

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
REPORTS ANALYSIS  
DIVISION

AUG 20 10 02 AM '96

USE FEC MAILING LABEL  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <u>National Restaurant Association Inc</u>		3. <input checked="" type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <u>1200 17th St NW</u>		
CITY, STATE and ZIP CODE <u>Washington DC 20036</u>		
2. FEC IDENTIFICATION NUMBER <u>C 0000 3764</u>		

## 4. TYPE OF REPORT

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

(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>07/01/96</u> through <u>07/31/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>			\$ 239,180.70
(b) Cash on Hand at Beginning of Reporting Period		\$ 99,746.90	
(c) Total Receipts (from Line 1B)		\$ 30,819.73	\$ 223,944.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 130,566.63	\$ 463,125.55
7. Total Disbursements (from Line 3D)		\$ 69,518.57	\$ 402,077.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 61,048.06	\$ 61,048.06
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ .00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ .00	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Tel Free 800-424-9630  
Local 202-219-3423

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: 8-19-96

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

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

(REVISED 11/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
<i>National Restaurant Association PAC</i>	FROM <i>07/01/96</i>	TO <i>07/31/96</i>
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributors (other than loans) From:		
a. Individual Persons Other Than Political Committees		
i. Itemized (use Schedule A)	24,049.90	150,160.64
ii. Unitemized	5,986.25	41,934.66
iii. Total (add i and ii) >	30,036.15	192,095.30
b. Political Party Committees	500.00	25,500.00
c. Other Political Committees (such as PACs)	30,536.15	217,595.30
d. Total Contributors (add a, b and c) >	.00	.00
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	287.58	6,349.55
17. Other Federal Receipts (Dividends, Interest, etc.)	.00	.00
18. Transfers from Nonfederal Account for Joint Activity	30,819.73	223,944.85
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	30,819.73	223,944.85
20. Total Federal Receipts (subtract line 16 from line 19) >		
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4):		
i. Federal Share	100	100
ii. Non-Federal Share	.00	.00
b. Other Federal Operating Expenditures	15,923.14	18,032.62
c. Total Operating Expenditures (add a i, a ii, and b) >	15,923.14	18,032.62
22. Transfers To Affiliated/Other Party Committees	.00	.00
23. Contributions to Federal Candidates, Committees and Other Political Committees	51,095.43	337,459.52
24. Independent Expenditures (use Schedule E)	.00	44,085.35
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d); use Schedule F)	.00	.00
26. Loan Repayments Made	.00	.00
27. Loans Made	.00	.00
28. Refunds of Contributions To:		
a. Individual's Persons Other Than Political Committees	2,500.00	2,500.00
b. Political Party Committees	.00	.00
c. Other Political Committees (such as PACs)	.00	.00
d. Total Contribution Refunds (add a, b and c) >	2,500.00	2,500.00
29. Other Disbursements	.00	.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	69,518.57	462,077.49
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	69,518.57	462,077.49
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from line 11d)	30,536.15	192,095.30
33. Total Contribution Refunds (from line 28d)	2,500.00	2,500.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	28,036.15	189,595.30
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	15,923.14	18,032.62
36. Offsets to Operating Expenditures (from line 15)	.00	.00
37. Net Operating Expenditures (subtract line 36 from 35) >	15,923.14	18,032.62

**SCHEDULE A ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1	of 6
	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
LARRY BROWN 638 Bay Drive Carnegie, PA 15106	BT Woodliff, Inc.	07/26/96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 500.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Russell DEAN Cameron 2906 W. Fairmont Phoenix, AZ 85017	Bill Johnson's Restaurant	07/19/96	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 1000.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Aggregate Year To Date: \$		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Daniel Dvish 319 Brookwood Trail McHenry, IL 60050	Clemmensen & Associates	07/08/96	300.00
Receipt For: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 300.00		

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

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

**SCHEDULE A - EXEMPT RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	Page 2	of 8
	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
Matthew Fairbairn 14 Woodcliff Terrace Fairport, NY 14456	Applebee's	07/26/96	500.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 500.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephen A Grove 1 Old Virginia Chase Atlanta, GA 30327	Applebee's	07/26/96	500.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 500.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert C Mastert Bluff Road Lemont, IL 60439	White Fence FARM	07/08/96	200.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 200.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph E Lanuti Jr. 1247 Sherwood Highland Park, IL 60035	Lecture Entertain You	07/08/96	200.00
Receipt for: <input checked="" type="checkbox"/> Primary     General     Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 200.00		

