

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

FEB 19 12 08 PM '99

USE REC. MAILING LABEL OR TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE  
**Washington, DC 20036**

2. FEC IDENTIFICATION NUMBER  
**C 6000 3784**

3.  This committee has been established as a political committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year-End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

Monthly Report Due On:

- February 20  June 20  October 20
- March 20  July 20  November 20
- April 20  August 20  December 20
- May 20  September 20  January 20

- Twelfth day report preceding \_\_\_\_\_ 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
E. Covering Period <u>01/01/99</u> through <u>01/31/99</u>			
6.	(a) Cash on Hand January 1, 19 <u>99</u>		\$ <u>164,443.63</u>
	(b) Cash on Hand at Beginning of Reporting Period	\$ <u>164,443.63</u>	
	(c) Total Receipts (from Line 3)	\$ <u>35,054.58</u>	\$ <u>35,054.58</u>
	(d) Subtotal (add Lines 6(c) and 6(b) for Column A and Lines 6(a) and 6(b) for Column B)	\$ <u>199,498.21</u>	\$ <u>199,498.21</u>
7.	Total Disbursements (from Line 30)	\$ <u>5,069.09</u>	\$ <u>5,069.09</u>
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>194,429.12</u>	\$ <u>194,429.12</u>
9.	Debits and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0.00</u>	
10.	Debits and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0.00</u>	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer  
**Elaine Z. Craham**

Signature of Treasurer  
*Elaine Z. Craham*

Date  
2-19-99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 18 U.S.C. 1001.

FEC FORM 3X  
C-30 (9/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(Revised 7-78)

NAME OF COMMITTEE National Restaurant Association PAC		REPORT COVERING PERIOD	
		FROM	TO
		01/01/99	01/31/99
		COLUMN A	COLUMN B
		Total This Period	Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Remitted (use Schedule A)		31,314.78	31,314.78
ii. Unremitted		3,520.63	3,520.63
E. Total (add i and ii) >		34,835.42	34,835.42
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
c. Total Contributions (add a ii, b and c) >		34,835.42	34,835.42
12. Transfers From Affiliated/Other Party Committees		0.00	0.00
13. All Loans Received		0.00	0.00
14. Loan Repayments Received		0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)		219.18	219.18
18. Transfers from Nonfederal Account for Joint Activity		0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		35,054.68	35,054.68
20. Total Federal Receipts (subtract line 18 from line 19) >		35,054.68	35,054.68
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		0.00	0.00
ii. Non-Federal Share		76.71	76.71
a. Total Operating Expenditures (add a i, a ii, and b) >		76.71	76.71
22. Transfers to Affiliated/Other Party Committees		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		4,982.38	4,982.38
24. Independent Expenditures (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		0.00	0.00
26. Loan Repayments Made		0.00	0.00
27. Loans Made		0.00	0.00
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		0.00	0.00
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contribution Refunds (add a, b and c) >		0.00	0.00
29. Other Disbursements		5,069.09	5,069.09
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		5,069.09	5,069.09
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		5,069.09	5,069.09
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		34,835.42	34,835.42
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		34,835.42	34,835.42
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		76.71	76.71
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >		76.71	76.71

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate attachments for each category of the Detailed Summary Page

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for political 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

