

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

FEB 20 3 50 PM '98

1. NAME OF COMMITTEE (in full) National Restaurant Association PAC	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1200 17th Street, NW	2. FEC IDENTIFICATION NUMBER C 0000 3764
CITY, STATE and ZIP CODE Washington, DC 20036	3. <input checked="" type="checkbox"/> 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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>01/01/98</u> through <u>01/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 302,096.92
(b) Cash on Hand at Beginning of Reporting Period	\$ 302,096.92	
(c) Total Receipts (from line 19)	\$ 56,463.40	\$ 56,463.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 358,560.32	\$ 358,560.32
7. Total Disbursements (from Line 30)	\$ 12,500.00	\$ 12,500.00
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 346,060.32	\$ 346,060.32
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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

Type or Print Name of Treasurer: **Donald P. Thoren**

Signature of Treasurer: *[Handwritten Signature]* Date: **2/20/98**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised 11/1/91

NAME OF COMMITTEE National Restaurant Association PAC	REPORT COVERING PERIOD	
	FROM: 01/01/98	TO: 01/31/98
	COLUMN A	COLUMN B
	Total This Period	Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	50,570.00	50,570.00
ii. Unitemized.....	5,507.07	5,507.07
iii. Total.....(add i and ii)>	56,077.07	56,077.07
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions.....(add aiii, b and c) >	56,077.07	56,077.07
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	386.33	386.33
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts.....(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	56,463.40	56,463.40
20. Total Federal Receipts.....(subtract line 18 from line 19) >	56,463.40	56,463.40
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	7,600.00	7,600.00
c. Total Operating Expenditures.....(Add a i, ii, and b) >	7,600.00	7,600.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4,900.00	4,900.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees.....	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	0.00
d. Total Contribution Refunds.....(Add a, b, and c) >	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements.....(Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	12,500.00	12,500.00
31. Total Federal Disbursements.....(Subtract line 21 aii from line 30) >	12,500.00	12,500.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d).....	56,077.07	56,077.07
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	56,077.07	56,077.07
35. Total Federal Operating Expenditures.....(add 21 a i and 21 b) >	7,600.00	7,600.00
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35) >	7,600.00	7,600.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6
FOR LINE NUMBER 11a

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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
Bill Latham 805 South Wheatley, Ste. 155 Ridgeland, MS 39157-5003	Amerigo Restaurant Corp.	01/08/98	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Restaurateur	Aggregate Year-to-date > \$	400.00
John Baldwin 127 Newgate Drive Simpsonville, SC 29681-2012	Anita's Mexican Restaurant	01/09/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation restaurateur	Aggregate Year-to-date > \$	300.00
Michael Bedingfield 75 Still Shadow Drive Charleston, SC 29414	Biggers Bros./US Foodservice	01/09/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation restaurateur	Aggregate Year-to-date > \$	300.00
Gay Westbrook 1255 New Hampshire Ave. NW Washington, DC 20036-2325	National Restaurant Association	01/12/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Association Executive	Aggregate Year-to-date > \$	300.00
Bobby Williams Jr. 1036 Market St. Columbia, SC 29201-4741	Lizard's Thicket Restaurant	01/13/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Restaurateur	Aggregate Year-to-date > \$	300.00
Jimmy W Britt 312 Barksdale Street Greenwood, SC 29649	Blazers Restaurant	01/13/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Restaurateur	Aggregate Year-to-date > \$	500.00
David Cortez 218 Produce Row San Antonio, TX 78207-4554	MTC, Inc./Mi Tierra Cafe	01/14/98	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Restaurateur	Aggregate Year-to-date > \$	5,000.00

SUB TOTAL of Receipts This Page (Optional)..... > 7,100.00

TOTAL this Period (Last page this line number only)..... >

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
National Restaurant Association PAC

