

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 SEP 15 P 2:08

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 Street, 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>08/01/00</u> through <u>08/31/00</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ <u>224,537.89</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>211,855.36</u>	
(c) Total Receipts (from Line 19)	\$ <u>44,775.50</u>	\$ <u>254,750.48</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>256,630.86</u>	\$ <u>479,288.35</u>
7. Total Disbursements (from Line 30)	\$ <u>11,232.20</u>	\$ <u>233,889.69</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>245,398.66</u>	\$ <u>245,398.66</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0.00</u>	For further information contact: Federal Election Commission 899 E Street, NW Washington, DC 20463 Toll Free 800-424-6630 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0.00</u>	

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 Lee Culpepper		Date <u>9-15-00</u>
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. §437g.

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FEC FORM 3X
(revised 8/98)

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

(revised 1/1/81)

NAME OF COMMITTEE: National Restaurant Association Political Action Committee		REPORT COVERING PERIOD FROM 08/01/00 TO: 08/31/00	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		31,436.58	194,183.12
ii. Unitemized		13,068.94	36,674.51
iii. Total (add i and ii) >		44,505.50	230,867.63
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	20,403.16
d. Total Contributions (add a ii, b and c) >		44,505.50	251,270.79
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.)		0.00	619.22
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		0.00	1,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)		270.00	1,960.45
18. Transfers from Nonfederal Account for Joint Activity		0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		44,775.50	264,750.45
20. Total Federal Receipts (subtract line 18 from line 19) >		44,775.50	254,750.46
II. Disbursements			
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		213.00	964.36
c. Total Operating Expenditures (add a i, a ii, and b) >		213.00	964.36
22. Transfers to Affiliated/Other Party Committees		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		11,019.20	213,185.33
24. Independent Expenditures (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		0.00	3,160.00
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contribution Refunds (add a, b and c) >		0.00	3,160.00
29. Other Disbursements		0.00	16,570.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		11,232.20	233,889.69
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		11,232.20	233,889.69
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		44,505.50	251,270.79
33. Total Contribution Refunds (from line 28d)		0.00	3,160.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		44,505.50	248,110.79
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		213.00	964.36
36. Offsets to Operating Expenditures (from line 15)		0.00	519.22
37. Net Operating Expenditures (subtract line 36 from 35) >		213.00	445.14

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6

FOR LINE NUMBER 11 a

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Cynthia Urquhart 412 Oakwood Avenue Raleigh, NC 27601	Golden Corral	08/09/00	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 400.00	
Ronald Barbee 305 Glen Abbey Drive Cary, NC 27513-6007	Golden Corral Corp.	08/09/00	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 400.00	
Billy Sewell 4522 Hershey Court Raleigh, NC 27613	Golden Corral Corporation	08/09/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 1,000.00	
Charles Winston 806 Wellealey Drive NW Atlanta, GA 30305-3821	Winston Group	08/09/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 1,000.00	
Kress Muenzmay 5050 Greenbrier Trail Mt. Dora, FL 32757	Golden Corral	08/16/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 500.00	
Mike Kull 9656 Bluegrass Pkwy. Suite 200 Louisville, KY 40299	Dairy Queen Corporate Stores	08/16/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 1,000.00	
C. Lamar Bell 4708 Twinwood Court Raleigh, NC 27613-6116	Golden Corral Corp.	08/16/00	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 400.00	

BUBTOTAL of Receipts This Page (optional) **4,200.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 8
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
National Restaurant Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code Doug R Higdon 2308 Windy Woods Drive Raleigh, NC 27607-6357	Name of Employer Golden Corral Corp.	Date (month, day, year) 08/16/00	Amount of Each Receipt this Period 400.00
	Occupation Restaurateur	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$ 400.00			
B. Full Name, Mailing Address and ZIP Code Nick Apostle 1501 Lakeland Drive Jackson, MS 39216-4834	Name of Employer Nick's, Inc.	Date (month, day, year) 08/16/00	Amount of Each Receipt this Period 1,700.00
	Occupation Restaurateur	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$ 1,700.00			
C. Full Name, Mailing Address and ZIP Code Irwin Roberts 4513 Creedmoor Rd. Raleigh, NC 27612-3811	Name of Employer Golden Corral Corp.	Date (month, day, year) 08/16/00	Amount of Each Receipt this Period 400.00
	Occupation Restaurateur	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$ 400.00			
D. Full Name, Mailing Address and ZIP Code Peter Charland 9305 Hometown Dr. Raleigh, NC 27615-2102	Name of Employer Golden Corral Corp.	Date (month, day, year) 08/16/00	Amount of Each Receipt this Period 400.00
	Occupation Restaurateur	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$ 400.00			
E. Full Name, Mailing Address and ZIP Code Gary Leonard 1550 South Glenstone Springfield, MO 65804-1408	Name of Employer Leonard's Steak'n Shake	Date (month, day, year) 08/16/00	Amount of Each Receipt this Period 250.00
	Occupation Owner	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$ 250.00			
F. Full Name, Mailing Address and ZIP Code William Fant P.O. Box 2429 Starkville, MS 39760-2429	Name of Employer Bulldog Dell	Date (month, day, year) 08/16/00	Amount of Each Receipt this Period 500.00
	Occupation Restaurateur	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$ 500.00			
G. Full Name, Mailing Address and ZIP Code Xavier Talxido 2020 Naaman's Road Wilmington, DE 19810-2855	Name of Employer Harry's Savoy Grill	Date (month, day, year) 08/16/00	Amount of Each Receipt this Period 250.00
	Occupation Restaurateur	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$ 500.00			

