

# 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

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

CITY, STATE and ZIP CODE  
Washington, D.C. 20036

RECEIVED  
FEDERAL ELECTION COMMISSION  
JUL 23 10 32 AM '94

2. FEC IDENTIFICATION NUMBER  
C 0000 3764

3.  This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

(a)  April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

- February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31

Twelfth day report preceding \_\_\_\_\_  
(Type of Election)

election on \_\_\_\_\_ in the State of \_\_\_\_\_

Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

## SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6/1/94 through 6/30/94		
6. (a) Cash on Hand January 1, 19__		\$ 173,545.10
(b) Cash on Hand at Beginning of Reporting Period	\$ 131,695.61	
(c) Total Receipts (from Line 19)	\$ 21,658.00	\$ 175,405.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 153,353.61	\$ 480,645.74
7. Total Disbursements (from Line 30)	\$ 17,226.28	\$ 212,822.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 136,127.33	\$ 136,127.33
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 899 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

Signature of Treasurer

*Elaine Z. Graham*

Date

7/19/94

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

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FEC FORM 3X

(revised 8/93)

94039124737

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

(revised 7/1/81)

NAME OF COMMITTEE National Restaurant Association PAC		REPORT COVERING PERIOD	
		FROM 6/1/94	TO 6/30/94
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	10,895.00	121,199.00	
ii. Unitemized	9,821.28	36,061.48	
iii. Total (add i and ii) >	20,716.28	157,260.48	
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) >	20,716.28	172,260.48	
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.)	941.72	3,166.55	
18. Transfers from Nonfederal Account for Joint Activity	.00	.00	
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	21,658.00	175,405.03	
20. Total Federal Receipts (subtract line 18 from line 19) >	21,658.00	175,405.03	
<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	76.28	1,363.10	
c. Total Operating Expenditures (add a i, a ii, and b) >	76.28	1,363.10	
22. Transfers to Affiliated/Other Party Committees	.00	.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees	17,150.00	210,650.00	
24. Independent Expenditures (use Schedule E)	.00	.00	
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) >	17,226.28	213,013.10	
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	17,226.28	213,013.10	
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	20,716.28	172,260.48	
33. Total Contribution Refunds (from line 28d)	.00	1,000.00	
34. Net Contributions (other than loans)(subtract line 33 from 32)	20,716.28	171,260.48	
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	76.28	1,363.10	
36. Offsets to Operating Expenditures (from line 15)	.00	.00	
37. Net Operating Expenditures (subtract line 36 from 35) >	76.28	1,363.10	

94039124738

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1	Of 7
	For Line Number 11a(1)	

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

NAME OF COMMITTEE (In Full)  
National Restaurant Association PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sam Arnold 19192 Route 8 Morrison, CO 80465	The Fort Restaurant	05/14/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation RESTAURATEUR	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
John I Benn, III PO Box 709 Columbus, MS 39703 0709	Harveys	05/22/94	1100.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 1100.00	

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Roger Berkowitz 93 Everett Street Allston, MA 02134	Legal Seafoods	06/27/94	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
Ted Burke PO Box 2247 Santa Cruz, CA 94063 2247	Shadbrook Restaurant	06/15/94	550.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation RESTAURATEUR	Aggregate Year To Date > \$ 1150.00	

SUBTOTAL of Receipts This Page (optional) ..... 2025.00

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

**SCHEDULE A - ITEMIZED RECEIPTS**

Use separate schedule(a) for each category of the Detailed Summary Page	Page 2	OF 7
	Per Line Number 11a(i)	

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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
Walter Conti Route 611 & 313 Doylestown, PA 18901	Conti Cross Keys Inn	06/16/94	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
Mark DiMartino 1872 Golden Vista Las Vegas, NV 89123	DiMartino's Restaurant	06/27/94	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
Jack Forner 1600 East Flamingo Road Las Vegas, NV 89121	Buey's Restaurant & Saloon	06/22/94	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
Abe Gustin 4551 N. 10th Street Suite 100 Overland Park, KS 66207	Applebee's International Inc.	06/06/94	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) .....> 1700.00

