REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

FEDERAL ELECTION COMMISSION MAIL ROOM

Jul 26 12 07 PM '93

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Outback Steakhouse, Inc.
Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
550 N. REo St., Suite 204

CITY, STATE and ZIP CODE
Tampa, FL 33609

2. FEC IDENTIFICATION NUMBER
C00253153

3. ☐ This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

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 6-1-93 through 6-30-93		
6. (a) Cash on Hand January 1, 19 93		$ 10,101.69
(b) Cash on Hand at Beginning of Reporting Period	$ 21,756.46	
(c) Total Receipts (from Line 19)	$ 2,220.68	$ 16,375.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 23,977.14	$ 26,477.14
7. Total Disbursements (from Line 30)	$ -0-	$ 2,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 23,977.14	$ 23,977.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ None	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ None	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Ava S. Forney

Signature of Treasurer
Ava S. Forney

Date
6-19-93

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

FEC FORM 3X
(revised 1/1/91)

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NAME OF COMMITTEE
Outback Steakhouse, Inc.

REPORT COVERING PERIOD
FROM 6-1-93 TO 6-30-93

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	642.00	3,674.00
ii. Unitemized	1,525.00	12,220.00
iii. Total (add i and ii) ➤	2,167.00	15,894.00
b. Political Party Committees	None	None
c. Other Political Committees (such as PACs)	None	None
d. Total Contributions (add a iii, b and c) ➤	2,167.00	16,164.00
12. Transfers From Affiliated/Other Party Committees	None	None
13. All Loans Received	None	None
14. Loan Repayments Received	None	None
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	None	None
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	None	None
17. Other Federal Receipts (Dividends, Interest, etc.)	53.68	211.45
18. Transfers from Nonfederal Account for Joint Activity	None	None
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	2,220.68	16,375.45
20. Total Federal Receipts (subtract line 18 from line 19) ➤	2,220.68	16,375.45
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	None	None
ii. Non-Federal Share	None	None
b. Other Federal Operating Expenditures	None	None
c. Total Operating Expenditures (add a i, a ii, and b) ➤	None	None
22. Transfers to Affiliated/Other Party Committees	None	2,500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	None	None
24. Independent Expenditures (use Schedule E)	None	None
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	None	None
26. Loan Repayments Made	None	None
27. Loans Made	None	None
28. Refunds of Contributions To:	None	None
a. Individuals/Persons Other Than Political Committees	None	None
b. Political Party Committees	None	None
c. Other Political Committees (such as PACs)	None	None
d. Total Contribution Refunds (add a, b and c) ➤	None	None
29. Other Disbursements	None	None
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	None	2,500.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	None	2,500.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	2,167.00	12,220.00
33. Total Contribution Refunds (from line 28d)	None	None
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,167.00	12,220.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	None	None
36. Offsets to Operating Expenditures (from line 15)	None	None
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

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SCHEDULE A

ITEMIZED RECEIPTS

For each category of the Detailed Summary Page

FOR LINE NUMBER 1 | 3

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)
Outback Steakhouse, Inc., Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hugh Connerty 550 N. Reo St. #204 Tampa, Fl 33609	Outback Steakhouse, Inc.		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Officer		
	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carl Sahlsten 550 N. Reo St. #204 Tampa, Fl 33609	same as above		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Officer		
	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Coble 550 N. Reo St. #204 Tampa, Fl 33609	same as above		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Office		
	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
Eric Bersinger 550 N. Reo St. #204 Tampa, Fl 33609	same as above		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Managing Partner		
	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
Vince Runco 550 N. Reo St. #204 Tampa, Fl 33609	same as above		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Managing Partner		
	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
Lee Karlins 550 N. Reo St., #204 Tampa, Fl 33609	same as above		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager		
	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
Chris T. Sullivan 550 N. Reo St. #204 Tampa, Florida 33609	same as above	6-4-93 6-18-93	78.00 78.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chairman		
	Aggregate Year-to-Date > $ 1,092.00		

SUBTOTAL of Receipts This Page (optional) ..... > 156.00

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

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SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 2 OF 13

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)
Outback Steakhouse, Inc. Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Paul Avery 550 N. Reo St. #204 Tampa, Fl 33609 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Outback Steakhouse, Inc Occupation: Director of Operations Aggregate Year-to-Date > $ 280.00	6-4-93 6-18-93	20.00 20.00
B. Robert D. Basham 550 N. Reo St. #204 Tampa, Fl 33609 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	same as above Occupation: President Aggregate Year-to-Date > $	6-4-93 6-18-93	78.00 78.00
C. Dennis Lee Hood 550 N. Reo st., Suite 204 Tampa, Fl 33609 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	same as above Occupation: Regional Manager Aggregate Year-to-Date > $ 260.00	6-4-93 6-18-93	20.00 20.00
D. Dave Sanders 550 N.Reo St., Suite 204 Tampa, Fl 33609 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	same as above Occupation: Managing Partner Aggregate Year-to-Date > $ 260.00	6-4-93 6-18-93	20.00 20.00
E. Greg Felton 550 N. Reo St., Suite 204 Tampa, Fl 33609 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	same as above Occupation: Managing Partner Aggregate Year-to-Date > $	6-4-93 6-18-93	20.00 20.00
F. George Husum 550 N. Reo St., Suite 204 Tampa, Fl 33609 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	same as above Occupation: Mananging Partner Aggregate Year-to-Date > $ 260.00	6-4-93 6-18-93	20.00 20.00
G. Jim Pollard 550 N. Reo St., Suite 204 Tampa, FL 33609 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	same as above Occupation: Regional Manager Aggregate Year-to-Date > $ 260.00	6-4-93 6-18-93	20.00 20.00

SUBTOTAL of Receipts This Page (optional) 396.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 3

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)
Outback Steakhouse, Inc.
Political Action Committee

A. Full Name, Mailing Address and ZIP Code Mark Wibel 550 N. Reo St., Suite 204 Tampa, Fl 33609	Name of Employer Outback Steakhouse	Date (month, day, year) 6-4-93 6-18-93	Amount of Each Receipt this Period 20.00 20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Regional Manager Aggregate Year-to-Date > $ 260.00		
B. Full Name, Mailing Address and ZIP Code Scott Estes 550 N. Reo St., Suite 204 Tampa, FL 33609	Name of Employer same as above	Date (month, day, year) 6-4-93 6-18-93	Amount of Each Receipt this Period 25.00 25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Managing Partner Aggregate Year-to-Date > $ 205.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 90.00

TOTAL This Period (last page this line number only) 642.00

93030494

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
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 7-20-93
☐	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

SLH. — PREPARER

7-26-93 — DATE PREPARED

FEC FORM 70-2 (12/92)

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