A. Full Name, Mailing Address and Zip Code Nancy M. Parlier 95-1249 Mehenla Honolulu, HI 96789	Name of Employer Yum Yum Tree Mililani Occupation restaurateur	Date (Month day, Year) 01/16/98	Amount of Each Receipt this Period 210.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 210.00		
B. Full Name, Mailing Address and Zip Code Nancy M. Parlier 95-1249 Mehenla Honolulu, HI 96789	Name of Employer Yum Yum Tree Mililani Occupation restaurateur	Date (Month day, Year) 01/16/98	Amount of Each Receipt this Period 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 220.00		
C. Full Name, Mailing Address and Zip Code Robert E. Williams 6708 Kaminer Drive Columbia, SC 29206-1362	Name of Employer Lizard's Thicket Occupation Restaurateur	Date (Month day, Year) 01/23/98	Amount of Each Receipt this Period 550.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 550.00		
D. Full Name, Mailing Address and Zip Code Michael Bedingfield 75 Still Shadow Drive Charleston, SC 29414	Name of Employer Biggers Bros./US Foodservice Occupation restaurateur	Date (Month day, Year) 01/23/98	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
E. Full Name, Mailing Address and Zip Code John Baldwin 127 Newgate Drive Simpsonville, SC 29681-2012	Name of Employer Anita's Mexican Restaurant Occupation restaurateur	Date (Month day, Year) 01/23/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 800.00		
F. Full Name, Mailing Address and Zip Code Angie Finazzo 204 Castle Springs Road Greenville, SC 29621	Name of Employer Peter David's Fine Dining Occupation restaurateur	Date (Month day, Year) 01/23/98	Amount of Each Receipt this Period 450.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 550.00		
G. Full Name, Mailing Address and Zip Code Joseph Zubrzucki 6615 WJamna Trall McHenry, IL 60050	Name of Employer Warsaw Inn, Inc. Occupation restaurateur	Date (Month day, Year) 01/23/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,000.00		

SUB TOTAL of Receipts This Page (Optional)..... > **2,920.00**

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

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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
John D. Alexis 582 Portsmouth Ct. Crystal Lake, IL 60014	Fine Graphic Occupation restaurant vendor	01/23/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,000.00		
Roger W Szymczak 456 Douglas Avenue Elgin, IL 60120-3670	R.W. Szymczak & Asso Occupation Restaurateur	01/23/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,000.00		
Anthony Parisi 1506 N. North Dr. Mc Henry, IL 60050-4334	Don's Dairy Frost Occupation Restaurateur	01/23/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,000.00		
Carmen Vaccabro FMP P.O. Box 4014 378 Chase Avenue Waterbury, CT 06704-0014	C. Vac Enterprises, Inc. Occupation Restaurateur	01/23/98	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 5,000.00		
Ronald F. Higgins 1537 Via Lopez Palos Verdes, CA 90274	Trans/Pacific Restaurants Occupation Restaurateur	01/23/98	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 5,000.00		
Ronald Magruder P.O. Box 787 Lebanon, TN 37088-0787	Cracker Barrel Old Country Store, Inc. Occupation Restaurateur	01/23/98	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 5,000.00		
Horace Divine 7555 Elkhorn Mountain Littleton, CO 80127-3822	University of Denver Occupation Restaurateur	01/23/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
SUB TOTAL of Receipts This Page (Optional)>			18,500.00
TOTAL this Period (Last page this line number only)>			

SCHEDULE A

ITEMIZED RECEIPTS

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

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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
Chuck Merlo 212 North Cherry Street Falls Church, VA 22046-3520	Black, Kelly, Scruggs & Healey Occupation Restaurant Consultant	01/23/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Mike Kull 1809 Arboro Place Louisville, KY 40220	Dairy Queen Occupation Restaurateur	01/23/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		500.00
Eugene A. Saylor, FMP 01414 S.W. Corbett Hill Circle Portland, OR 97219-8355	Saylor's Old Country Kitchen Occupation Restaurateur	01/23/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
Burton M. Saek 415 L'Ambiance Drive Loughat Key, FL 34228-3908	Applicbee's International, Inc. Occupation Restaurateur	01/23/98	1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,500.00
Leonard Kaplan 3801 Canterbury Road Baltimore, MD 21218	Polo Grill, Inc. Occupation restaurateur	01/23/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		500.00
Wade Avondoglio 350 Andover-Sparta Road Andover, NJ 07821-5016	Perona Farms Occupation Restaurateur	01/23/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		500.00
Stephen E. Elmore, FMP 220 Boylston St., Suite 9007 Boston, MA 02116	Boston Market, Inc. Occupation Restaurateur	01/23/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00

SUB TOTAL of Receipts This Page (Optional)..... > **5,250.00**

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

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NAME OF COMMITTEE (in full)
National Restaurant Association PAC

