

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

SEP 21 1 26 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

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

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>08/01/98</u> through <u>08/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 302,096.92
(b) Cash on Hand at Beginning of Reporting Period	\$ 230,580.51	
(c) Total Receipts (from Line 19)	\$ 33,588.55	\$ 322,629.06
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(d) for Column B)	\$ 264,169.06	\$ 624,625.98
7. Total Disbursements (from Line 30)	\$ 47,344.71	\$ 407,801.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 216,824.35	\$ 216,824.35
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 889 E Street, NW Washington, DC 20468 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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
Elaine Z. Graham

Signature of Treasurer

Elaine Z. Graham

Date

9-18-98

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

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FEC FORM 3X
(revised 9/93)

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

(revised 1/1991)

NAME OF COMMITTEE National Restaurant Association PAC		REPORT COVERING PERIOD		
		FROM	TO:	
		08/01/98	08/31/98	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	21,326.58	227,624.80	11(a)(i)
ii.	Unitemized	10,496.88	52,056.38	11(a)(ii)
iii.	Total (add i and ii) >	31,823.46	279,681.18	11(a)(iii)
b.	Political Party Committees	0.00	0.00	11(b)
c.	Other Political Committees (such as PACs)	1,000.00	33,500.00	11(c)
d.	Total Contributions (add a i, b and c) >	32,823.46	313,381.18	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	3,746.90	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	765.09	5,400.98	17
18.	Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	33,588.55	322,529.06	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	33,588.55	322,529.06	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	0.00	0.00	21(a)(i)
ii.	Non-Federal Share	0.00	0.00	21(a)(ii)
b.	Other Federal Operating Expenditures	267.78	8,554.78	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	267.78	8,554.78	21(c)
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	47,076.93	399,246.85	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.	Individuals/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 (add a, b and c) >	0.00	0.00	28(d)
29.	Other Disbursements	0.00	0.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	47,344.71	407,801.63	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	47,344.71	407,801.63	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans) (from line 11d)	32,823.46	313,381.18	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans) (subtract line 33 from 32)	32,823.46	313,381.18	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	267.78	8,554.78	35
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	267.78	8,554.78	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 c

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 Illinois Restaurant Association PAC 200 N. LaSalle Street Suite 880 Chicago, IL 60601</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 > \$ 1,000.00</p>	<p>Date (month, day, year)</p> <p>08/31/98</p>	<p>Amount of Each Receipt this Period</p> <p>1,000.00</p>
<p>B. 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>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>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>1,000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>1,000.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6
FOR LINE NUMBER 11 a f