<b>A. Full Name, Mailing Address and ZIP Code</b> James M. Woodsworth 8130 Watson Street McLean, VA 22102-4405	Name of Employer <b>J.R's Goodfines, Inc.</b>	Date (month, day, year) <b>01/07/99</b>	Amount of Each Receipt \$ <b>31.79</b>
	Occupation <b>Restaurateur</b>	Aggregate Year-to-Date > \$ <b>3,581.79</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>B. Full Name, Mailing Address and ZIP Code</b> Leonard C. Panaggio 2 Sayer's Wharf Newport, RI 02840-3059	Name of Employer <b>The Mooring Restaurant</b>	Date (month, day, year) <b>11/13/98</b>	Amount of Each Receipt \$ <b>500.00</b>
	Occupation <b>Restaurateur</b>	Aggregate Year-to-Date > \$ <b>500.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>C. Full Name, Mailing Address and ZIP Code</b> Kris K Fuller 15 Bayside Avenue Warwick, RI 02888-2915	Name of Employer <b>Gregg's Restaurant</b>	Date (month, day, year) <b>01/11/99</b>	Amount of Each Receipt \$ <b>500.00</b>
	Occupation <b>Restaurateur</b>	Aggregate Year-to-Date > \$ <b>500.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>D. Full Name, Mailing Address and ZIP Code</b> Gail Robbins 1193 W. Farle Rd. Greenville, SC 29636	Name of Employer <b>GLR Foods, dba Pizza Inn</b>	Date (month, day, year) <b>01/22/99</b>	Amount of Each Receipt \$ <b>220.00</b>
	Occupation <b>President</b>	Aggregate Year-to-Date > \$ <b>220.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>E. Full Name, Mailing Address and ZIP Code</b> Robert E. Williams Jr., 1036 Market Street Columbia, SC 29201-4741	Name of Employer <b>Lizard Thicket's Restaurant</b>	Date (month, day, year) <b>01/12/99</b>	Amount of Each Receipt \$ <b>500.00</b>
	Occupation <b>Restaurateur</b>	Aggregate Year-to-Date > \$ <b>500.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>F. Full Name, Mailing Address and ZIP Code</b> Robert E. Williams Jr., 1036 Market Street Columbia, SC 29201-4741	Name of Employer <b>Lizard Thicket's Restaurant</b>	Date (month, day, year) <b>01/12/99</b>	Amount of Each Receipt \$ <b>100.00</b>
	Occupation <b>Restaurateur</b>	Aggregate Year-to-Date > \$ <b>600.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>G. Full Name, Mailing Address and ZIP Code</b> Tom Spenselar 1338 Main Street Suite 505 Columbia, SC 29201	Name of Employer <b>Hospitality Association of South Carolina</b>	Date (month, day, year) <b>01/22/99</b>	Amount of Each Receipt \$ <b>413.00</b>
	Occupation <b>Restaurateur</b>	Aggregate Year-to-Date > \$ <b>413.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	\$ <b>1479</b>
TOTAL This Period (last page this line number only)	\$ <b>1479</b>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate sheets for each category of the Detailed Summary Page

PAGE 2 OF 3  
FORM NUMBER 1-

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NAME OF COMMITTEE (In Full)  
National Restaurant Association PAC

<b>A. Full Name, Mailing Address and ZIP Code</b> Ted Fowler, Jr., P.O. Box 28502 Raleigh, NC 27626-3502	Name of Employer <b>Golden Corral Corporation</b>	Date (month, day, year) 01/2-79	Amount of Each Receipt \$ 100.00
	Occupation <b>Restaurateur</b>	Aggregate Year-to-Date > \$ 5,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>B. Full Name, Mailing Address and ZIP Code</b> Keith L. Ashley P.O. Box 119 Decatur, IL 62521-1194	Name of Employer <b>Swartz Management Corporation</b>	Date (month, day, year) 11/2/78	Amount of Each Receipt \$ 150.00
	Occupation <b>Restaurateur</b>	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>C. Full Name, Mailing Address and ZIP Code</b> Chuck Merin 212 North Cherry Street Falls Church, VA 22046-3520	Name of Employer <b>Black, Kelly, Scruggs &amp; Healey</b>	Date (month, day, year) 01/25/79	Amount of Each Receipt \$ 250.00
	Occupation <b>Restaurant Consultant</b>	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>D. Full Name, Mailing Address and ZIP Code</b> John Mayfield 250 Main Street Montpelier, VT 05602	Name of Employer <b>New England Culinary Institute</b>	Date (month, day, year) 01/26/79	Amount of Each Receipt \$ 100.00
	Occupation <b>Restaurateur</b>	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>E. Full Name, Mailing Address and ZIP Code</b> Ronald N. Magruder 305 Hartman Drive North F.O. Box 787 Lebanon, TN 37088-0787	Name of Employer <b>CBRL Group, Inc.</b>	Date (month, day, year) 01/26/79	Amount of Each Receipt \$ 1,000.00
	Occupation <b>Restaurateur</b>	Aggregate Year-to-Date > \$ 5,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>F. Full Name, Mailing Address and ZIP Code</b> Carmen Vaz-Abre, 378 Chase Avenue P.O. Box 40-4 Waterbury, CT 06704-0014	Name of Employer <b>GVAC Enterprises, Inc.</b>	Date (month, day, year) 01/23/79	Amount of Each Receipt \$ 1,000.00
	Occupation <b>Restaurateur</b>	Aggregate Year-to-Date > \$ 5,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>G. Full Name, Mailing Address and ZIP Code</b> Ronald F. Higgins 1201 Dove Street Suite 475 Newport Beach, CA 92660	Name of Employer <b>Forbco Management Corporation</b>	Date (month, day, year) 01/26/78	Amount of Each Receipt \$ 1,000.00
	Occupation <b>Restaurateur</b>	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) \$ 100.00

