

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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

- |                                      |  |                                      |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20                 | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20                 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20               | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input checked="" type="checkbox"/> September 20 | <input type="checkbox"/> 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>8/1/94</u> through <u>8/31/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 173,545.10
(b) Cash on Hand at Beginning of Reporting Period	\$ 120,850.98	
(c) Total Receipts (from Line 19)	\$ 49,548.00	\$ 238,213.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 170,398.98	\$ 411,758.91
7. Total Disbursements (from Line 30)	\$ 20,700.74	\$ 262,060.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 149,698.24	\$ 149,698.24
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ .00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 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)	\$ .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	Date 10-19-94
Signature of Treasurer 	

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

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

(revised 1/1/81)

NAME OF COMMITTEE National Restaurant Association PAC		REPORT COVERING PERIOD FROM 8-1-94 to 8-31-94	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	37,381.00	166,025.00	
ii. Unitemized	11,328.98	53,342.01	
iii. Total (add i and ii) >	49,209.98	219,367.01	
b. Political Party Committees	.00	.00	
c. Other Political Committees (such as PACs)	.00	15,000.00	
d. Total Contributions (add a ii, b and c) >	49,209.98	234,367.01	
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.)	338.02	3,845.80	
18. Transfers from Nonfederal Account for Joint Activity	.00	.00	
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	49,548.00	238,213.81	
20. Total Federal Receipts (subtract line 18 from line 19) >	49,548.00	238,213.81	
<b>II. Disbursements</b>			
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	285.34	1,831.77	
c. Total Operating Expenditures (add a i, a ii, and b) >	285.34	1,831.77	
22. Transfers to Affiliated/Other Party Committees	.00	.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,509.17	223,159.17	
24. Independent Expenditures (use Schedule E)	14,906.23	36,069.73	
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. Individuals/Persons Other Than Political Committees	.00	.00	
b. Political Party Committees	.00	.00	
c. Other Political Committees (such as PACs)	.00	1,000.00	
d. Total Contribution Refunds (add a, b and c) >	.00	1,000.00	
29. Other Disbursements	.00	.00	
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	20,700.74	262,060.67	
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	20,700.74	262,060.67	
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	49,209.98	234,367.01	
33. Total Contribution Refunds (from line 28d)	.00	1,000.00	
34. Net Contributions (other than loans)(subtract line 33 from 32)	49,209.98	233,367.01	
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	285.34	1,831.77	
36. Offsets to Operating Expenditures (from line 15)	.00	.00	
37. Net Operating Expenditures (subtract line 36 from 35) >	285.34	1,831.77	

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SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1	Of 33
	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 (if 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 Adams 1591 Chatterton Eagan, MN 55123	Reinhart Foods	08/12/94	25.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation RESTAURATEUR	Aggregate Year To Date: \$ 400.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bob Adams 1591 Chatterton Eagan, MN 55123	Reinhart Foods	08/18/94	25.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date: \$ 400.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Aitken 2735 69th SE Mercer Island, WA 98040	Consolidated Restaurants	08/01/94	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
Bill Andrews 166 Broadway Providence, RI 02908	Leon's on the West Side, Inc.	08/29/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date: \$ 275.00

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 2	Of 3
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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 Arabasod 325 Hopkins Cross Rd. Minnetonka, MN 55343	AI Indoor	08/17/94	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		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donna J Babcock 2332 Coverts Court Rensselaer, NY 89024	Subways of Las Vegas, Inc.	08/31/94	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
Norman Bean 77 Mt. Laurel Dr. Cranston, RI 02920	United Restaurant Equipment	08/29/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Salesman Aggregate Year To Date: \$ 275.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul Bell 17323 Hwy 10 Elk River, MN 55330	Bridgeman's of Elk River	08/05/94	427.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 427.00		

