

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

June 20, 1996

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) National Restaurant Association PAC ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1200 Seventeenth St, NW CITY, STATE and ZIP CODE Washington, DC 20036	2. FEC IDENTIFICATION NUMBER C 0000 3764
3. <input checked="" type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period or (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

96030571605

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>05/01/96</u> through <u>05/31/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 239,180.70
(b) Cash on Hand at Beginning of Reporting Period	\$ 193,252.21	
(c) Total Receipts (from Line 19)	\$ 79,617.00	\$ 179,186.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 272,869.21	\$ 418,366.71
7. Total Disbursements (from Line 30)	\$ 68,860.82	\$ 214,358.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 204,008.39	\$ 204,008.39
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$.00	
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 Donald P. Thoren	Date 6/20/96
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. 5437g

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

Revised 11-91

NAME OF COMMITTEE
National Restaurant Association PAC

REPORT COVERING PERIOD
FROM 05/01/96 TO 05/31/96

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)		47,901.92	116,218.44
ii. Unitemized		12,375.25	32,683.31
iii. Total	(add i and ii) >	60,277.17	148,901.75
b. Political Party Committees		.00	.00
c. Other Political Committees (such as PACs)		18,500.00	25,000.00
d. Total Contributions	(add a iii, b and c) >	78,777.17	173,901.75
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.)		839.83	5,284.26
18. Transfers from Nonfederal Account for Joint Activity		.00	.00
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	79,617.00	179,186.01
20. Total Federal Receipts	(subtract line 19 from line 19) >	79,617.00	179,186.01
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		.00	.00
ii. Non-Federal Share		.00	.00
b. Other Federal Operating Expenditures		536.39	1,810.14
c. Total Operating Expenditures	(add a i, a ii, and b) >	536.39	1,810.14
22. Transfers to Affiliated/Other Party Committees		.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		24,239.08	168,462.83
24. Independent Expenditures (use Schedule E)		44,085.35	44,085.35
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. Individual/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) >	69,860.82	214,358.32
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	68,860.32	214,358.32
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		78,777.17	173,901.75
33. Total Contribution Refunds (from line 28d)		.00	.00
34. Net Contributions (other than loans) (subtract line 33 from 32)		78,777.17	173,901.75
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	536.39	1,810.14
36. Offsets to Operating Expenditures (from line 15)		.00	.00
37. Net Operating Expenditures	(subtract line 36 from 35) >	536.39	1,810.14

95030571606

SCHEDULE A ITEMIZED RECEIPTS

Use separate subtotals for each category of the Detailed Summary Page	Page	Of
	1	24
	File Number	
	15411	

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
Jerry Abel 4200 Broadway St. San Antonio, TX 78209 6317	Earl Abel's Restaurant	05/21/96	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	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jack Anon 2700 Dogwood St. Glenborough, AK 99501	Mark's Brothers	05/22/96	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	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gary Andreeky 37 Dole Avenue Crystal Lake, IL 60014	Illinois Restaurant Association	05/25/96	550.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 550.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Reid L Ashton 28100 West Ten Mile Road Southfield, MI 48075	Golden Mushroom Restaurant	05/29/96	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 1000.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SECTION A - ITEMIZED RECEIPTS

Get separate schedule(s) for each category of the Detailed Summary Page	Page 2 of 2
	Per Issue Number

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
Hollis Axelrod 93 Ridge Road Highland Park, IL 60035	Dancing Woodies Cafe	05/26/96	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		
<input checked="" type="checkbox"/> Full Name, Mailing Address and Zip Code Bernard J Berghoff 17 West Adams Street Chicago, IL 60603	Berghoff Restaurant Company	05/23/96	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		
<input checked="" type="checkbox"/> Full Name, Mailing Address and Zip Code Lawrence S Bird 625 Leeburg Ct. Lincoln, NE 68516	Concord Enterprises	05/22/96	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		
<input checked="" type="checkbox"/> Full Name, Mailing Address and Zip Code James F Bishop 550 Woodstock St. Crystal Lake, IL 60014	James Bishop	05/28/96	350.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation restaurateur Aggregate Year To Date: \$ 350.00		