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 7
	For Line Number 11A(i)	

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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
Kenneth D Hill 4551 W. 107th St. Suite 100 Overland Park, KS 66207	Applebee's International Inc.	06/06/94	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		
Gregg Johnson 39 Woodland Court San Ramon, CA 94583	Vclume Services, Inc.	06/16/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 200.00		
Rue Johnston 2722 Dartmouth Warren, OH 44483	MARY M'S RESTAURANT	06/14/94	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		
Michael J Kull 1809 Briard Place Louisville, KY 40220	Druther's International Inc.	06/27/94	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		

**SUBTOTAL of Receipts This Page (optional)** ..... 1000.00

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

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 4	Of 7
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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
Battista Locatelli 4041 Audrele Las Vegas, NV 89109	Battista's Hole in the Wall	05/01/94	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
D N Ma 11944 Valley Vista Sherman Oaks, CA 91423	Burger King	06/23/94	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
Deniel J McAnally PO Box 140 Bryn Mawr, PA 19008	Overbrook Golf Club	06/23/94	220.00
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
Bob Miller 623 West Bristol Avenue Middlebury, IN 46590	The Dutch Corp.	05/16/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 200.00	

SUBTOTAL of Receipts This Page (optional) 720.00

TOTAL This Period (last page this line number only)

**SCHEDULE A ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	Page 5	Of 7
	Per Line Number 11a(2)	

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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 J Nicholas 3416 Calle Del Torre  Las Vegas, NV 89102	Info. requested	06/06/94	200.00
Receipt for: <input 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
Scaly Nikoloff 16721 Milliken Avenue  Irvine, CA 92714	Clain Jumper Restaurant	06/16/94	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
Ron Beck 4551 West 107th Street Suite 100 Overland Park, KS 66207	Applebee's International Inc	06/06/94	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
Jim Rees 510 North Robertson  Los Angeles, CA 90048	Hard Rock Cafe	06/14/94	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	

**SUBTOTAL of Receipts This Page (optional)** .....> 2000.00

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

**SCHEDULE A - ITEMIZED RECEIPTS**

Use Separate schedule(s) for each category of the Detailed Summary Page	Page 5	OF 7
	For Line Number 11a(i)	

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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
Theresa Rippon PO Box 265  Kiffinburg, PA 17844	McDonald's	06/22/94	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
Raymond D Schoenbaum 1480 Terrell Mill Road #1100  Marietta, GA 30067	Innovative Restaurant Concepts	06/13/94	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur 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
T. Clark Shaw Casey Jones Village  Jackson, TN 38305	Old Country Store	06/14/94	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
James F Sheppard N83 W12400 Leon Road  Menomonee Falls, WI 53051	Cousins Submarines	06/10/94	300.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 500.00		

**SUBTOTAL of Receipts This Page (optional)** ..... 1630.00

**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 7	Of 7
	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
Dave Starkman 1821 Commercial Avenue Riverside, WA 98221	Stark's RESTAURANT & Lounge	06/22/94	220.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation RESTAURTEUR	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
Daniel Straus 8408 North New Braunfels SAN ANTONIO, TX 78209	Barn Door Restaurant	06/02/94	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
Ruben Villavicencio 1180 Apollo Street, Suite A Irvine, CA 92621	R & M Food Services	06/21/94	600.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date > \$ 600.00

<b>SUBTOTAL of Receipts This Page (optional)</b> .....	1620.00
<b>TOTAL This Period (last page this line number only)</b> .....	19895.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