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

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

**SCHEDULE A ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	Page	Of
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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
James D Lark 5027 Lake Bluff Orchard Lake, MI 48323	Taste of America	07/22/96	250.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 250.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Matt McMahon 26604 N. 71 St. Pl Cave Creek, AZ 85331	McMahon Restaurant Group Inc.	07/16/96	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
Ferry Moy 3917 West Main McHenry, IL 60050	Flora Garden	07/08/96	5000.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 5000.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Glander 4409 Deweese Court Raleigh, NC 27612	MLR Restaurants, Inc.	07/26/96	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 1000.00		

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

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

**SCHEDULE 3 ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	Page 4	of 8
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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
Linda A DeGas 1995 Sterns Rd. Lambertville, MI 48144	El Molador	07/15/96	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 1000.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephen Palmer 56 South LaGrange Road LaGrange, IL 60526	Palmer Place	07/06/96	350.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 350.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Anthony Parisi 1506 N. North Dr. McHenry, IL 60050	Don's Dairy PROBT	07/08/96	1500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> 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
Joe Perrino 4252 W. 31st St. Chicago, IL 60623	31st & Kildare Partnership	07/08/96	200.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 200.00		

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

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

**SCHEDULE A ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	Page 5	Of 8
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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
Frank C Simonette 2660 Lakewood Drive Columbus, OH 43231	Danco's	07/15/96	350.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR Aggregate Year To Date: \$ 350.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Boyer Simpson 10229 S. Wood Chicago, IL 60643	Simpson & Associates DBA WENDY'S	07/08/96	200.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR Aggregate Year To Date: \$ 200.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Adeian ELEVEN 205 Route 9 Suite 21 Freehold, NJ 07728 8809	Eagle Rock Management	07/03/96	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation PROPERTY MANAGER 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
Lawrence Ruffredin, Jr. 444 North Michigan Ave Suite 2400 Chicago, IL 60611	Illinois Restaurant Association	07/08/96	200.00
Receipt for: <input checked="" type="checkbox"/> PRIMARY   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR Aggregate Year To Date: \$ 200.00		

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

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

**SCHEDULE A IDENTIFIED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	Page 6	Of 8
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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
Steve Theofanous 5011 Northwest Hwy. Crystal Lake, IL 60014	Around the Clock	07/08/96	200.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 200.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephen B Thompson PO Box 4598 Akron, OH 44310	Stephen B Thompson Inc.	07/15/96	5000.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 5000.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ronald Thompson 621 Ghent Road Akron, OH 44333	Swanson's Drive Ins	07/15/96	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 1000.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ed Tinsley 1601 Randolph Street Albuquerque, NM 87106	K-Rob's	07/26/96	1150.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date > \$ 1150.00		

**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 8
	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
Thomas Tunney 929 W. Belmont Avenue Chicago, IL 60657	Ann Sather's Restaurant	07/08/96	250.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR Aggregate Year To Date: \$ 250.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Greg Walton 3252 Roundtree Kansas City, MO 64111	Walton Investments DEA Appleba's	01/26/96	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR Aggregate Year To Date: \$ 500.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joe Wong 400 Arbor Place Redding, CA 96001	AB Enterprises	07/26/96	500.00
Receipt for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR Aggregate Year To Date: \$ 500.00		

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 8 OF 8  
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elaine Z Graham Rt. 2, Box 66D Lovettsville, VA 22080	National Restaurant Association	7/31/96	153.84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date > \$ 153.80	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald P. Thuman 5340 Holmes Run Parkway #305 Alexandria, VA 22304	National Restaurant Association	7/31/96	38.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date > \$ 288.45	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lee Culpeper 341 South Pickett St. Alexandria, VA 22304	National Restaurant Association	7/31/96	41.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date > \$ 270.92	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christina Howard 9700 Chikoff Manor Way Jensen, VA 22121	National Restaurant Association	7/31/96	45.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date > \$ 250.03	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patti Singer 113 S. Batavia St. Alexandria, VA 22304	National Restaurant Association	7/31/96	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date > \$ 337.50	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry E. Furr, Jr. 1616 W. Arlington Dr. #202 Alexandria, VA 22304	National Restaurant Association	7/31/96	45.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date > \$ 250.03	
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) ..... 399.90

TOTAL This Period (last page this line number only) ..... 24,049.90

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)

National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code MTC, Inc. Core-PAC 218 Proffers Row San Antonio, TX 78207	Name of Employer  Occupation Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 7/8/96	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) Amount of Each Receipt this Period 100.00	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) Amount of Each Receipt this Period 100.00	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) Amount of Each Receipt this Period	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) Amount of Each Receipt this Period	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) Amount of Each Receipt this Period	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) Amount of Each Receipt this Period	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) .....	500.00
TOTAL This Period (last page this line number only) .....	500.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