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 this Detailed Summary Page	Page 3 of 21
	Page Line Number

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 CONTRIBUTOR (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
James Paul Burke 505 N. Lake Shore Drive Chicago, IL 60611	Apple Sauce, Inc. Occupation: Restaurateur	05/22/96	500.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	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
Ralph Brennan 201 Royal Street New Orleans, LA 70130	Mr. B's Occupation: Restaurateur	05/21/96	1500.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year To Date: \$ 1500.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jimmy W Britt PO Box 803 Greenwood, SC 29645	Blazers Restaurant Occupation: Restaurateur	05/08/96	225.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year To Date: \$ 225.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jimmy W Britt PO Box 803 Greenwood, SC 29645	Blazers Restaurant Occupation: Restaurateur	05/08/96	25.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year To Date: \$ 225.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS

See separate schedule(s) for each category of the Detailed Summary Page	Page 4	of 21
		For Line Number 1-11

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
Louis J Burnert 255 E. Brown Ste. 210 Birmingham, MI 48009	Apple Desert, LLC	05/22/96	500.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	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
Judi Carle 278 Walnut Aurora, IL 60126	Charlie Trotters	05/28/96	350.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	RESTAURANTER		
	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
Brett Coleman 8105 Ackman Rd. Crystal Lake, IL 60014	Coleman's In The Park	05/28/96	300.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	RESTAURANTER		
	Aggregate Year To Date >	\$	300.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John B Colletti 5707 N. Central Ave. Chicago, IL 60646	Colletti's RESTAURANT	05/29/96	200.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	RESTAURANTER		
	Aggregate Year To Date >	\$	200.00

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 5	OF 21
	Per Issue Number	10011

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
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$		

Full Name, Mailing Address and Zip Code Edward W Doherty 237 Hempstead Road Ridgewood, NY 07450	Name of Employer <i>Applebee's Inc.</i>	Date (month, day, year) 05/22/06	Amount of Each Receipt This Period 1000.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation <i>Restaurateur</i> Aggregate Year To Date: \$ 1000.00		

Full Name, Mailing Address and Zip Code Donald H Ellis 609 West Main Street Mesa, AZ 85201	Name of Employer Landmark Restaurant	Date (month, day, year) 05/21/06	Amount of Each Receipt This Period 500.00
Receipt for: <input checked="" type="checkbox"/> Primary General 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
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation Aggregate Year To Date: \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page	Page	Of
	(2)
	Per Line Number	11011

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
Chris Filis 7 West Route 70 Cherry Hill, NJ 08034	PONZIO'S Restaurant	05/20/96	250.00
Receipt for: <input checked="" type="checkbox"/> Primary General 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
William Fisher 1200 17th St. NW Washington, DC 20036	National Restaurant Association	05/03/96	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation Senior Vice President 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
Rudy Fleischhacker 467 St. Andrews Rd. Columbia, SC 29210	Western Steer	05/03/96	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
Ted H Fowler PO Box 29502 Raleigh, NC 27626	Golden Corral Corporation	05/01/96	500.00
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 schedules for each category of the Detailed Summary Page	Page 7 of 21
For Line Number 21001	

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
Randall Frederick 7419 E. Indian Plaza No. 8 Scottsdale, AZ 85251	DOWNSIDE RISK RESTAURANT	05/20/96	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
Rev. Griswold 6446 E. Trailridge Cir. Scottsdale, AZ 85215	Amico Landing Italian Restaurant/Falcon Field	05/21/96	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
Mr. Gustin 4551 W. 107th Street Suite 100 Overland Park, KS 66207	Applebee's International Inc.	05/22/96	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
Leon W Harman 199 First Street, Suite 212 Los Altos, CA 94022	Harman Management Corp.	05/07/96	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)

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 8 of 26
	File Name Number 11411

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
Philip Mickey 967 Waterford Green Marietta, GA 30068	Rio Bravo	05/22/96	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
Kenneth D Hill 4551 W. 107th St. Suite 100 Overland Park, KS 66207	Employee's International Inc,	05/22/96	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
Florencia Jaramillo PO Box 11 Chinayo, NM 87522	Rancho de Chinayo	05/22/96	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
Mark Jensen 443 Greenfield Oak Park, IL 60302	Illinois Restaurant Association	05/28/96	200.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Association Executive Aggregate Year To Date: \$ 200.00	

SUMTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A - ITEMIZED RECEIPTS

Use separate schedule: Page 2 of 2
 for each category of the Detailed Summary Page
 For Line Number 113(1)

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
Thomas J Kapp 2245 East Flamingo Avenue Las Vegas, NV 89119	The Tillerman	05/14/96	1000.00
Occupation Restaurateur			
Aggregate Year To Date: \$ 1000.00			

Receipt for: Primary | | General
 Other (specify)

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas Kellogg 2766 Abilene Lane Abilene, CA 95278	Gulf Coast Restaurants	06/22/96	1000.00
Occupation Restaurateur			
Aggregate Year To Date: \$ 1000.00			

Receipt for: Primary | | General
 Other (specify)

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard W Kubach, Jr. 1501 Snyder Avenue Philadelphia, PA 19145	Melrose Diner, Inc.	05/23/96	1500.00
Occupation Restaurateur			
Aggregate Year To Date: \$ 1500.00			

Receipt for: Primary | | General
 Other (specify)

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donald B Magruder PO Box 787 Lebanon, TN 37088 0787	General Mills Restaurants	05/31/95	1000.00
Occupation Restaurateur			
Aggregate Year To Date: \$ 1000.00			

Receipt for: Primary | | General
 Other (specify)

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page	Page 10	Of 21
	For Line Number 11A(1)	

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
William Westworth, Sr. 6-4488 Bristol Rd. Flint, MI 48430	Miller Apple LP DBA Applebee's Neighborhood 4	05/22/96	500.00
Receipt for: <input checked="" type="checkbox"/> Primary General 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
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation		
	Aggregate Year To Date >	\$	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James H Maynard PO Box 29502 Raleigh, NC 27626	Golden Corral Corporation	05/13/96	5000.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation Restaurateur		
	Aggregate Year To Date >	\$ 5000.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Maurice B McDonald 330 Arctic Blvd. Anchorage, AK 99503	O' Brady's	05/22/95	300.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation Restaurateur		
	Aggregate Year To Date >	\$ 300.00	

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 11	of 21
	Use Line Number 11471	

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
Pete Mihajlov Suite 301A 3001 Hennepin Avenue South Minneapolis, MN 55408	Parasol Restaurant Holdings	05/07/96	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
Parviz Moghini 4243 W. Michelle Dr. Oxandale, AR 75306	Parvess Italian Restaurant	05/21/96	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
Matthew Mueller 1310 Darien Club Dr. Naprien, IL 60561	Erik's	05/28/96	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
William Mueyle 4300 Baker Road Minnetonka, MN 55343	Lord Fletcher's/Flagship	05/28/96	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 - INDEMNIFIED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page	Page 12	Of 21
	Form Line Number 113(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 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 Marcial 17 E. Main St. Lake Zurich, IL 60047 2415	DI PIERO'S	05/28/96	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
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year To Date: \$	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Barry W Pike 625 Rockland Rd. Lake Bluff, IL 60044	The Silo	05/28/96	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
David Plesneschi 6 Krag Ln. Marion Springs, CO 80829	Applebee's	05/22/96	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)

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of receipts	Page	Of
Detailed Summary Page	14	21
	For Line Number	
	14811	

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
Diane Powers 2754 Calhoun San Diego, CA 92110	Diazar Del Mundo Inc.	05/07/96	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
Roy Raaborn 711 Old Chester Road Bessek Falls, NJ 07021	Apple Metro, Inc.	05/22/96	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
Ronald T Reynolds 3903 Clays Mill Rd. Lexington, KY 40503	Applebee's	05/22/96	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
Franklin Robbins 102 Pebble Stone Lane Taylors, SC 29687	Pizza Inn	05/08/96	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 1000.00	

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 24	Of 21
	Per Line Number	11,111