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

TOTAL This Period (last page this line number only) \_\_\_\_\_

**SCHEDULE A ITEMIZED RECEIPTS**

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**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
Paul Bell 17323 Hwy 10  Elk River, MN 55330	Bridgeman's of Elk River	08/18/94	10.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation RESTAURACOUR Aggregate Year To Date: \$ 427.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George L Bissonnette 202 Glenmoor Lane Minnetonka Beach, MN 55356	Lafayette Club	08/05/94	700.00
Receipt for: <input checked="" type="checkbox"/> Primary     General <input checked="" type="checkbox"/>     Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 745.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George L Bissonnette 202 Glenmoor Lane Minnetonka Beach, MN 55356	Lafayette Club	08/18/94	45.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 745.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tom Boye 32 Cottage Ave.  Pond du Lac, WI 54979	Threshers	08/08/94	300.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation RESTAURACOUR 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 4	OF 33
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**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
Fred Briggs 149 Main Street Hanover, MA 02339	Arbocrat, Inc.	08/29/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 275.00		
Feder M Cafaro 2032 Plainfield Pike Cranston, RI 02921	Desserts Etc.	08/29/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 275.00		
Bernan Cain 9140 West Dodge Road Omaha, NE 68114 3335	Godfather's Pizza, Inc.	08/18/94	20.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 1020.00		
Roger M Cicchini One Jefferson Boulevard Warwick, RI 02888	Ryder Truck Rental	08/22/94	125.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 250.00		

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

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**SCHEDULE A EXPENSE RECEIPTS**

See separate schedule(s) for each category of the Detailed Summary Page	Page 5	Of 33
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**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
Roger M Cicchini One Jefferson Boulevard Warwick, RI 02888	Ryder Truck Rental	08/29/94	125.00
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
Allen Clochicelli 14 Tabor Drive Johnston, RI 02919	Nature's Best Dairy	08/29/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 275.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joe Cody 2626 South Highway 71 Willmar, MN 56201	Restech Partner	08/05/94	800.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 800.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wayne M Conidine 45 Sharpe Drive Coonston, RI 02920	Wayne Distributing Co.	08/29/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Sales Aggregate Year To Date > \$ 275.00		

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

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**SCHEDULE A ITEMIZED RECEIPTS**

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**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
Christopher B Cooney 40 Glandale Ave. Providence, RI 02906	<i>Christopher B Cooney</i>	08/29/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation <i>Restaurant Owner</i>	Aggregate Year To Date > \$ 275.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Corrigan 4 Blossom St. West Warwick, RI 02893	<i>West Valley T...</i>	08/29/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary     General <input checked="" type="checkbox"/>     Other (specify)	Occupation <i>West Valley T...</i>	Aggregate Year To Date > \$ 275.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lynn Corrigan 2514 Emerson Ave. So. #7 Minneapolis, MN 55405	Boston Beer	08/17/94	650.00
Receipt for: <input checked="" type="checkbox"/> Primary     General <input checked="" type="checkbox"/>     Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 650.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Cortez 118 Produce Row San Antonio, TX 78207	MTC, INC.	08/17/94	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     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 7	Of 34
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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
	Occupation Restaurateur		
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Aggregate Year To Date > \$		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Berry Crowley 351 Thross St. Newport, RI 02840	The Monarchy Restaurateur	08/29/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Aggregate Year To Date > \$ 275.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jim Culp 11455 Viking Dr. Green Prairie, MN 55344	Shelard Group RESTAURATEUR	08/17/94	700.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Aggregate Year To Date > \$ 700.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Craig Culver 804 Red Pine Court Prairie du Sac, WI 53578	Culver Franchising RESTAURATEUR	08/08/94	200.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	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 8	Of 55
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**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
Richard D'Amico 1402 1st Avenue South Minneapolis, MN 55403	D'Amico & Partners Inc	08/05/94	700.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 795.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard D'Amico 1402 1st Avenue South Minneapolis, MN 55403	D'AMICO & PARTNERS INC	08/18/94	45.00
Receipt for: <input checked="" type="checkbox"/> Primary     General <input checked="" type="checkbox"/>     Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 745.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph Donaher 1273 Central Avenue Albany, NY 12205	Grandma Country Pie Restaurant, INC.	08/01/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary     General <input checked="" type="checkbox"/>     Other (specify)	Occupation RESTAURATEUR Aggregate Year To Date: \$ 210.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph Donaher 1273 Central Avenue Albany, NY 12205	Grandma Country Pie Restaurant, Inc.	08/06/94	110.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 210.00		