National Restaurant Association PAC

<b>A. Full Name, Mailing Address and ZIP Code</b> Crestar NA P.O. Box 20150 Richmond, VA 23260	Name of Employer Interest earned on cash equivalent fund	Date (month, day, year) 7/31/96	Amount of Each Receipt this Period 216.88
	Occupation _____	Aggregate Year-to-Date > \$ 1,463.62	
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> Crestar Securities P.O. Box 498 Richmond, VA 23204	Name of Employer Interest earned on money market acct.	Date (month, day, year) 7/31/96	Amount of Each Receipt this Period 66.70
	Occupation _____	Aggregate Year-to-Date > \$ 4,885.93	
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 this Period _____
	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 this Period _____
	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 this Period _____
	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 this Period _____
	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 this Period _____
	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) ..... 283.58

TOTAL This Period (last page this line number only) ..... 283.58

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Express 200 Vesey Street New York, NY 10285	credit card fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/96	36.75
B. Full Name, Mailing Address and ZIP Code Crestar Bank NA 100 Connecticut Ave. NW Washington, DC 20036	taxes paid on interest earned Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/96	86.39
C. Full Name, Mailing Address and ZIP Code Wirthlin Worldwide 1363 Beverly Road Melton, VA 22101	research survey Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/16/96 7/31/96	8,340.00 7,460.00
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)	15,923.14
TOTAL This Period (last page this line number only)	15,923.14

SCHEDULE 2 ITEMIZED DISBURSEMENTS

Use separate schedule(s)	Page	Of
for each category of the	1	10
Detailed Summary Page	-----	
	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
Bennett for Senate '98 257 East 200 South Suite 350 Salt Lake City, UT 84111-	cont. to Bob Bennett (UT-S-R)		1000.00
	Disbursement for:   Primary   <input checked="" type="checkbox"/> General	07/16/96	
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for:   Primary   <input 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
Cass Ballenger for Congress Committee 301 10th Avenue Drive, NE Wickory, NC 28691-	cont. to Cass Ballenger (NC-10-S)		500.00
	Disbursement for:   Primary   <input checked="" type="checkbox"/> General	07/31/96	
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Arlen Specter 5th and Chestnut Streets Suite 216 Philadelphia, PA 19106-	cont. to Arlen Specter (PA-S-R)		2500.00
	Disbursement for:   Primary   <input checked="" type="checkbox"/> General	07/08/96	
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Kasich 865 Macon Alley Columbus, OH 43206-	cont. to John Kasich (OH-LI-R)		2400.00
	Disbursement for:   Primary   <input checked="" type="checkbox"/> General	07/08/96	
	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 10
	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
Committee to Re-Elect Steven J Chabot 2670 Newton Road Cincinnati, OH 45244-	cont. to Steve Chabot (OH-1-R)	07/16/96	500.00
	Disbursement for:   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
R Lee Culpepper 341 S. Pickett St. Alexandria, VA 22304	reception for Steve Chabot (OH-1-R)	07/31/96	231.20 (In-kind)
	Disbursement for:   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
Committee to Re-Elect Congress man Duncan Hunter 9340 Puente Drive, Ste. 302 Los Mesa, CA 91741-	cont. to Duncan Hunter (CA-52-E)	07/16/96	1000.00
	Disbursement for:   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
Condit for Congress 300 Capitol Mall Suite 350 Sacramento, CA 95814-	cont. to Gary Condit (CA-18-D)	07/16/96	1000.00
	Disbursement for:   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
Dan Burton for Congress Cate. PO Box 50593 Indianapolis, IN 46250-	cont. to Dan Burton (IN-6-R)	07/31/96	500.00
	Disbursement for:   Primary   <input checked="" type="checkbox"/> General		
	Other (specify)		

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

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

**SCHEDULE B - SPECIFIED DISBURSEMENTS**

Use separate schedule (a) for each category of the Detailed Summary Page	Page 3	OF 10
	FOR LINE NUMBER 33	