National Restaurant Association Political Action Committee C.0000 3766

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
First Union Bank PO Box 13327 Roanoke, VA 24040	interest earned on money market checking account	6/30/94	\$15.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 398.70	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Crestar NA PO Box 26150 Richmond, VA 23260	interest received on cash equivalent fund	6/30/94	\$426.22
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 426.22	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
First Union Bank PO Box 13327 Roanoke, VA 24040	interest	6/30/94	\$232.32
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,910.37	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Crestar NA PO Box 26150 Richmond, VA 23260	interest received on money market checking account	6/30/94	\$267.58
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 267.58	
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) ..... \$941.72

TOTAL This Period (last page this line number only) ..... \$941.72

94057121146

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21 (b)

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**NAME OF COMMITTEE (in Full)**

National Restaurant Association Political Action Committee C 0000 3764 -

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement credit card fees 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
American Express Company 200 Vesey Street New York, NY 10285		6/30/94	\$76.28
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

\$76.28

94057:24/47

SCHEDULE B IDENTIFIED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1	Of 6
	For Line Number 23	

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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
Ann Houghton P.O. Box 1167 Corning, NY 14830	Cont. to Boughton (NY-31)	06/24/94	500.00
	Disbursement for:   P   Primary   General		
	Other (specify):		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Barrett for Congress 2711 North Avondale Blvd. Milwaukee, WI 53210	Cont. to Tom Barrett (WI-05)	06/30/94	(350.00) 09/29/92 VOIDED
	Disbursement for:   P   Primary   General		
	Other (specify):		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carlos Moorhead 420 N Brand Blvd. #500 Glendale, CA 91203	Cont. to Moorhead (CA-21)	06/24/94	1000.00
	Disbursement for:     Primary   G   General		
	Other (specify):		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cass Ballenger for Congress Committee 301 16th Avenue Drive, NE Hickory, NC 28601	Cont. to Ballenger (NC-10)	06/24/94	500.00
	Disbursement for:     Primary   G   General		
	Other (specify):		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizen's for Tom Petri PO Box 270 Fond du Lac, WI 54935	Cont. to Tom Petri (WI-6)	06/24/94	2000.00
	Disbursement for:   P   Primary   General		
	Other (specify):		

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

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

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 2	Of 6
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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
Citizens for Kasich 865 Mason Alley Columbus, OH 43206-	Cont. to John Kasich (OH-12) Disbursement for:   Primary   <input type="checkbox"/> General   Other (specify)	06/02/94	500.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Earl Pomeroy For Congress P.O. Box 146 Bismark, ND 58502-	Cont. to Earl Pomeroy (ND-ATLAD-6E) Disbursement for:   Primary   <input type="checkbox"/> General   Other (specify)	06/03/94	500.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Franks Congress Committee 140 Grand Street Waterbury, CT 06723-	Cont. to Gary Franks (CT-5) Disbursement for:   <input type="checkbox"/> Primary   <input type="checkbox"/> General   Other (specify)	06/30/94	(500.00) 08/19/93 VOIDED

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 Oshkosh, WI 54754-	Cont. to S. Gunderson (WI-3) Disbursement for:   <input type="checkbox"/> Primary   <input type="checkbox"/> General   Other (specify)	06/10/94	(500.00) 02/10/94 VOIDED

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 Oshkosh, WI 54754-	Cont. to Steve Gunderson (WI-3) Disbursement for:   <input type="checkbox"/> Primary   <input type="checkbox"/> General   Other (specify)	06/24/94	500.00

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

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

**SCHEDULE B DEDUCTIBLE DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	Page 3	OF 6
	For Line Number 22	

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**NAME OF COMMITTEE (In Full)**  
National Restaurant Association PAC

