harbor Lane North Minneapolis, MN 55447	JP Mulligan's Restaurant	08/25/95	100.00
Receipt for: <input checked="" type="checkbox"/> Primary General 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 8	Of 13
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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Waegle 4300 Baker Road Minnetonka, MN 55343	Lord Fletcher's/Flagship	08/28/95	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 3700.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Biff Maylor 500 South Sepulveda Blvd. #101 Los Angeles, CA 90049 3514	T.P. California	08/28/95	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary General 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
Mike Nelson 5500 Wayzata Boulevard, Ste 1060 St. Louis Park, MN 55416	Drackett Professional	08/25/95	30.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 230.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Baurie Gars 9605 54th Ave. Plymouth, MN 55442	Lord Fletcher's/Flagship	08/03/95	400.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 400.00		

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 9	Of 13
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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Laurie Oare 9605 54th Ave. Plymouth, MN 55442	Lord Fletcher's/Flagship	08/25/95	50.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Restaurateur Aggregate Year To Date: \$ 450.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joan Ortloff 7550 Frances Ave S. Edina, MN 55435	Lord Fletcher's	08/25/95	30.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Restaurateur Aggregate Year To Date: \$ 230.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Reuben Palm 2727 Nicollet Avenue Minneapolis, MN 55408	Palm Brothers	08/25/95	10.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Restaurateur Aggregate Year To Date: \$ 610.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ellen Percell PO Box 339 Lake Delta, WI 53940	Denny's Restaurant	08/08/95	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		

TOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A - RECEIPTS RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 10	Of 13
	For Line Number 11a(d)	

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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brian Riggsden Box 32070 Louisville, KY 40232 2070	Kentucky Fried Chicken	08/25/95	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
Ken Selby 4441 S. 73rd E. Ave. Tulsa, OK 74145	Mazzio's Corporation	08/25/95	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation RESTAURTEUR 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
William F Specht 293 W16112 Megal Drive Menomonee Falls, WI 53051	Cousins Submarines Inc.	08/08/95	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
Dennis Timucchi 396 21st Street Newport, MN 55055	Timucchi Restaurant	08/25/95	400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 550.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A SPECIFIED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 12	OF 13
	Box Line Number 11a(1)	

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Name Of COMMITTEE (In Full)
National Restaurant Association PAC

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Elizabeth Tolbert 2222 Elm St. SE Minneapolis, MN 55414	The Wine Co.		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	08/03/98	

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Karl Van Roy 1023 Harwood Avenue Green Bay, WI 54313	Rivers Bend, Inc.		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	08/08/98	

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Bill Vander Han 2722 44th Avenue North Minneapolis, MN 55447	Blanks USA		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	08/03/98	

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Stel West 11455 Viking Drive Eden Prairie, MN 55344	Century Bank, RA		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	08/03/98	

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 12	Of 13
	For Line Number 11a(1)	

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NAME OF COMMITTEE (In Full)

National Restaurant Association PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jeff Winner PO Box 479 Luka Delton, WI 53940 0479	Jimmy's Del-Bar	08/08/95	200.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 250.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BRUCE WOLF 1951 Bond Green Bay, WI 54302	Rock Garden Supper Club	08/08/95	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)

4
3
2
1
0
0
0
0
0

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

National Restaurant Association, Political Action Committee

COD003764

A. Full Name, Mailing Address and ZIP Code Elaine Graham Route 2, Box 66D Lovettsville, VA 22080 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer National Restaurant Association Occupation Association Executive Aggregate Year-to-Date > \$ 669.72	Date (month, day, year) 8/31/95	Amount of Each Receipt this Period 83.34
B. Full Name, Mailing Address and ZIP Code Don Thoren 5340 Holmes Run Parkway, #305 Alexandria, VA 22304 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer National Restaurant Association Occupation Association Executive Aggregate Year-to-Date > \$ 312.60	Date (month, day, year) 8/31/95	Amount of Each Receipt this Period 41.68
C. Full Name, Mailing Address and ZIP Code Patti Stinger 115 South Patrick Street Alexandria, VA 22314 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer National Restaurant Association Occupation Association Executive Aggregate Year-to-Date > \$ 304.36	Date (month, day, year) 8/31/95	Amount of Each Receipt this Period 43.48
D. Full Name, Mailing Address and ZIP Code Lee Culpepper 341 South Pickett Street Alexandria, VA 22304 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer National Restaurant Association Occupation Association Executive Aggregate Year-to-Date > \$ 304.36	Date (month, day, year) 8/31/95	Amount of Each Receipt this Period 43.48
E. Full Name, Mailing Address and ZIP Code Christina Howard 9700 Chilcott Manor Way Vienna, VA 22181 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer National Restaurant Association Occupation Association Executive Aggregate Year-to-Date > \$ 250.02	Date (month, day, year) 8/31/95	Amount of Each Receipt this Period 55.56
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	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)

11,217.54

9 5 0 3 9 3 0 1 4 9 9

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

<p>A. Full Name, Mailing Address and ZIP Code Crestar NA p.O. Box 26150 Richmond, VA 23260</p>	<p>Name of Employer Interest earned on cash equivalent fund</p>	<p>Date (month, day, year) 8/31/95</p>	<p>Amount of Each Receipt this Period 144.29</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation 656.63</p>		<p>Aggregate Year-to-Date > \$</p>
<p>B. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>		<p>Aggregate Year-to-Date > \$</p>
<p>C. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>		<p>Aggregate Year-to-Date > \$</p>
<p>D. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>		<p>Aggregate Year-to-Date > \$</p>
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>		<p>Aggregate Year-to-Date > \$</p>
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>		<p>Aggregate Year-to-Date > \$</p>
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>		<p>Aggregate Year-to-Date > \$</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

144.29

9503781500

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21-B

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Express 200 Vesey Street New York, NY 10285	credit card fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/31/95	449.45
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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

449.45

SCHEDULE F ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1	Of 2
	For Line Number 23	

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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Galleghy for Congress 1791 Ezringer Road Simi Valley, CA 93065-	Cont. to Elton Galleghy CA-33		1000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)	08/22/95	

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

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

24
0
5
4
8
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2
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2

SCHEDULE B

ITEMIZED DISBURSEMENTS

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, Political Action Committee C00003764

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Thomas J. Bliley for Congress Committee PO Box 17095 Richmond, VA 23226	Contribution to Tom Bliley (VA-7) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/31/95	(1,000.00) VOID 1/25/95
Thornberry for Congress PO Box 1006 Clarendon, TX 79226	Contribution to Mac Thornberry (TX-13) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/31/95	(2,000.00) VOID 1/25/95
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
J. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	(2,000.00)

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

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

Hand Delivered DATE OF RECEIPT
9-21-95

First Class Mail POSTMARKED

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

JMH
PREPARER

9-21-95
DATE PREPARED

9503981504