

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
National Restaurant Association PAC

ADDRESS (number and street) Check if different than previously reported
1200 17th Street, NW

CITY, STATE and ZIP CODE
Washington, DC 20036

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 OCT 20 12 41 17

2. FEC IDENTIFICATION NUMBER
C 0000 3764

3. 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	09/01/99 through 09/30/99		
6. (a) Cash on Hand January 1, 19 99			\$ 164,443.63
(b) Cash on Hand at Beginning of Reporting Period		\$ 143,709.25	
(c) Total Receipts (from Line 19)		\$ 25,289.37	\$ 279,903.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 168,998.62	\$ 444,347.55
7. Total Disbursements (from Line 30)		\$ 0.00	\$ 275,348.93
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 168,998.62	\$ 168,998.62
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20469
Toll Free 800-424-9580
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
DON THOREN Asst. Treasurer

Signature of Treasurer
[Handwritten Signature]

Date
10/20/99

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

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FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE National Restaurant Association PAC		REPORT COVERING PERIOD		
		FROM	TO:	
		09/01/99	09/30/99	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
	i. Itemized (use Schedule A)	12,295.16	207,113.25	11(a)(7)
	ii. Unitemized	12,948.44	71,152.22	11(a)(8)
	B. Total	25,243.60	278,265.47	11(a)(9)
b.	Political Party Committees	0.00	0.00	11(b)
c.	Other Political Committees (such as PACs)	0.00	0.00	11(c)
d.	Total Contributions	25,243.60	278,265.47	11(d)
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13.	All Loans Received	0.00	0.00	13
14.	Loan Repayments Received	0.00	0.00	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	45.77	1,638.45	17
18.	Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19.	Total Receipts	25,289.37	279,903.92	19
20.	Total Federal Receipts	25,289.37	279,903.92	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
	i. Federal Share	0.00	0.00	21(a)(1)
	ii. Non-Federal Share	0.00	0.00	21(a)(2)
b.	Other Federal Operating Expenditures	0.00	10,332.73	21(b)
c.	Total Operating Expenditures	0.00	10,332.73	21(c)
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	250,016.20	23
24.	Independent Expenditures (use Schedule E)	0.00	0.00	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	0.00	0.00	25
26.	Loan Repayments Made	0.00	0.00	26
27.	Loans Made	0.00	0.00	27
28.	Refunds of Contributions To:			
	a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
	b. Political Party Committees	0.00	0.00	28(b)
	c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
	d. Total Contribution Refunds	0.00	0.00	28(d)
29.	Other Disbursements	0.00	15,000.00	29
30.	Total Disbursements	0.00	275,348.93	30
31.	Total Federal Disbursements	0.00	275,348.93	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	25,243.60	278,265.47	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	25,243.60	278,265.47	34
35.	Total Federal Operating Expenditures	0.00	10,332.73	35
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37.	Net Operating Expenditures	0.00	10,332.73	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
FOR LINE NUMBER 11 a i

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

<p>A. Full Name, Mailing Address and ZIP Code Bill Leichsenring Jr., P.O. Box 230 4420-220th Trail Amana, IA 52203 0230</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Ox Yoke Inn, Inc.</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 08/20/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Charles Goodson, 3809 Ambassador Caffery Pkwy. Lafayette, LA 70503-5275</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Charley G's Seafood Grill</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 1,100.00</p>	<p>Date (month, day, year) 09/20/99</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>C. Full Name, Mailing Address and ZIP Code William R Roberts 1220 Jefferson Avenue New Orleans, LA 70115-3014</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Roberta Gumbo Shop</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 09/20/99</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Thomas W. Schervish 330 3rd Street, NW Canton, OH 44702-1796</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Stark Management</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 08/20/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Bill C. Rowe Jr. 1320 E. Kellogg Drive Wichita, KS 67211</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Willie C's Cafe</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/20/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Bernard H. Schreiner P.O. Box 1216 Fond du Lac, WI 54936-4245</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Schreiner's Restaurant</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/20/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Michael J. Grisanti, 9300 Shelbyville Road Suite 500 Louisville, KY 40222-5145</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Grisanti, Inc.</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 08/20/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>BUBTOTAL of Receipts This Page (optional)</p>			<p>2,700.00</p>
<p>TOTAL This Period (last page this line number only)</p>			<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 6
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