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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
David McIntosh for Congress PO Box 2424 Muncie, IN 47307-	cont. to David McInroah (IN-2-R)	07/31/96	600.00
	Disbursement for:   Primary   <input 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
Donald Manzullo for Congress PO Box 7783 Rockford, IL 61126-	cont. to DON Manzullo (IL-16-R)	07/08/96	1000.00
	Disbursement for:   Primary   <input 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
Fox for Congress Committee 231 South EASTON Road Glenside, PA 19038-	cont. to Jon Fox (PA-13-R)	07/31/96	1000.00
	Disbursement for:   Primary   <input 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
Friends of Bob Graham Committee P.O. Drawer 392 Tallahassee, FL 32302-	cont. to Bob Graham (FL-8-B)	07/16/96	1000.00
	Disbursement for:   Primary   <input 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
Friends of Clyde Holloway 110 11th St. Forest Hill, LA 71430-	cont. to Clyde Holloway (LA-7-)	07/31/96	500.00
	Disbursement for:   Primary   <input type="checkbox"/> 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 CBA Detailed Summary Page	Page 4	Of 10
	For Line Number 33	

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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 Duke Cunningham 4177 Yale Avenue La Mesa, CA 91941-	cont. to Duke Cunningham (CA-51-E) Disbursement for:   Primary   <input type="checkbox"/> General   Other (specify)	07/16/96	1000.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jim Inhofe 3035 NW 63rd #201N Oklahoma City, OK 73116-	cont. to Jim Inhofe (OK-S-R) Disbursement for:   <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   Other (specify)	07/16/96	1000.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Joe Pitts 805 Mitobell Farm Lane Kennett Square, PA 19346-	cont. to Joe Pitts (PA-16-R) Disbursement for:   <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General   Other (specify)	07/31/96	500.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of John Boehner 7908 Cincinnati-Dayton Road West Chester, OH 45069-	cont. to John Boehner (OH-8-R) Disbursement for:   <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General   Other (specify)	07/31/96	2500.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of John Peterson 114 W. State Street Pleasantville, PA 16341-	cont. to John Peterson (PA-5-R) Disbursement for:   <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General   Other (specify)	07/31/96	500.00

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

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

SCHEDULE 3 ITEMIZED DISBURSEMENTS

Use separate schedule(s)	Page	Of
for each category of the	5	10
Detailed Summary Page		
	For Line Number	
	23	

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NAME OF COMMITTEE (In Full)  
National Restaurant Association PAC

Full Name, Mailing Address and Zip Code Friends of Larry Pressler P.O. Box 77166  Washington, DC 20013-	Purpose of Disbursement cont. to Larry Pressler (SD-S-R)  Disbursement for:   Primary   <input checked="" type="checkbox"/> General   Other (specify)	Date (month, day, year)  07/16/96	Amount of Each Disbursement This Period 1000.00
---------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------	-------------------------------------------------------

Full Name, Mailing Address and Zip Code Friends of Sessions Senate Com Post Office Box 1278  Montgomery, AL 36103-	Purpose of Disbursement cont. to Jeff Sessions (AL-S-R)  Disbursement for:   Primary   <input checked="" type="checkbox"/> General   Other (specify)	Date (month, day, year)  07/16/96	Amount of Each Disbursement This Period 1000.00
--------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------	-------------------------------------------------------

Full Name, Mailing Address and Zip Code Gordon Smith For U.S. Senate 5285 SW Meadows Road Suite 181 Lake Oswego, OR 97035-	Purpose of Disbursement cont. to Gordon Smith (OR-S-R)  Disbursement for:   Primary   <input checked="" type="checkbox"/> General   Other (specify)	Date (month, day, year)  07/31/96	Amount of Each Disbursement This Period 5000.00
----------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------	-------------------------------------------------------

Full Name, Mailing Address and Zip Code Hoopsman for Tim Roemer PO Box 4400  South Bend, IN 46634-	Purpose of Disbursement cont. to Tim Roemer (IN-S-D)  Disbursement for:   Primary   <input checked="" type="checkbox"/> General   Other (specify)	Date (month, day, year)  07/16/96	Amount of Each Disbursement This Period 500.00
----------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------	------------------------------------------------------

Full Name, Mailing Address and Zip Code Butchinson for Senate 1415 West 7th  Little Rock, AR 72201-	Purpose of Disbursement cont. to Tim Hutchinson (AR-S-R)  Disbursement for:   Primary   <input checked="" type="checkbox"/> General   Other (specify)	Date (month, day, year)  07/31/96	Amount of Each Disbursement This Period 5000.00
-----------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------	-------------------------------------------------------