**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 3  
FOR DECEMBER

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NAME OF COMMITTEE (in full)  
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code  
**Bill Hyde**  
5321 HESSNER AVE.  
METairie, LA 70002-4723

Name of Employer  
**Ruth Chris's  
Steakhouse**

Date (month, day, year)  
**01/2/90**

Amount of Each Receipt  
Period  
\$ **100.00**

Receipt For:  Primary  General  
 Other (specify):

Occupation  
**Restaurateur**

Aggregate Year-to-Date \$ **1,000.00**

B. Full Name, Mailing Address and ZIP Code  
**Stephen C. Johnson**  
3117 N. 16th Street  
Phoenix, AZ 85016

Name of Employer  
**Macayo Mexican  
Restaurants, Inc.**

Date (month, day, year)  
**01/2/90**

Amount of Each Receipt  
Period  
\$ **200.00**

Receipt For:  Primary  General  
 Other (specify):

Occupation  
**Restaurateur**

Aggregate Year-to-Date \$ **2,500.00**

C. Full Name, Mailing Address and ZIP Code  
**Harrie H. Rusitzky,**  
1 Grove Street  
Suite 201D  
Fittsford, NY 14534-1300

Name of Employer  
**The Greening Group**

Date (month, day, year)  
**01/2/90**

Amount of Each Receipt  
Period  
\$ **500.00**

Receipt For:  Primary  General  
 Other (specify):

Occupation  
**Restaurateur**

Aggregate Year-to-Date \$ **500.00**

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt  
Period

Receipt For:  Primary  General  
 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  
Period

Receipt For:  Primary  General  
 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  
Period

Receipt For:  Primary  General  
 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  
Period

Receipt For:  Primary  General  
 Other (specify):

Occupation

Aggregate Year-to-Date \$

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

\$ **0.00**

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

\$ **14.79**

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1  
FORM NUMBER

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NAME OF COMMITTEE (to Full)  
National Restaurant Association PAC

<b>A. Full Name, Mailing Address and ZIP Code</b> Crestar Bank NA Crestar Bank NA Post Office Box 26150 Richmond, VA 23260-6150	Name of Employer <b>Interest Earned</b>	Date (month, day, year) 11/30/99	Amount of Each Receipt 19.16
	Occupation	Aggregate Year-to-Date \$ 219.16	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>B. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>C. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>D. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>E. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>F. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>G. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) 19.16

TOTAL This Period (to 1 page this line number only) 19.16

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of the Detailed Summary Page

PAGE 1 OF 1  
FORM NUMBER 25

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 purposes, other than using the name and address of any political committee to solicit contributions from such committee.


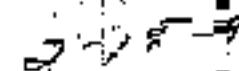
NAME OF COMMITTEE (in Full)  
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Spence for Congress Committee 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151-1652	Floyd D. Spence, U.S. HOUSE 2nd SC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 General Election	01/11/99	0.00
B. Full Name, Mailing Address and ZIP Code American Renewal PAC P.O. Box 221194 Chantilly, VA 20153	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	01/14/99	0.00
C. Full Name, Mailing Address and ZIP Code Rod Grams for Senate P.O. Box 1029 Anoka, MN 55303	Rod Grams, L.S. SENATE MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/14/99	0.00
D. Full Name, Mailing Address and ZIP Code Pennsylvania Restaurant Association PAC 100 State Street Harrisburg, PA 17101	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/22/99	2.38
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)	92.38
TOTAL This Period (last page this line number only)	92.38

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/>	Hand Delivered	Date of Receipt 2-18-79
<input type="checkbox"/>	First Class Mail	POSTMARKED
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/>	Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Postmark and/or Receipt
<input type="checkbox"/>	Electronic Filing	
	PREPARER	 DATE RECEIVED