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

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

**SCHEDULE A - EXPENSE RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	Page 9	Of 17
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**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
Gerald Demme 9800 SE Stark Street Portland, OR 97216	Demme Brothers Properties	08/09/94	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
Patricia Swacher 2901 Highway 90 West Gautier, MS 39558	McDonald's of Gautier	08/02/94	50.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR	Aggregate Year To Date > \$ 100.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gene Dussin 10175 SW Hancock Street Portland, OR 97201 4299	The Old Spaghetti Factory	08/08/94	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 3000.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul Dyke PO BOX 446 Spring Park, MI 55384	Lord Fletcher's of the Lake	08/17/94	175.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 225.00	

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

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

SCHEDULE B ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 10	Of 33
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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
Paul Dyke PO Box 446  Spring Park, MN 55384	Lord Fletcher's of the Lake	08/18/94	20.00
Receipt for: <input type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 220.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul Dyke PO Box 446  Spring Park, MN 55384	Lord Fletcher's of the Lake	08/18/94	25.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 220.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David J Erickson 1500 Providence Hwy., Suite 32  Norwood, MA 02062	ECOLMS	08/28/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Sales Aggregate Year To Date \$ 275.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Chris Erickson 1364 Willow Creek Lane  Shoreview, MN 55126	Advanced Retail	08/18/94	25.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 300.00		

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 11
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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
Raul Fernandez 22 West Ruess Street Cranston, RI 02878	Feroco Services, Inc.	08/29/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation <i>Restaurateur</i>		
	Aggregate Year To Date: \$	275.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles S Fradin 50 Park Row West, Apt. 618 Providence, RI 01029	Charles Fradin Inc.	08/29/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur		
	Aggregate Year To Date: \$	275.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edmond D Fuller 15 Bayside Avenue Warwick, RI 02888	Gregg's Restaurant	08/29/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur		
	Aggregate Year To Date: \$	275.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William R Fuller 1 Chase Lane Lincoln, RI 02865 4805	<i>Reggie's Restaurant &amp; Bar, Inc.</i>	08/29/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur		
	Aggregate Year To Date: \$	275.00	

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 12	Of 53
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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
Frank T Calleshaw, Jr. 34 Inman Road-Massouville Barrisville, RI 02830	Wright's Fare Restaurant	08/29/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 275.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joe Gately 100 Fountain St. Providence, RI 02903	Union Station Brewery	08/29/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 275.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Bifton 30140 Van Dyke Avenue Warren, MI 48093	National Coney Island Inc	08/02/94	110.00
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
Glenn Galsvig 1608 New Brighton Blvd. NE Minneapolis, MN 55413	McGeevey Coffee Inc.	08/17/94	175.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 260.00		

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

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

**SCHEDULE B ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	Page 13	Of 21
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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
Gleno Gulavig 1638 New Brighton Blvd. NE Minneapolis, MN 55413	McGarvey Coffee Inc.	08/18/94	35.00
Receipt For: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date: \$ 260.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Arnold Hennes 871 Jefferson Avenue St. Paul, MN 55102	Minnesota Restaurant Assn.	08/18/94	20.00
Receipt For: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date: \$ 295.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Judy Hennes 871 Jefferson Avenue St. Paul, MN 55104	Minnesota Restaurant Assn.	08/18/94	35.00
Receipt For: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date: \$ 260.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jeffrey Birch 43 Bay Wrinkle Cove Warren, RI 02885	The Lobster Pot	08/28/94	275.00
Receipt For: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date: \$ 275.00	

**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 14	Of 34
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**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 Holt PO Box 446  Spring Park, MN 55384	Lord Fletcher's of the Lake	08/17/94	175.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 220.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bob Holt PO Box 446  Spring Park, MN 55384	Lord Fletcher's of the Lake	08/18/94	45.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 220.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard Horstman 2325 Thomas Court  Oshkosh, WI 54650	Cedar Creek Golf & Country Club	08/08/94	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
Lester P Jensen 11717 12th NE  Seattle, WA 98135	Marles, Inc.	08/19/94	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 15	Of 75
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**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
David Johnson 2222 Elm Street SE  Minneapolis, MN 55414	The Wine Co.	08/05/94	350.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date> \$ 345.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Johnson 2222 Elm Street SE  Minneapolis, MN 55414	The Wine Co.	08/10/94	35.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date> \$ 385.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Johnson 2410 - 1 CD. Rd D.  Arden Hills, MN 55112	Mandakota	08/18/94	25.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date> \$ 240.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Johnson 2410 - 1 CD. Rd D.  Arden Hills, MN 55112	Mandakota	08/18/94	175.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date> \$ 240.00		

SUBTOTAL of Receipts This Page [optional] .....