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 Lloyd L. Hill 17935 Canterbury Road Stilwell, KS 66085-9269	Name of Employer Applebee's	Date (month, day, year) 08/04/98	Amount of Each Receipt this Period 250.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Bruce Rabar 390 Twin Oak Drive Waxford, PA 15090	Name of Employer Golden Corral	Date (month, day, year) 08/04/98	Amount of Each Receipt this Period 500.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Jack Sutherland 250 Evangeline Drive Mandeville, LA 70471-1882	Name of Employer QSG Mgmt., Inc.	Date (month, day, year) 08/11/98	Amount of Each Receipt this Period 250.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Diane Thompson 610 West 8th Avenue Anchorage, AK 99501-2225	Name of Employer Humphy's Great Alaskan Ale House	Date (month, day, year) 08/11/98	Amount of Each Receipt this Period 250.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code William Opjnski 1224 R Street Anchorage, AK 99501	Name of Employer Humphy's Great Alaskan Ale House	Date (month, day, year) 08/11/98	Amount of Each Receipt this Period 250.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Tom Weisner 3025 Sheridan Street Las Vegas, NV 89102-7899	Name of Employer Draft House Barn & Casino	Date (month, day, year) 08/13/98	Amount of Each Receipt this Period 500.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Norman Sewing 3849 Lindell Blvd. St. Louis, MO 63108	Name of Employer Salad Bowl Cafeteria	Date (month, day, year) 08/18/98	Amount of Each Receipt this Period 500.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) **2,500.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 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 Richard A Urquhart 412 Oakwood Ave. Raleigh, NC 27601-1158	Name of Employer Golden Corral Corp.	Date (month, day, year) 08/21/98	Amount of Each Receipt this Period 400.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code C. Lamar Bell 4709 Twinwood Court Raleigh, NC 27613-6116	Name of Employer Golden Corral Corp.	Date (month, day, year) 08/21/98	Amount of Each Receipt this Period 400.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Sue Daughtry 5824 Whitebud Drive Raleigh, NC 27609-3918	Name of Employer Golden Corral	Date (month, day, year) 08/21/98	Amount of Each Receipt this Period 210.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Jack A. Laughery, FMP 800 Tiffany Blvd., Ste. 305 Rocky Mount, NC 27804-1807	Name of Employer Hardee's Food System	Date (month, day, year) 08/21/98	Amount of Each Receipt this Period 1,000.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 1,500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Steve A Wordsworth P.O. Box 2856 Rocky Mount, NC 27802-2856	Name of Employer MBM Corporation	Date (month, day, year) 08/21/98	Amount of Each Receipt this Period 2,000.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 2,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Jerry Wordsworth P.O. Box 2856 Rocky Mount, NC 27802-2856	Name of Employer MBM Corporation	Date (month, day, year) 08/21/98	Amount of Each Receipt this Period 2,000.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 2,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code James H. Maynard P.O. Box 29552 Raleigh, NC 27626-0552	Name of Employer Investors Managment Corp.	Date (month, day, year) 08/21/98	Amount of Each Receipt this Period 5,000.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 5,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) **11,010.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 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 Steve Jones 102 Vaca Lane Vernal, UT 84078</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Jones Restaurant Ventures</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 08/21/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Woody Fox 5401 Hardison Road Charlotte, NC 28228-8427</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Golden Corral Corp.</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 08/21/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Martha J Chashire 451 Cliffside Drive Somerset, KY 42503-9041</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Dairy Queen</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 08/21/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Larry Wilson 6249 East 21st Street North Wichita, KS 67208-1861</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CINNAMON'S DELI</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 08/21/98</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Ruben Villavicencio, FMP 480 Apollo Street Suite A Brea, CA 92821</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer R & M Food Services</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 800.00</p>	<p>Date (month, day, year) 08/31/98</p>	<p>Amount of Each Receipt this Period 800.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Jerry Fein 613 Royal Street New Orleans, LA 70130-2181</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Court of Two Sisters</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 08/31/98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Bob Larive 601 Union Street San Francisco, CA 94133-2812</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Flor d' Italia Ristorante</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 08/31/98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>4,350.00</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 **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
Brian O'Malley 8816 Camino Del Sol NE Albuquerque, NM 87111	Talbot Agency	08/31/98	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	
Craig Miller, FMP 100 Charles Place Road West Roxbury, MA 02132-4902	Uno Restaurant Corporation	08/31/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year-to-Date > \$ 1,000.00	
DeVere "Jerry" Burtonshaw, FMP 1500-114th Ave., SE, Ste.105 Bellevue, WA 98004	ABC Services, Inc.	08/31/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Food Service Management	Aggregate Year-to-Date > \$ 1,000.00	
Ted Burke P.O. Box 65 Capitola, CA 95010	Shadowbrook Restaurant	08/31/98	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	
Joe Brienza 1808 N. Queens Lane, #146 Arlington, VA 22201-3816	National Restaurant Association	Payroll Deduction	50.00 (\$26.00 Semimonth)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Association Executive	Aggregate Year-to-Date > \$ 400.00	
Steve Galdeira 250 S. Wacker Drive Chicago, IL 60606	National Restaurant Association Educational Found.	Payroll Deduction	76.94 (\$38.47 Semimonth)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Association Executive	Aggregate Year-to-Date > \$ 653.99	
Elaine Graham 40492 Quarter Branch Rd. Lovettsville, VA 20180	National Restaurant Association	Payroll Deduction	192.32 (\$96.16 Semimonth)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Association Executive	Aggregate Year-to-Date > \$ 1,634.72	