<p>A. Full Name, Mailing Address and Zip Code Ted Balestreri, FMP 765 Wave Street Monterey, CA 93940-1016</p>	<p>Name of Employer Sardine Factory, Inc.</p> <p>Occupation Restaurateur</p>	<p>Date (Month day, Year) 01/23/98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$ 1,000.00</p>	
<p>B. Full Name, Mailing Address and Zip Code J. Michael Larkin 51 Linder Rd N. Reading, MA 01864</p>	<p>Name of Employer Louisiana Grill</p> <p>Occupation Restaurateur</p>	<p>Date (Month day, Year) 01/23/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$ 500.00</p>	
<p>C. Full Name, Mailing Address and Zip Code Ed Novak FMP 1900 East Girard Pl., #1507 Englewood, CO 80110</p>	<p>Name of Employer Broker Restaurants</p> <p>Occupation Restaurateur</p>	<p>Date (Month day, Year) 01/23/98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$ 1,000.00</p>	
<p>D. Full Name, Mailing Address and Zip Code Xavier Tabdo FMP 2020 Naaman's Road Wilmington, DE 19810-2655</p>	<p>Name of Employer Harry's Savoy Grill</p> <p>Occupation Restaurateur</p>	<p>Date (Month day, Year) 01/23/98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$ 1,000.00</p>	
<p>E. Full Name, Mailing Address and Zip Code Jim Sellers 7812 Olde Hickory Lane Oklahoma City, OK 73116-3010</p>	<p>Name of Employer Sellers Marketing Co., Inc.</p> <p>Occupation Restaurateur</p>	<p>Date (Month day, Year) 01/23/98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$ 1,000.00</p>	
<p>F. Full Name, Mailing Address and Zip Code John Mayfield FMP 4 Forest Drive Montpelier, VT 05602-4201</p>	<p>Name of Employer New England Culinary Institute</p> <p>Occupation Restaurateur</p>	<p>Date (Month day, Year) 01/23/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$ 500.00</p>	
<p>G. Full Name, Mailing Address and Zip Code Bill McCormick 11837 SW Riverwood Rd. Portland, OR 97219</p>	<p>Name of Employer McCormick & Schmick Management Corp.</p> <p>Occupation Restaurateur</p>	<p>Date (Month day, Year) 01/23/98</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$ 5,000.00</p>	

SUB TOTAL of Receipts This Page (Optional).....> **10,000.00**

TOTAL this Period (Last page this line number only).....>

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in full)
National Restaurant Association PAC

A. Full Name, Mailing Address and Zip Code J.B. Simmons 6000 Woodbridge Tr. Newburgh, IN 47630	Name of Employer Shyler's Bar B.Q	Date (Month day, Year) 01/23/98	Amount of Each Receipt this Period 500.00
	Occupation restaurateur		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
B. Full Name, Mailing Address and Zip Code Ted Fowler, Jr. P.O. Box 29502 Raleigh, NC 27626-0502	Name of Employer Golden Corral Corporation	Date (Month day, Year) 01/23/98	Amount of Each Receipt this Period 5,000.00
	Occupation Restaurateur		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 5,000.00		
C. Full Name, Mailing Address and Zip Code Harris Rusitzky 1 Grove Street, Ste.#201D Pittsford, NY 14534	Name of Employer Blimpie of Central New York	Date (Month day, Year) 01/23/98	Amount of Each Receipt this Period 500.00
	Occupation Restaurateur		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
D. Full Name, Mailing Address and Zip Code Richard McLaughlin RR 1, Box 4000 Lincolnton, ME 04849-9701	Name of Employer Lobster Pound Restaurant, Inc.	Date (Month day, Year) 01/31/98	Amount of Each Receipt this Period 500.00
	Occupation Restaurateur		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
E. Full Name, Mailing Address and Zip Code Jack C Maier 9235 Shawnee Run Road Cincinnati, OH 45243-2823	Name of Employer Frisch's Restaurants	Date (Month day, Year) 01/31/98	Amount of Each Receipt this Period 300.00
	Occupation Restaurateur		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	6,800.00
TOTAL this Period (Last page this line number only).....>	50,570.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in full)
National Restaurant Association PAC

A. Full Name, Mailing Address and Zip Code Crestar Bank NA Crestar Bank NA Post Office Box 26150 Richmond, VA 23260-6150	Name of Employer Interest Earned Occupation	Date (Month day, Year) 01/31/98	Amount of Each Receipt this Period 386.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 386.33		
B. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
C. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	386.33
TOTAL this Period (Last page this line number only).....>	386.33

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		
21B		

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NAME OF COMMITTEE (in Full)
 National Restaurant Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Fabrizio McLaughlin & Associates 915 King Street Second Floor Alexandria, VA 22314	research survey Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	01/07/98	7,600.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	7,600.00
TOTAL this Period (Last page this line number only).....>	7,600.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **1** OF **1**
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 Disb. this Period
Bob Riley for Congress Post Office Box 700 Ashland, AL 36251	Inkind research survey Bob Riley, US HOUSE 3rd AL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	01/26/98	4,900.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....> 4,900.00

TOTAL this Period (Last page this line number only).....> 4,900.00

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 2/20/98
<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
<input type="checkbox"/> Electronic Filing	
ES. PREPARER	2/23/98 DATE PREPARED