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

**SCHEDULE A FINANCED RECEIPTS**

Use separate schedule(s)	Page	Of
for each category of the	16	36
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	For Line Number	
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**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
Robert Johnson 2410 - 1 CO. Rd D. Arden Hills, MN 55112	Mendakota	08/18/94	20.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date: \$ 240.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Johnson 2410 - 1 CO. Rd D. Arden Hills, MN 55112	Mendakota	08/18/94	20.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date: \$ 240.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Kavanaugh 5096 Eaton Lane Waukesha, WI 53597	Esquire Club	08/08/94	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
John Kawa 4702 South 27th Street Omaha, NE 68107	Johnny's Cafe	08/17/94	330.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date: \$ 330.00

**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 17	Of 17
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**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
Michael D Keller 345 D.E. 65th  Portland, OR 97215	Phil's Fine Foods	08/08/94	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation Aggregate Year To Date: \$ 600.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Kelley 5901 Wayzata Blvd.  St. Louis Park, MN 55416	Rykuff-sexton	08/05/94	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
Kevin Koening 1500 Park Place Blvd  St. Louis Park, MN 55416	Sheraton Park Plaza	08/05/94	700.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation Restaurateur Aggregate Year To Date: \$ 700.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kevin Koening 1500 Park Place Blvd  St. Louis Park, MN 55416	Sheraton Park Plaza	08/12/94	20.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation Restaurateur Aggregate Year To Date: \$ 720.00	

**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 1B	Of 35
	For Line Number 21a(1)	

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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
Henry Kristal 1654 University Avenue St. Paul, MN 55104	Robbers Restaurants	08/05/94	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
Richard Kroening 1517 Blenaret Street Green Bay, WI 54304	Biz Mark Inc.	08/08/94	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
Timothy A Lasec 300 North Mountain Road Harrisburg, PA 17113	Country Oven Inc	08/01/94	55.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 255.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rolf Lewis 2108 Broadway San Francisco, CA 94115	Rolf's Restaurant Associates	08/29/94	2000.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     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 19	of 35
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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
Maurice E Lewis 603 Pulaski Street PO Box 1556 Little Rock, AR 72203	Arkansas Hospitality Association	08/01/94	300.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation Association Executive	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
Gay Lindstrom 1818 Northlake Way Seattle, WA 98103	Restaurants Unlimited, Inc.	08/11/94	500.00
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
Doug Livingston 3500 Normandale Lakes SPOVE #1200 Minneapolis, MN 55437	Rollins Rudig Mall	06/18/94	20.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation Account Manager	Aggregate Year To Date > \$ 370.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edward J Lump 31 South Henry Street Suite 300 Madison, WI 53703 3110	Wisconsin Restaurant Assoc.	08/08/94	829.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation Association Executive	Aggregate Year To Date > \$ 1059.00

SUBTOTAL of Receipts This Page (optional) >

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



**SCHEMULE A ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	Page 21	Of 11
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**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 C Martine 3555 East Washington Avenue Madison, WI 53704	Pedros Mexican Restaurants	08/08/94	270.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation Restaurateur Aggregate Year To Date \$ 270.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gretchen Mathers 1133 Fifth Avenue Seattle, WA 98101	Gretchen's of Course	08/01/94	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
Lorraine McCormick 2077 Candle Way Green Bay, WI 54304	Superior Coffee	08/08/94	400.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation RESTAURATEUR Aggregate Year To Date \$ 400.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephen J McGarry 77 Homestead Avenue Newark, NJ 02889	Bayshore Corp. 5015 Broadway, Inc.	08/29/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation Restaurateur Aggregate Year To Date \$ 275.00	