SUBTOTAL of Receipts This Page (optional) **3,319.26**

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 **11 B 1**

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NAME OF COMMITTEE (in Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code Christina Howard 9700 Chilcott Manor Way Vienna, VA 22181-5400	Name of Employer National Restaurant Association Occupation Association Executive	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 38.48 (\$19.24) Semimonth
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 327.08		
B. Full Name, Mailing Address and ZIP Code Kathleen O'Leary 1200 Braddock Place, #201 Alexandria, VA 22314-1664	Name of Employer National Restaurant Association Occupation Association Executive	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 50.00 (\$25.00) Semimonth
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
C. Full Name, Mailing Address and ZIP Code Eric Ruff 1200 17th Street Washington, DC 20036	Name of Employer National Restaurant Association Occupation Association Executive	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 59.84 (\$29.42) Semimonth
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 235.36		
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) **147.32**

TOTAL This Period (list page this line number only) **21,326.58**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code Crestar Bank NA Crestar Bank NA Post Office Box 26150 Richmond, VA 23260-8150	Name of Employer Interest Earned	Date (month, day, year) 08/31/98	Amount of Each Receipt this Period 765.09
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,400.98	
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 > \$	

SUBTOTAL of Receipts This Page (optional)	765.09
TOTAL This Period (last page this line number only)	765.09

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21B

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NAME OF COMMITTEE (in Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code Internal Revenue Service DC	Purpose of Disbursement <i>Payment of 990 Federal Income Tax</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/31/88	Amount of Each Disbursement This Period 267.78
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	267.78
TOTAL This Period (last page this line number only)	267.78

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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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
Rick White for Congress Post Office Box 8156 Kirkland, WA 98034	Rick White, U.S. HOUSE 1st WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/04/98	4,600.00
B. Full Name, Mailing Address and ZIP Code Walden for Congress Post Office Box 1091 Hood River, OR 97031	Purpose of Disbursement Greg Walden, U.S. HOUSE 2nd OR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/12/98	2,000.00
C. Full Name, Mailing Address and ZIP Code Molly Bordonaro for Congress 1998 5318 SW Westgate Drive Suite 22 Portland, OR 97221	Purpose of Disbursement Molly Bordonaro, U.S. HOUSE 1st OR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/12/98	2,000.00
D. Full Name, Mailing Address and ZIP Code Nussle for Congress PO Box 324 Manchester, IA 52057	Purpose of Disbursement Jim Nussle, U.S. HOUSE 2nd IA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/13/98	500.00
E. Full Name, Mailing Address and ZIP Code Gary Miller for Congress Committee 721 S. Brea Canyon Rd. #7 Diamond Bar, CA 91789	Purpose of Disbursement Gary Miller, U.S. HOUSE 41st CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/13/98	2,000.00
F. Full Name, Mailing Address and ZIP Code Ken Calvert for Congress PO Box 1414 Riverside, CA 92502	Purpose of Disbursement Ken Calvert, U.S. HOUSE 43rd CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/13/98	2,000.00
G. Full Name, Mailing Address and ZIP Code Baldacci for Congress Post Office Box 623 Bangor, ME 04402	Purpose of Disbursement John Baldacci, U.S. HOUSE 2nd ME Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/13/98	1,000.00
H. Full Name, Mailing Address and ZIP Code Henry Hyde for Congress Cmte. P.O. Box 332 Des Plaines, IL 60016	Purpose of Disbursement Henry J. Hyde, U.S. HOUSE 6th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/13/98	1,000.00
I. Full Name, Mailing Address and ZIP Code Talent for U.S. Congress 1031 Executive Parkway Suite 100 St. Louis, MO 63140	Purpose of Disbursement James M. Talent, U.S. HOUSE 2nd MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/13/98	2,000.00

SUBTOTAL of Disbursements This Page (optional)