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Bill Emerson 1310 Lexington P.O. Box 823 Cape Girardeau, MO 63701-	Cont. to Bill Emerson (MO-8)	06/24/94	1000.00
	Disbursement for:   P   Primary     General		
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Dick Zimmer PO Box 469 Flenington, NJ 08822-	Cont. to Dick Zimmer (NJ 12)	05/30/94	(2500.00) 09/29/93 VOIDED
	Disbursement for:   P   Primary     General		
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jack Kingston 7360 Skidaway Rd. Savannah, GA 31406-	Cont. to Jack Kingston (GA-1)	06/24/94	500.00
	Disbursement for:   F   Primary     General		
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Major Owens P.O. Box 2265 Brooklyn, NY 11222-	Cont. to Major Owens (NY-14)	06/02/94	1000.00
	Disbursement for:   P   Primary     General		
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Ray Lahood 207 NR Perry Peoria, IL 61603	Cont. to Ray Lahood (IL-18)	06/24/94	3000.00
	Disbursement for:     Primary     B   General		
	Other (specify)		

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

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

**SCHEDULE B ITEMIZED DISBURSEMENTS**

Use separate schedule(a) for each category of the Detailed Summary Page	Page 4 of 6
	For Line Number 23

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**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
Gary Franks PO Box 2743 Barbury, CT 06722-	Cont. to Gary Franks (CT-5)	06/24/94	2000.00
	Disbursement for:  P  Primary   General		
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ralph Hall for Congress Committee P.O. Box 711 Rockwall, TX 75087-	Cont. to Ralph Hall (TX-4)	06/30/94	(1000.00)
	Disbursement for:  P  Primary   General		
	Other (specify)		02/24/93 VOIDED

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jan Meyers for Congress Cmte. P.O. Box 9184 Overland Park, KS 66204-	Cont. to Jan Meyers (KS-3)	06/24/94	1000.00
	Disbursement for:  P  Primary   General		
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Todd Jude for Congress 1278 Lone Oak Road Egger, MN 55333	Cont. to Todd Jude (MN-5)	06/02/94	500.00
	Disbursement for:  P  Primary   General		
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
L. Slaughter Re-election Cmte. 700 First Federal Plaza Rochester, NY 14614-	Cont. to Slaughter (NY-28)	06/24/94	500.00
	Disbursement for:  P  Primary   General		
	Other (specify)		

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

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

**SCHEDULE B - ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of line Detailed Summary Page	Page 5	Of 6
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**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
Manton for Congress PO Box 2474 Washington, DC 20013-	Cont. to Tim Manton (NY-7)	06/24/94	500.00
	Disbursement for:  P  Primary    General		
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nadler for Congress 175 West 93rd St. #16H New York, NY 10025	Cont. to Jerrold Nadler (NY-8)	06/30/94	1500.00
	Disbursement for:  P  Primary    General		
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mussle for Congress RD Box 324 Manchester, IA 52057	Cont. to Mussle (IA-4)	06/02/94	1000.00
	Disbursement for:  P  Primary    General		
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Philip Crane P.O. Box 8304 Rolling Meadows, IL 60070-	Cont. to Philip Crane (IL-8)	06/24/94	1000.00
	Disbursement for:     Primary    C  General		
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Quillen For Congress Committee 438 Sullivan St. P.O. Box 68 Kingsport, TN 37663-	Cont. to Quillen (TN-1)	06/24/94	1000.00
	Disbursement for:  P  Primary    General		
	Other (specify)		

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

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



**SCHEDULE B ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	Page 6	Of 6
	For Line Number 23	

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**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
Robert Walker P.O. Box 51 Millersville, PA 17551-	Cont. to Robert Walker (PA-16)	06/26/94	1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Slaby for Congress 2020 Burnbrick Road Bath, ME 44210-	Cont. to Lyn Slaby (OH-14)	06/03/94	1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	Other (specify)		


Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TOM MCENERY FOR CONGRESS 4 Ayer Avenue San Jose, CA 95110-	Cont. to Tom McEnery (CA-26)	06/04/94	1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	Other (specify)		

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

TOTAL This Period (last page this line number only) ..... 17,150.00

**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 7-20-94
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED  and/or DATE OF RECEIPT

E.S.  
PREPARER

~~Handwritten~~ 7-20-94  
DATE PREPARED

94037124/54