**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 22	Of 3
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**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
John McMahon 4857 Canterbury Mound, MN 55364	Lord Fletcher's	08/17/94	175.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 210.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John McMahon 4857 Canterbury Mound, MN 55364	Lord Fletcher's	08/18/94	10.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 210.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John McMahon 4857 Canterbury Mound, MN 55364	Lord Fletcher's	08/18/94	25.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 210.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eala McNath 27501 Perdido Beach Boulevard Orange Beach, AL 36561	Perdido Pass Restaurant	08/11/94	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 schedule(s) for each category of the Recalled Summary Page	Page 23	Of 33
	----- ----- for Line Number 118(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
Pete Mihajlov Suite 301A 3001 Hennepin Avenue South Minneapolis, MN 55408	Parasol Restaurant Holdings	08/05/94	175.00
Receipt for: <input checked="" type="checkbox"/> Primary ; <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date \$ 210.00

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	08/18/94	35.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date \$ 215.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joe Milano, Jr. 1630 Schrock Road Columbus, OH 43229	Villa Milano Incorporated	08/03/94	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
Terrence Moran 40 Slater Road Cranston, RI 02920	McLaughlin & Moran Inc.	08/23/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date \$ 275.00

**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 )
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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
Paul Moran 40 Slater Road Cranston, RI 02923	McLaughlin & Moran Inc.	08/27/94	275.00
Receipt For: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 275.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Mchulas 3005 Harbor Lane North Minneapolis, MN 55447	JP Mulligan's Restaurant	08/17/94	350.00
Receipt For: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 400.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Mchulas 3005 Harbor Lane North Minneapolis, MN 55447	JP Mulligan's Restaurant	08/18/94	50.00
Receipt For: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 400.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nancy Mueller 263 Cedar Street White Bear Lake, MN 55110	Kraft/An.	08/05/94	350.00
Receipt For: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 525.00		

**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 25	Of .
	For Line Number 11a(i)	

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NAME OF COMMITTEE (In Full)  
National Restaurant Association FMC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nancy Mueller 263 Cedar Street  White Bear Lake, MN 55110	Kraft/Bn.	08/17/94	175.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date> \$ 525.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Neugele 4300 Baker Road  Minnetonka, MN 55343	Lord Fletcher's/Flagship	08/17/94	300.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation RESTAURTEUR Aggregate Year To Date> \$ 3175.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Neugele 4300 Baker Road  Minnetonka, MN 55343	Lord Fletcher's/Flagship	08/18/94	300.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date> \$ 3175.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James L O'Hara 3 Kicker Drive  East Greenwich, RI 02818	Falvey Linn Supply, Inc.	08/29/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Sales Aggregate Year To Date> \$ 275.00		

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 26	Of 1
	For Line Number 11a(5)	

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
Joe Duann 809 SE HWY 10 St. Cloud, MN 56334	Appert Foods	08/05/94	350.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     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
Reuben Palm 2727 Nicollet Avenue Minneapolis, MN 55408	Palm Brothers	08/05/94	200.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)		Occupation Restaurateur	Aggregate Year To Date: \$ 220.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Reuben Palm 2727 Nicollet Avenue Minneapolis, MN 55408	Palm Brothers	08/18/94	20.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)		Occupation Restaurateur	Aggregate Year To Date: \$ 220.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lenny Piroglio America Cup Avenue Newport, RI 02840	The Mooring	08/29/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)		Occupation Restaurateur	Aggregate Year To Date: \$ 275.00

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

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

SCEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 27	Of 41
	For Line Number 11a(i)	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions 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
Tim Peterzen 2400 County Road J St. Paul, MN 55112	SYSDO Minnesota	08/19/94	50.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     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
Jim Peterzen 2400 County Road J St. Paul, MN 55112	SYSDO Minnesota	08/18/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary     General <input checked="" type="checkbox"/>     Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 880.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tim Peterzen 2400 County Road J St. Paul, MN 55112	SYSDO Minnesota	08/18/94	20.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 880.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jim Phillips 1030 Lone Oak Rd. Regan, MN 55121	Boyd Coffee	08/05/94	350.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     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 IDENTIFIED CONTRIBUTORS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 28	of 5
	For Line Number 11a(1)	