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 PBC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William R Roberts 1220 Jefferson Avenue New Orleans, LA 70115	Roberts Gumbo Shop	05/07/96	200.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 200.00		
Jeff Rogers 636 Spyglass Drive Dallas, TX 75287	Pizza Hut, Inc.	05/08/96	200.00
Receipt for: <input type="checkbox"/> Primary General Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 200.00		
Len Ronde 124 Alta Vista Avenue San Altos, CA 94022	Ronde & Associates	05/22/96	500.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 500.00		
Frank T Rose 127 S. State St. Newton, MA 02440	Rose Casual Dining	05/22/96	500.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 500.00		

SUMMARY of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A - INDIVIDUAL RECEIPTS

Use separate schedule(s) for each category of this Detailed Summary Page:	Page 15	Of 21
	Page Line Number 110(1)	

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
William D Ryan 3703 Harry Cooper Place Billings, MT 59106	Ryan Restaurant Corp.	05/22/96	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
Burton M Sack 13 Riverside Office Park Suite 200 Weston, MA 02193 2298	Applebee's Neighborhood Grill	05/22/96	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
Michael J Scanlon 3504 Bircham Way Lexington, KY 40515	Thomas & King	05/22/96	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
Raymond D Schoenbaum 1980 Terrell Mill Road #1100 Marietta, GA 30067	Innovative RESTAURANT Concepts	05/22/96	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation RESTAURATEUR	Aggregate Year To Date: \$ 1000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule (a) for each category of the Detailed Summary Page	Page 16	Of 21
	Print Line Number 11a(1)	

Any information copied from Bush 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
James Sellers Box 14536 Oklahoma City, OK 73113	Sellers Marketing Company, Inc.	05/28/96	300.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 300.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles H Selman 811 Dogwood Anchorage, AK 99501	Club Paris	05/28/96	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
George D Ehadid 81 W. 58th Terrace Kansas City, MO 64113	Applebee's International Inc.	05/23/96	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
Ralph Siegrist 4581 W. 107th St. Overland Park, KS 66207	Applebee's International	05/23/96	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		

TOTAL 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 17	Of 21
	Star Line Number	11a(1)

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
W. Curtis Smith 201 Grandview Dr., Ste. 125 Ft. Mitchell, KY 41017	Curtis James Investments	05/22/86	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
Jack Scomber 5330 Castlewood Road Dallas, TX 75229	Scomber Company	05/02/86	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
James H Stevens 1330 Kankell Mebits, MS 39213	Applebee's	05/22/86	300.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 300.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donald Strang III 8905 Lake Avenue Cleveland, OH 44102	Applebee's Concocted	05/22/86	2000.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 2000.00		

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 18	OF 21
	For Line Number 110001	

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
Jay W Sutherland 701 W1st Ave. #2E1 Anchorage, AK 99503	Northwind Foods	05/22/96	20.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation RESTAURANTIER 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
Zane Tenkel P.O. Box 824 Alpine, NJ 07620	Apple Metro, Inc	05/22/96	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
Diane Thompson 8045 Le Honda Dr. Anchorage, AK 99517	Humpy's	05/22/96	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
William F Upton 180 Harbor Drive Suite 100 Sausalito, CA 94965	Real Restaurants	05/28/96	800.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation RESTAURANTIER Aggregate Year To Date \$ 800.00		

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 19	of 21
	Page Line Number (1511)	

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
Terry Vinow 15 Lakeside Office Park Wakefield, MA 01880	Sovereign Hotels, Inc.	05/02/96	500.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation RESTAURANTEUR 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
6 7			
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation Aggregate Year To Date: \$		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edmund Wery 1099 South Beretania Street Honolulu, HI 96813	Auntie Pesto's	05/21/96	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
Robert E Williams Jr. 1824 Broad River Rd. Columbia, SC 29210	Lizard's Thicket	05/05/96	200.00
Receipt for: <input checked="" type="checkbox"/> Primary General 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 ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the detailed Summary Page	Page 21	Of 21
	Page Number	1 of 1

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
Douglas M Wilson 72 Woodvale Ave. Greenville, SC 29605	Pizza Inn (GW Foods)	05/22/06	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
John Siegler 900 South Osidge Denver, CO 80224	Jackson's Hole Sports Grill	05/27/06	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).....>

9503057

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 21 OF 21

FOR LINE NUMBER 11 of (1)