<p>A. Full Name, Mailing Address and ZIP Code Sunny Garrett P.O. Box 774199 Steamboat Springs, CO 80477-4199</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer La Montana Southwestern & Mexican Restaurant</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/20/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Paul Cunningham 328 Maple Avenue Fond Du Lac, WI 54935-3811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Schreiner's Restaurant</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/20/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Howard Poole 3519 Hanover Rd. Louisville, KY 40207-4359</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Dizzy Whizz Drive-In</p> <p>Occupation restaurateur</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 09/20/99</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Richard W. Kubach Jr., 1501 Snyder Avenue Philadelphia, PA 19145</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Melrosa Diner, Inc.</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 3,000.00</p>	<p>Date (month, day, year) 09/20/99</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Loyd & Leslie Stephenson 16401 East 40th Highway Kansas City, MO 64136</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Stephenson's Restaurant, Inc.</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/20/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Larry Corbin 3776 S. High Street Columbus, OH 43207-4000</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Bob Evans Farms, Inc.</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 2,100.00</p>	<p>Date (month, day, year) 09/20/99</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Cameron Mitchell 2620 Hanthorn Road Columbus, OH 43221-3212</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Cameron Mitchell Restaurants</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 600.00</p>	<p>Date (month, day, year) 09/20/99</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional) **4,260.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 3 OF 5
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)
National Restaurant Association PAC

<p>A. Full Name, Mailing Address and ZIP Code Edward Foy 1111 Winchester Ave. Fond Du Lac, WI 54935-8341</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Sondergard and Foy S.C.</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/20/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Craig Huse 127 South Illinois Street Indianapolis, IN 46226-1079</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer St. Elmo's Steak House</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 09/20/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Brian Moore P.O. Box 927 Auburn, AL 36831</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Tenda Chick, Inc.</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 09/20/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Chip Tullar P.O. Box 111 Grand Rivers, KY 42045-0111</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Patt's An 1880's Restaurant</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 600.00</p>	<p>Date (month, day, year) 09/21/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Thomas Barrows 302 Edward Avenue Suffolk, VA 23434-4206</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Golden Corral</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/21/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Bea Wertheim 516 W 6th St Covington, KY 41011-1214</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wertheim's</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 09/21/99</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Mark Haines P.O. Box 1832 Glasgow, KY 42142-1832</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Bolton's Landing</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 700.00</p>	<p>Date (month, day, year) 09/21/99</p>	<p>Amount of Each Receipt this Period 700.00</p>

SUBTOTAL of Receipts This Page (optional) **3,000.00**

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 4 OF 5
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martha J Cheshire 451 Cliffside Drive Somerset, KY 42503-8041	Dairy Queen Occupation: Restaurateur	09/21/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Howard J Walters 8724 East 91st Place S Tulsa, OK 74133	Golden Corral Corp. Occupation: Restaurateur	09/21/99	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 275.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Billy Sewell 4622 Hershey Court Raleigh, NC 27613	Golden Corral Corporation Occupation: Restaurateur	09/21/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Creech 3357 Somerset Road London, KY 40741	Golden Corral Corporation Occupation: Restaurateur	09/22/99	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Francis O'Rourke 4777 W. Hinsdale Court Littleton, CO 80128	Golden Corral Corporation Occupation: Restaurateur	09/22/99	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Don Thoren 20861 Great Falls Forest Dr. Sterling, VA 20165-2814	National Restaurant Association Occupation: Association Executive	Payroll Deduction	40.00 (\$20.00 Semimonthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 280.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elaine Graham 1200 17th Street, NW Washington, DC 20036	National Restaurant Association Occupation: Association Executive	Payroll Deduction	200.00 (\$100.00 Semimonthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,800.00		

SUBTOTAL of Receipts This Page (optional) 2,255.00

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 5
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

<p>A. Full Name, Mailing Address and ZIP Code Christina Howard 9700 Chilcott Manor Way Vienna, VA 22181-5400</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 > \$ 327.08</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>38.48</p> <p>(\$19.24)</p> <p>Semimonthly</p>
<p>B. Full Name, Mailing Address and ZIP Code Kathleen O'Leary 1200 Braddock Place, #201 Alexandria, VA 22314-1864</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 > \$ 312.60</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>41.68</p> <p>(\$20.84)</p> <p>Semimonthly</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

80.16

TOTAL This Period (last page this line number only)

12,295.16

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 PAC

A. Full Name, Mailing Address and ZIP Code Crestar Bank NA Crestar Bank NA Post Office Box 26150 Richmond, VA 23260-6150	Name of Employer Interest Earned Occupation	Date (month, day, year) 09/30/89	Amount of Each Receipt this Period 45.77
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,538.46		
B. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
SUBTOTAL of Receipts This Page (optional)			45.77
TOTAL This Period (last page this line number only)			45.77

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
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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 <i>10-21-99</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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>JMS 10</i> PREPARER	<i>10-21-99</i> DATE PREPARED

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<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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 _____ end/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
PREPARER	DATE PREPARED