SUBTOTAL of Receipts This Page (optional) **3,900.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **3** OF **6**
FOR LINE NUMBER **11 a 1**

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NAME OF COMMITTEE (In Full)
National Restaurant Association Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code Myrrl H Bean 574 Greenbriar Columbus, MS 39701-1455</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Harvey's Rest.</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 08/16/00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Tom Kershaw 84 Beacon Street Boston, MA 02108-3498</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Hampshire House Corp.</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 5,000.00</p>	<p>Date (month, day, year) 08/16/00</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Ollie G. Wilkes P.O. Box 6 Meridian, MS 39302-0006</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Hotel & Restaurant Supply</p> <p>Occupation Restaurant Supplier</p> <p>Aggregate Year-to-Date > \$ 333.00</p>	<p>Date (month, day, year) 08/16/00</p>	<p>Amount of Each Receipt this Period 333.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Jerry R Greene P.O. Box 6 Meridian, MS 39302-0006</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Hotel & Restaurant Services</p> <p>Occupation Restaurant Supplier</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 08/16/00</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Jerry R Greene P.O. Box 6 Meridian, MS 39302-0006</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Hotel & Restaurant Services</p> <p>Occupation Restaurant Supplier</p> <p>Aggregate Year-to-Date > \$ 734.00</p>	<p>Date (month, day, year) 08/16/00</p>	<p>Amount of Each Receipt this Period 334.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Ronald F. Higgins 1201 Dove Street Suite 475 Newport Beach, CA 92660</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Forbco Management Corporation</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 5,000.00</p>	<p>Date (month, day, year) 08/16/00</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Monty Fletcher 239 Road 1046 Tupelo, MS 38801-7812</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Burger King</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 260.00</p>	<p>Date (month, day, year) 08/16/00</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional) **11,817.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 4 OF 6

FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in Full)
National Restaurant Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Bean P.O. Box 709 104 1/2-3rd St., South Columbus, MS 39703	University Management/Harveys Restaurants	08/16/00	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 2,150.00	
Wayne Schwalgart 16869 New Bremen Rd. Sainte Genevieve, MO 63670-0464	Schweigert Brothers, Inc.	08/16/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: restaurateur	Aggregate Year-to-Date > \$ 300.00	
Paul V. Severin 1504 Queens Point Drive Richmond, VA 23233-3957	Golden Corral Corp.	08/16/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: restaurateur	Aggregate Year-to-Date > \$ 250.00	
Bill Wolfe 4251 Industrial Drive Jackson, MS 39209-2748	Hotel & Restaurant Supply	08/16/00	333.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurant Supplier	Aggregate Year-to-Date > \$ 333.00	
Bernard Bean 628 Highland Circle Tupelo, MS 38801	Harvey's	08/16/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 250.00	
Donald Voland 209 Glendale Drive Clairton, PA 15025	Information Requested	08/18/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 1,000.00	
Gregory Maggio 804 Meadow Glen Court Cranberry Township, PA 16066	Information Requested	08/18/00	350.00
Receipt For: <input 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) 2,633.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 8
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
National Restaurant Association Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code Hartley C. King 1180 Long Run Rd Mc Keesport, PA 15131-2033</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer King's Family Restaurants</p> <p>Occupation President & Chief Executive Officer</p> <p>Aggregate Year-to-Date > \$ 4,675.00</p>	<p>Date (month, day, year) 08/18/00</p>	<p>Amount of Each Receipt this Period 4,675.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Michael Gibbons 6737 Little Farms Court Sylvania, OH 43660</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Mainstreet Ventures</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 2,200.00</p>	<p>Date (month, day, year) 08/22/00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Biff Naylor 11881 Bellagio Road Bel Air, CA 90049-3544</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Naylor Establishment</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 08/24/00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code J. N. Grimes P. O. Box 1990 Jacksonville, TX 75768-1990</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Dairy Queen/ South East Restaurants</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 08/24/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Tad Stenberg 3100 Calhoun Street New Orleans, LA 70126-4200</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Ted's Frostop Restaurant</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 08/24/00</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Danny Hebeon 1514 E. Lake Avenue Glenview, IL 60026-2193</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Hackney's on Lake, Inc.</p> <p>Occupation Executive Vice President</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 08/24/00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Joseph M. DeRosa 7613 W. State Street Wauwatosa, WI 53213-2654</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer DeRosa Corporation</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 1,250.00</p>	<p>Date (month, day, year) 08/24/00</p>	<p>Amount of Each Receipt this Period 625.00</p>