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

96030571627

A. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elaine Z. Graham Rt. 2, Box 66 D Lovettsville, VA 22080		National Restaurant Association	05/31/96	76.92
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Association Executive	Aggregate Year-to-Date \$ 692.28	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	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):		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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date \$	

NET TOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

47,401.92

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1
 FOP LINE NUMBER 114

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

NAME OF COMMITTEE (in Full)

National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code

ARA-MARK PAC
 The ARA Tower
 1103 Market St.
 Philadelphia, PA 19107

Receipt For: Primary General
 Other (specify):

Name of Employer

Occupation

Date (month, day, year)
 5/22/96

Amount of Each Receipt this Period
 5,000.00

Aggregate Year-to-Date > \$ 5,000.00

B. Full Name, Mailing Address and ZIP Code

COR PAC
 218 Produce Row
 San Antonio, TX 78207

Receipt For: Primary General
 Other (specify):

Name of Employer

Occupation

Date (month, day, year)
 5/15/96

Amount of Each Receipt this Period
 1,500.00

Aggregate Year-to-Date > \$ 1,500.00

C. Full Name, Mailing Address and ZIP Code

Marriott International Inc PAC Dept.
 One Marriott Dr.
 Washington, DC 20058

Receipt For: Primary General
 Other (specify):

Name of Employer

Occupation

Date (month, day, year)
 5/28/96

Amount of Each Receipt this Period
 5,000.00

Aggregate Year-to-Date > \$ 5,000.00

D. Full Name, Mailing Address and ZIP Code

Sizzler International Good Gov't Fund
 12655 W. Jefferson Blvd
 Los Angeles, CA 90046

Receipt For: Primary General
 Other (specify):

Name of Employer

Occupation

Date (month, day, year)
 5/21/96

Amount of Each Receipt this Period
 2,000.00

Aggregate Year-to-Date > \$ 5,000.00

E. Full Name, Mailing Address and ZIP Code

Darden Restaurants Employees Good Gov't Fund
 110 E. Lauren Ct.
 Fern Park, FL 32730

Receipt For: Primary General
 Other (specify):

Name of Employer

Occupation

Date (month, day, year)
 5/02/96

Amount of Each Receipt this Period
 5,000.00

Aggregate Year-to-Date > \$ 5,000.00

F. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer

Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer

Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Aggregate Year-to-Date > \$

0
1
2
3
4
5
6
7
8
9

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

18,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER

17

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

NAME OF COMMITTEE (in Full)

National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Crestar NA PO Box 26150 Richmond, VA 23260	interest earned on cash equivalent fund	05/31/96	121.77
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1,094.24
B. Full Name, Mailing Address and ZIP Code Crestar Securities Corp. P.O. Box 498 Richmond, VA 23204	interest earned on money market acct.	05/31/96	718.06
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	4,190.02
C. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	839.83

96030571629

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

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

NAME OF COMMITTEE (in Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Express 200 Vesey St. New York, NY 10285	credit card fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/31/96	242.45
B. Full Name, Mailing Address and ZIP Code Crestar Bank NA 100 Connecticut Ave., NW Washington, DC 20036	taxes paid on interest earned Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/31/96	293.94
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)

536.39

96030571630

SCHEDULE B EXPANDED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page	of
	1	4
	Page Line Number	
	1	1

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bennett for Congress '96 P.O. Box 660 Eatontown, NJ 07724-	cont. to John Bennett NJ-12-R Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/30/96	1000.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Deburn For Congress Committee PO Box 504 Waskogen, OK 74402-	cont. to Tom COLMAN OK-2-R Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/03/96	1000.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Eleone E. Graham Rt. 2, Box 66 D Lowellville, VA 22080	Receipt for Coverdell DA S-R Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/07/96	989.00 (In-kind)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Donovan for Congress 75 Essex Street Hackensack, NJ 07601-	cont. to Kathleen Donovan NJ-9 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/30/96	500.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jim Saxton P.O. Box 795 Mt. Holly, NJ 08060-	cont. to Jim Saxton (NJ-3-R) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/02/96	500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B: ITEMIZED DISBURSEMENTS