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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
Harold Pollix 8235 NE Airport Way Portland, OR 97220	Sheraton Inn Airport	08/01/94	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
Scott Robb 54 Old Marlboro Rd. Concord, MA 01742	Agood's Diner	08/29/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 275.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gary C Ruberta 328 South Front Street La Crosse, WI 54601	Front Street, Inc.	08/08/94	630.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 630.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Larry Rupp 5008 S. 12th Street Sheboygan, WI 53081	Rupps at Riverdale	08/08/94	410.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 410.00		

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 29	Of 31
	For Line Number 11a(i)	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions 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
Burtus M Sack 13 Riverside Office Park Suite 200 Weston, MA 02193 2298	Appleton's Weight Control	08/29/94	275.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation <i>Restaurateur</i>	Aggregate Year To Date > \$ 275.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Douglas S Salisbury 17042 Gilllette Avenue Irvine, CA 92714	Trans Pacific Airlines Inc.	08/19/94	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eugene Saylor 10519 SE Stark Street Portland, OR 97216	Saylor's Old Country Kitchen, Inc.	08/08/94	500.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation <i>Restaurateur</i>	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
John Schilts 3442 Lake Elmo Avenue North Lake Elmo, MN 55042	Lake Elmo Inn Inc.	08/05/94	700.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation <i>Restaurateur</i>	Aggregate Year To Date > \$ 700.00	

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 30	Of 40
	For Line Number 11a(1)	

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**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
John Schilts 3442 Lake Elmo Avenue North Lake Elmo, MN 55042	Lake Elmo Inn Inc.	08/18/94	28.00
Receipt For: <input checked="" type="checkbox"/> Primary     General     Other (specify)		Occupation Restaurateur	Aggregate Year To Date \$ 745.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Schilts 3442 Lake Elmo Avenue North Lake Elmo, MN 55042	Lake Elmo Inn Inc.	08/18/94	35.00
Receipt For: <input checked="" type="checkbox"/> Primary     General     Other (specify)		Occupation Restaurateur	Aggregate Year To Date \$ 745.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Marian Stevens 205 Route 9 Suite 21 Freehold, NJ 07728	Eagle Rock Management	08/04/94	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary     General     Other (specify)		Occupation Property Manager	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
C. Milton Tanner PO Box 760 East Greenwich, RI 02818	Twenty Water Street Restaurant	08/29/94	275.00
Receipt For: <input checked="" type="checkbox"/> Primary     General     Other (specify)		Occupation RESTAURATEUR	Aggregate Year To Date \$ 275.00

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

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

**SCHEDULE A ITEMIZED RECEIPTS**

Use separate schedule (if for each category of the Detailed Summary Page	Page 31	Of 31
	For Line NUMBER 11a(1)	

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**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
Kevin B Tracy 3746 Sunset Drive Spring Park, MN 55384	Lord Fletcher's of the Lake	08/17/94	175.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 220.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kevin B Tracy 3746 Sunset Drive Spring Park, MN 55384	Lord Fletcher's of the Lake	08/18/94	10.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 220.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kevin B Tracy 3746 Sunset Drive Spring Park, MN 55384	Lord Fletcher's of the Lake	08/28/94	35.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 220.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Karl Van Roy 1023 Harwood Avenue Green Bay, WI 54313	Rivers Bend, Inc.	08/08/94	70.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 320.00		

**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 32	Of 36
	For Line Number 11(a)(1)	

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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
Bill Vander Ham 2722 44th Avenue North Minneapolis, MN 55447	Blacks USA	08/05/94	175.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur 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
Bill Vander Ham 2722 44th Avenue North Minneapolis, MN 55447	Blacks USA	08/18/94	50.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur 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
Donald Waldron 936 North 34th #206 Seattle, WA 98103	Cinnabon	08/22/94	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
Robert Wheeler 475 No Prior Et. Paul, MN 55104	Mark VII Sales	08/17/94	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 IDENTIFIED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	Page 33	Of 35
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	For Line Number 11a(1)	

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**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
Brian M Winocobit 755 Prairie Center Drive Eden Prairie, MN 55344	Restaurants No Limit	08/18/94	45.00
Receipt For: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation Restaurateur Aggregate Year To Date: \$ 1427.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bruce Wolf 1951 Bond Green Bay, WI 53302	Rock Garden Supper Club	08/03/94	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
Ralph M Wood 31246 P.V. Drive West #236 Rancho Palos Verdes, CA 90274	The Admiral Risty	08/05/94	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
Mervyn Zanner 5525 South Okello Street Seattle, WA 98118	South Sound Red Robin Inc.	08/08/94	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) .....