GRAND TOTAL of Receipts This Page (optional)

8,050.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **5** OF **6**

FOR LINE NUMBER **11 a**

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NAME OF COMMITTEE (In Full)
National Restaurant Association Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code Bill Hyde 3321 Hessmer Metairie, LA 70002-4726</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Ruth's Chris Steak House</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 1,450.00</p>	<p>Date (month, day, year) 08/24/00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Bill Hyde 3321 Hessmer Metairie, LA 70002-4726</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Ruth's Chris Steak House</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 1,700.00</p>	<p>Date (month, day, year) 08/24/00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Christina Howard 9700 Chilcott Manor Way Vienna, VA 22181-6400</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer National Restaurant Association</p> <p>Occupation Association Executive</p> <p>Aggregate Year-to-Date > \$ 250.88</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 43.48 (\$21.74 Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Lee Culpepper 341 South Pickett Street Alexandria, VA 22304-4746</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer National Restaurant Association</p> <p>Occupation Association Executive</p> <p>Aggregate Year-to-Date > \$ 550.00</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 100.00 (\$50.00 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Kathleen O'Leary 1200 Braddock Place, #201 Alexandria, VA 22314-1664</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer National Restaurant Association</p> <p>Occupation Association Executive</p> <p>Aggregate Year-to-Date > \$ 250.03</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 45.46 (\$22.73 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Gay Westbrook 1255 New Hampshire Ave. NW Washington, DC 20035-2325</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer National Restaurant Association</p> <p>Occupation Association Executive</p> <p>Aggregate Year-to-Date > \$ 251.91</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Mike Kull 9656 Bluegrass Pkwy. Suite 200 Louisville, KY 40299</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Dairy Queen Corporate Stores</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 1,100.00</p>	<p>Date (month, day, year) 08/31/00</p>	<p>Amount of Each Receipt this Period 100.00</p>

SUBTOTAL of Receipts This Page (optional)

836.55

TOTAL This Period (last page this line number only)

31,436.55

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code Crestar Bank NA Post Office Box 28150 Richmond, VA 23250-5150	Name of Employer Interest Earned Occupation	Date (month, day, year) 08/31/00	Amount of Each Receipt this Period 270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,960.46	
B. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Occupation		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
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
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
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
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
Occupation		Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) **270.00**

TOTAL This Period (last page this line number only) **270.00**

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)
National Restaurant Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement August Bank Fees	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank NA 1100 Connecticut Avenue, NW Washington, DC 20036	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/31/00	213.00
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)

213.00

TOTAL This Period (last page this line number only)

213.00

SCHEDULE B

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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sean Brosatt 1200 17th Street NW Washington, DC 20036	In-kind contribution to Ken Lucas Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/24/00	232.67 (In-Kind)
Lucas for Congress OK-06 P.O. Box 26825 Oklahoma, OK 73126	Purpose of Disbursement Ken Lucas, U.S. House 4th KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/24/00	232.67 (Memo In-Kind)
Friends of Kent Conrad ND-D 420 C Street NE Lower Level Washington, DC 20002	Purpose of Disbursement Kent Conrad, U.S. SENATE ND Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/24/00	1,000.00
Deborah Pryce for Congress 340 East Gay Street Columbus, OH 43215	Purpose of Disbursement Deborah Pryce, U.S. HOUSE 15th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/24/00	1,000.00
Friends of Dan Miller 1111 Third Ave. West Suite 200 Bradenton, FL 34205	Purpose of Disbursement Dan Miller, U.S. HOUSE 13th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/24/00	1,000.00
Wisconsin Leadership PAC 888 16th Street, NW 7th Floor Washington, DC 20008	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/24/00	1,000.00
Friends of Dave Waldon Post Office Box 968 Melbourne, FL 32902	Purpose of Disbursement Dave Waldon, U.S. HOUSE 15th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/24/00	1,000.00
Lee Culpepper 1200 17th Street Washington, DC 20036	Purpose of Disbursement In-kind luncheon for Cal Dooley Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/30/00	786.53 (In-Kind)
Dooley for Congress 44 Canal Center Plaza Suite 400 Alexandria, VA 22314	Purpose of Disbursement Cal Dooley, US House 20th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/30/00	786.53 (Memo In-Kind)

SUBTOTAL of Disbursements This Page (optional)	6,019.20
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 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
National Restaurant Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lazio 2000 126 South Windsor Avenue Brightwaters, NY 11718	Rick Lazio, U.S. Senate NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/30/00	5,000.00
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)	5,000.00
TOTAL This Period (last page this line number only)	11,019.20

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 9-15-00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>See</i> PREPARER	9-15-00 DATE PREPARED