Use separate schedule (or for each category of the Detailed Summary Page	Page 4	of 4
		For Line Number 13

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Sam Johnson PO Box 516143 Dallas, TX 75251-	cont. to Sam Johnson (TX-3-R)		500.00
	Disbursement for: Primary <input checked="" type="checkbox"/> General	05/03/96	
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Goode for Congress C/O. Box 3884 Washington, DC 20013-	cont. to Virgil Goode (VA-5-D)		300.00
	Disbursement for: <input checked="" type="checkbox"/> Primary General	05/10/96	
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gordon Smith For U.S. Senate 5285 SW Meadows Road Suite 181 Lake Oswego, OR 97035-	cont. to Gordon Smith (OR-8-R)		600.00
	Disbursement for: <input checked="" type="checkbox"/> Primary General	05/14/96	
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hall for Congress Committee P.O. Box 711 Rockwall, TX 75087-	cont. to Ralph Hall (TX-4-D)		500.00
	Disbursement for: Primary <input checked="" type="checkbox"/> General	05/03/96	
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Harris Powell for Congress PO Box 3896 Naperville, IL 60567-	cont. to Harris Powell (IL-13-R)		750.00
	Disbursement for: Primary <input checked="" type="checkbox"/> General	05/03/96	
	Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary page	Page	Of
	1	1
	For Line Number	
	29	

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lewis for Congress Committee P.O. Box 247 Redlands, CA 92373-	cont. to Jerry Lewis (CA-16-R)	05/03/96	1000.00
	Disbursement for: Primary General Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary General Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary General Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary General Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Orton for Congress P.O. Box 1997 Provo, UT 84603-	cont. to Bill Orton (UT-3-D)	05/03/96	500.00
	Disbursement for: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

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 4	OF 4
	Page Line Number	
	37	

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pastor for Arizona 302 N. 3rd Ave. Phoenix, AZ 85003-	cont. to Ed Pastor (AZ-2-D)	05/01/96	500 00
	Disbursement for: P Primary General		
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Presser for Congress P.O. Box 476 Appleton, WI 54912-	cont. to David Presser WI-8-R	05/31/96	1500 00
	Disbursement for: P Primary General		
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Radanovich for Congress 512 E. Shields Fresno, CA 93704-	cont. to G. Radanovich CA-19-R	05/03/96	500 00
	Disbursement for: Primary General		
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Myrick for Congress PO Box 37091 Charlotte, NC 28237-	cont. to Sam Myrick (NC-9-R)	05/01/96	500 00
	Disbursement for: P Primary General		
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Talent for U.S. Congress 1031 Executive Parkway St. Louis, MO 63141-	cont. to Jim Talent (MO-2-R)	05/01/96	500 00
	Disbursement for: P Primary General		
	Other (specify)		

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

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

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions.)

Name of Committee (in Full)		ID No.		
National Restaurant Association PAC		C 0000 3764		
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
Multi Media Services 915 King St, Second Fl. Alexandria, VA 22314	air time for television ad	5/7/96	31,875.00	Jim Longley US House of Representatives (MF-1) <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Don Thoren National Restaurant Assn 1200 17th St., NW Washington, DC 20036	travel expenses for production of television ad	5/7/96	644.59	Jim Longley US House of Representatives (MF-1) <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Gannon McCarthy & Mason 1828 L St., NW, Ste. 204 Washington, DC 20036	production of television ad	5/7/96	11,565.76	Jim Longley US House of Representatives (MF-1) <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
a) SUBTOTAL of Itemized Independent Expenditures			\$ 44,085.35	
b) SUBTOTAL of Unitemized Independent Expenditures			\$	
c) TOTAL Independent Expenditures			\$ 44,085.35	

95030971635

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his authorized committee or their agent.

[Signature] 6/29/96
Signature Date

United States of America
District of Columbia
Subscribed and sworn to before me this 20th day of June, 1996

My Commission Expires _____

[Signature]
NOTARY PUBLIC

Mary D. Ose
Notary Public, District of Columbia
My Commission Expires Sept. 14, 1996

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
6/20/96

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

S.S.
 PREPARER

6/20/96
 DATE PREPARED

9 6 0 3 0 5 7 1 6 3 6