3132.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
National Restaurant Association PAC

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
First Union Bank P.O. Box 13327 Roanoke, VA 24040	interest earned on money market checking account	8/31/94	10.54
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 422.53	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Grestar NA P.O. Box 26150 Richmond, VA 23260	interest earned on cash equivalent fund	8/31/94	327.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,103.64	
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) .....	338.02

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)				
National Restaurant Association PAC				
Full Name, Mailing Address & ZIP Code of Each Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
Multi Media Services 801 North Fairfax Street Alexandria, VA 22314	T.V. Advertising	08/04/94	14,600.00	Rep. Karen English (D-AZ-6) <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Portik Illustration 405 Hart Sen. Office Bldg. Washington, D.C. 20510	Newspaper Ad	08/19/94	195.00	Rep. Norm Sisisky (D-VA-4) <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Capitol Legal Copies, Inc. Suite 200 1275 Pennsylvania Ave. Washington, D.C. 20004	Press Release	08/19/94	111.23	Rep. Tom Sawyer (D-OH-14) <input type="checkbox"/> Support <input checked="" 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			\$ 14,906.23	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$	
(c) TOTAL Independent Expenditures			\$ 14,906.23	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in connection, 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 campaign committee, or their agent.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

My Commission expires \_\_\_\_\_

NOTARY PUBLIC

Signature

Date

*[Handwritten Signature]*  
8/24/94

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**SCHEDULE B ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1	Of 3
	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
Bill Witt for Congress Cmte 16165 SW 72nd Street Tigard, OR 97223-	Cont. to Bill Witt (OR-1)		2000.00
	Disbursement for:   Primary   <input checked="" type="checkbox"/> General	08/01/94	
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends and Neighbors of Steve Gunderson PO Box 1990 Cresco, WI 54758-	Cont. to Steve Gunderson (WI-3)		1000.00
	Disbursement for:   P Primary   General	09/19/94	
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
L. Slaughter Re-election Cmte. 700 First Federal Plaza Rochester, NY 14614-	Cont. to L. Slaughter (NY-28)		500.00
	Disbursement for:   P Primary   General	08/29/94	
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Laughlin for Congress PO Box 2493 Victoria, TX 77903-	Cont. to Greg Laughlin (TX-14)		1000.00
	Disbursement for:   Primary   <input checked="" type="checkbox"/> General	08/19/94	
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mica for Congress PO Box 181546 Casselberry, FL 32718-	Cont. to John Mica (FL-7)		500.00
	Disbursement for:   P Primary   General	08/19/94	
	Other (specify)		

**SUBTOTAL of Disbursements This Page (optional)**.....P

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

SCHEDULE F ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 2	Of 3
	For Line Number 23	

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
Steve Schiff for Congress PO Box 25185 Albuquerque, NM 87125-	Cont. to Steve Schiff (NM-1)		1000.00
	Disbursement for:   Primary   General	08/19/94	
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Reed Committee PO Box 8628 Cranston, RI 02920-	Cont. to Jack Reed (RI-2)		175.00
	Disbursement for:   Primary   General	08/19/94	
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Senate Inn Western Ave. 1-95 Augusta, ME 04320-	Cont. to John Baldacci, ME-2		339.17
	Disbursement for:   Primary   General	08/09/94	(IN KIND)
	Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

2 4 0 3 9 5 3 4 6 3 5

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hall For Congress Committee Post Office Box 711 Rockwall, TX 75087	Cont. to Ralph Hall TX-4 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/31/94	-1,000 Void 3/7/94
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	
<b>TOTAL</b> This Period (last page this line number only) .....	5,509.17

**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.

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DATE OF RECEIPT

10/20/94

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 and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

pk4

10/20/94

PREPARER

DATE PREPARED

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