SUBTOTAL of Disbursements This Page (optional) ..... 10000.00

TOTAL This Period (last page this line number only) ..... 10000.00

**SCHEDULE B ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	Page 6	Of 8
	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
De Skelton for Congress Gate, PO Box A  Harrisonville, MO 64701-	cont. to Ike Skelton (MO-4-D)		3500.00
	Disbursement for:   Primary   <input checked="" type="checkbox"/> General	07/16/96	
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jack Heath for Congress 372 Elm St.  Manchester, NH 03101-	cont. to Jack Heath (NH-1-R)		1000.00
	Disbursement for:   <input checked="" type="checkbox"/> Primary   <input checked="" type="checkbox"/> General	07/16/96	
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Chapman for Senate P.O. Box 288  Sulphur Springs, TX 75482-	debt retirement for Jim Chapman (TX-5)		1000.00
	Disbursement for:   Primary   <input checked="" type="checkbox"/> General	07/31/96	
	Other (specify) 1996 debt retirement		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jimmy Hayes for Senate 302 Biarritz  Lafayette, LA 70503-	cont. to Jimmy Hayes (LA-8-D)		1000.00
	Disbursement for:   <input checked="" type="checkbox"/> Primary   <input checked="" type="checkbox"/> General	07/08/96	
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Doolittle for Congress 4220, Rocklin Road #5A  Rocklin, CA 95677-	cont. to John Doolittle (CA-4-E)		1000.00
	Disbursement for:   Primary   <input checked="" type="checkbox"/> General	07/31/96	
	Other (specify)		

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

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

SCHEDULE B FINANCED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 7	or 10
	Fax 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
McConnell Senate CWCs, '96 P.O. Box 1496  Louisville, KY 40201-	cont. to Mitch McConnell (KY-5-2)	07/31/96	1000.00
	Disbursement for:   Primary   General   Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nethercutt for Congress PO Box 1929  Spokane, WA 99210-	cont. to George Nethercutt (WA-5-2)	07/31/96	500.00
	Disbursement for:   P   Primary   General   Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rangel for Congress '96 856 7th Avenue  New York, NY 10019-	cont. to Charles Rangel (NY-15-3)	07/16/96	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
Re-elect Thurmond Campaign PO Box 11691  Columbia, SC 29211-	cont. to Strom Thurmond (SC-5-2)	07/16/96	2000.00
	Disbursement for:   Primary   General   Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sam Brownback for Congress PO Box 2008  Topeka, KS 66601-	cont. to Sam Brownback (KS-2-2)	07/08/96	100.00
	Disbursement for:   P   Primary   General   Other (specify)		

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

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

1000.00  
500.00  
1000.00  
2000.00  
100.00

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page #	OF 10
	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
Sam Brownback for Senate 1605 West 31st Topeka, KS 66601-	cont. to Sam Brownback (KS-S-R)	07/16/96	1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary   <input 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
Scott Klug for CONGRESS PO Box 5619 Madison, WI 53705-	cont. to Scott Klug (WI-S-R)	07/16/96	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
<i>Matthews of Taste Caterers Inc. P.O. Box 1248 Alexandria, VA 22313</i>	receipts for Mark Souder (IN-S-R)	07/16/96	768.23 <i>(in-kind)</i>
	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
	Disbursement for: <input type="checkbox"/> Primary   <input 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
Sweetser '96 Committee 139 Main Street Montpelier, VT 05602-	cont. to Susan Sweetser (VT-AL)	07/16/96	1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> 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 9	Of 10
	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
Talent for U.S. Congress 1031 EXECUTIVE PARKWAY St. Louis, MO 63141-	cont. to Jim Talent (MO-2-R)	07/31/96	500.00
	Disbursement for: <input type="checkbox"/> P Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Team Emerson '96 1344 Pinchill Road McLean, VA 22101-	CONT. to Jo Ann Emerson (MD-8-R)	07/08/96	5000.00
	Disbursement for: <input type="checkbox"/> P Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Walden for Congress P.O. BOX 1091 Bood River, OR 97031-	cont. to Greg Walden (OR-2-I)	07/31/96	1000.00
	Disbursement for: <input type="checkbox"/> P Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> 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 10 OF 10  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (IN FULL)

National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Coburn for Congress Committee P.O. Box 504 Mustagee, OK 74402	Contributions to Tom Coburn (OK-2-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/31/96	2,000.00 5/31/96 check Voided
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)

51,095.43

TOTAL This Period (last page this line number only)

51,095.43

**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*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Carmen Vaccarello P.O. Box 4014 Waterbury, CT 06704</i>	<i>refund</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>7/31/96</i>	<i>2,500</i>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

*2,500.00*

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

*2,500.00*



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="checked" type="checkbox"/> Hand Delivered	DATE OF RECEIPT 8/21/96
<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
<i>JM</i> PREPARER	8/21/96 DATE PREPARED