17,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4
FOR LINE NUMBER 23

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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
Graham for Congress Post Office Box 1155 Seneca, SC 29679	Lindsey Graham, U.S. HOUSE 3rd SC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/18/98	250.00
Heather Wilson for Congress 9220 Guadalupe Terrace, NW Albuquerque, NM 87191	Heather Wilson, U.S. HOUSE 1st NM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/18/98	5,000.00
Fitzgerald for Senate Inc. 50 North Brockway Street Suite 4-5 Palatine, IL 60067	Peter Fitzgerald, U.S. SENATE IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/18/98	1,000.00
Mark Green for Congress PO Box 13103 Green Bay, WI 54307	Mark Green, U.S. HOUSE 8th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/18/98	1,000.00
Tortilla Coast 400 First Street, SE Washington, DC 20003	Dinner for Common Sense Leadership PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/18/98	1,000.00 (In-Kind)
Common Sense Leadership PAC P.O. Box 15206 Washington, DC 20003	Dinner for Common Sense Leadership PAC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/18/98	1,000.00 (Memo In-Kind)
Citizens for Kasich 2021 East Dublin - Granville Road #215 Columbus, OH 43229	John R. Kasich, U.S. HOUSE 12th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/25/98	1,400.00
Friends of Nickles P.O. Box 21033 Alexandria, VA 22320-2033	Don Nickles, U.S. SENATE OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/25/98	1,500.00
Lucas for Congress P.O. Box 26825 Oklahoma, OK 73126	Frank D. Lucas, U.S. HOUSE 6th OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/25/98	1,000.00

SUBTOTAL of Disbursements This Page (optional)

12,150.00

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 3 OF 4
FOR LINE NUMBER 23

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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
National Restaurant Association 1200 17th Street, NW Washington, DC 20036	Dinner for Santorum 2000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/25/98	1,176.93 (In-Kind)
B. Full Name, Mailing Address and ZIP Code Santorum 2000 Post Office Box 10495 Pittsburgh, PA 15234	Dinner for Santorum 2000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/25/98	1,176.93 (Memo In-Kind)
C. Full Name, Mailing Address and ZIP Code Friends of Bob Graham Committee Post Office Drawer 392 Tallahassee, FL 32302	Purpose of Disbursement Bob Graham, U.S. SENATE FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/25/98	1,000.00
D. Full Name, Mailing Address and ZIP Code Linder for Congress Post Office Box 942060 Atlanta, GA 31141	Purpose of Disbursement John Linder, U.S. HOUSE 4th GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/31/98	2,000.00
E. Full Name, Mailing Address and ZIP Code Istook for Congress Committee OK-05 6400 N. Grand Boulevard Suite 100 Oklahoma City, OK 73112	Purpose of Disbursement Ernest Jim Istook, U.S. HOUSE 5th OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/31/98	1,000.00
F. Full Name, Mailing Address and ZIP Code Blagojevich for Congress 3649 North Kedzie Avenue Chicago, IL 60618	Purpose of Disbursement Rod Blagojevich, U.S. HOUSE 5th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/31/98	1,000.00
G. Full Name, Mailing Address and ZIP Code Hastert for Congress Committee Post Office Box 625 Batavia, IL 60510	Purpose of Disbursement Dennis Hastert, U.S. HOUSE 14th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/31/98	2,250.00
H. Full Name, Mailing Address and ZIP Code Delbert Hosemann for Congress Committee P.O. Box 13622 Jackson, MS 39236	Purpose of Disbursement Delbert Hosemann, U.S. HOUSE 4th MS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/31/98	2,000.00
I. Full Name, Mailing Address and ZIP Code American Hotel Motel Political Action Committee 1201 New York Ave., NW Sixth Floor Washington, DC 20005	Purpose of Disbursement <i>Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/31/98	5,000.00

SUBTOTAL of Disbursements This Page (optional)

15,426.93

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
FOR LINE NUMBER 23

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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
Berkley for Congress 3088 Conquista Court Las Vegas, NV 89121	Shelley Berkley, U.S. HOUSE 1st NV Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/31/98	2,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2,500.00
TOTAL This Period (last page this line number only)	47,076.93

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 9-15-98
<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>JCN</i> PREPARER	9-21-98 DATE PREPARED