

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) <input type="checkbox"/> Check if different than previously reported 1200 17th Street, N.W. CITY, STATE and ZIP CODE Washington, D.C. 20036	2. FEC IDENTIFICATION NUMBER C 0000 3764 3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
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AUG 19 4 00 PM '94

4. TYPE OF REPORT

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

Monthly Report Due On:

- | | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input checked="" type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7/1/94</u> through <u>7/31/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 173,545.10
(b) Cash on Hand at Beginning of Reporting Period	\$ 136,127.81	
(c) Total Receipts (from Line 19)	\$ 13,070.00	\$ 188,665.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 149,197.81	\$ 362,210.91
7. Total Disbursements (from Line 30)	\$ 28,346.83	\$ 241,359.93
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 120,850.98	\$ 120,850.98
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 889 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 <i>Elaine Z. Graham</i>	Date 8/19/94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §487g.

FEC FORM 3X

[revised 9/93]

94059131388

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

(revised 1/1/91)

NAME OF COMMITTEE National Restaurant Association PAC		REPORT COVERING PERIOD FROM 7/1/94 TO 7/31/94	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		6,945.00	128,144.00
ii. Unitemized		5,761.77	42,013.71
iii. Total (add i and ii) >		12,706.77	170,157.71
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) >		12,706.77	185,157.71
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.)		363.23	33,507.28
18. Transfers from Nonfederal Account for Joint Activity		.00	.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		13,070.00	188,664.99
20. Total Federal Receipts (subtract line 18 from line 19) >		13,070.00	188,664.99
II. Disbursements			
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		183.33	1,546.43
c. Total Operating Expenditures (add a i, a ii, and b) >		183.33	1,546.43
22. Transfers to Affiliated/Other Party Committees		.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		7,000.00	217,650.00
24. Independent Expenditures (use Schedule E)		21,163.50	21,163.50
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/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) >		28,346.83	241,359.93
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		28,346.83	241,359.93
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		12,706.77	184,967.25
33. Total Contribution Refunds (from line 28d)		.00	1,000.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		12,706.77	183,967.25
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		183.33	1,546.43
36. Offsets to Operating Expenditures (from line 15)		.00	.00
37. Net Operating Expenditures (subtract line 36 from 35) >		183.33	1,546.43

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SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1	Of 5
	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
Jerry Abel 4206 Broadway Street San Antonio, TX 78209 6317	Earl Abel's Restaurant	07/25/94	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
Bob Adams 1391 Chatterton Eagan, MN 55123	Reichert Foods	07/20/94	350.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date > \$ 350.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph B Arnos 3880 Seaport Blvd. Sacramento, CA 95691	JJ Producers Inc.	07/14/94	250.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date > \$ 250.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Larry M Brown East 2611 South Ridge Drive Spokane, WA 99223	Onions Inc.	07/20/94	500.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date > \$ 500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 02 2 5
	For Line Number 118111

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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
Tola R Chin 3200 Las Vegas Blvd. South Las Vegas, NV 89109	Chin's Drinking & Eating Place	07/11/94	300.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 300.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ma Conley 1743 California Street Redding, CA 96001	Jack's Grill	07/21/94	250.00
Receipt for: <input checked="" type="checkbox"/> Primary General : 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
Arnold Hexas 871 Jefferson Avenue St. Paul, MN 55102	Minnesota Restaurant Assn.	07/20/94	175.00
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
Judy Hexas 871 Jefferson Avenue St. Paul, MN 55102	Minnesota Restaurant Assn.	07/20/94	175.00
Receipt for: <input checked="" type="checkbox"/> Primary General Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 225.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 3	Of 5
	For Line Number 11a(1)	

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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bob Zerocella 2943 Hennepin Minneapolis, MN 55405	Tri-City Restaurant	07/06/94	700.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date > \$ 700.00

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Greg Livingston 8500 Normandale Lakes BLVD #1200 Minneapolis, MN 55437	Rollins Hudig Hall	07/20/94	350.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Account Manager	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
Bill Morrissey 350 Market Street St. Paul, MN 55102	St. Paul Hotel	07/06/94	350.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Hotel Management	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
William Naegele 4300 Baker Road Minnetonka, MN 55343	Lord Fletcher's/Flagship	07/06/94	175.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Restaurateur	Aggregate Year To Date > \$ 2675.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (Last page this line number only)

SCHEDULE A - ITEMIZED RECEIPTS

Use separate Schedules/	Page	Of
for each category of the	4	5
Detailed Summary Page	-----	
	For Line Number	
	11a(j)	

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NAME OF COMMITTEE (In Full)
National Restaurant Association PBC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Patrick L O'Malley 203 North LaSalle Street #2100 Chicago, IL 60661	Centeen Corporation	07/06/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Restaurateur	Aggregate Year To Date > \$ 400.00
George Pavlis 1858 Street Road Hanselton, PA 19020	Fisher's Restaurant	07/16/94	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
Tia Petersen 2400 County Road J St. Paul, MN 56112	SYSCO Minnesota	07/20/94	700.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Restaurateur	Aggregate Year To Date > \$ 700.00
William R Schwartz 2711 60th S.E. Nevier Island, MN 56040	CUCINA! Cucina!, Inc.	07/30/94	220.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Restaurateur	Aggregate Year To Date > \$ 220.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A - EXPENSE RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 5	Of 5
	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 J Sullivan 1610 Broadway Street NE Minneapolis, MN 55413	HOBART Corporation	07/20/94	350.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Sales 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
Edward Mary 1099 South Beretania Street Honolulu, HI 96813	Auntie Paula's	07/02/94	100.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 710.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tom Wiesner 3025 Sheridan Street Las Vegas, NV 89102	Big Dog's Hospitality Grp	07/14/94	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
Brian M Windschitl 756 Prairie Center Drive Eden Prairie, MN 55344	Restaurants No Limit	07/08/94	730.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 1382.00		

SUBTOTAL of Receipts This Page (optional) 2

TOTAL This Period (last page this line number only) 2 **6945.00**

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules 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 Political Action Committee C 0000 3764

94032181395

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	7/31/94	13.29
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 411.99			
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	7/31/94	349.94
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 776.16			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	363.23

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

94039181096

A. 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
American Express 200 Vesey Street New York, NY 10285	credit card fees	7/31/94	158.33
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)

158.33

SCHEDULE B - ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1	Of 3
	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
Abraham for Senate 31780 Telegraph Road Bingham Farms, MI 48025-	Cont. to Spencer Abraham MI-S Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	07/29/94	3500.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Billy Tauzin Committee PO Box 1407 Thibodaux, LA 70302-	Cont. to Billy Tauzin (LA-03) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	07/14/94	1000.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Charles Taylor for Congress Committee 8 S. Market St. Asheville, NC 28801-	Cont. to Charles Taylor NC-11 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	07/20/94	1000.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Don Johnson for Congress P.O. Box 399 Wayton, GA 30662-	Cont. to Don Johnson (GA-10) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	07/20/94	500.00

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Scott McInnes 7741 Road 233 Silt, CO 81652-	Cont. to Scott McInnes (CU-3) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	07/20/94	1000.00

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

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

SCHEDULE B LIMITED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 2	Of 3
	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
Rangel for Congress Committee 2030 Allen Place, NW Washington, DC 20009	Cont. to Charlie Rangel NY-15		1,000.00
	Disbursement for: Primary General		
	- - - - -	07/30/94	
	Other (specify)		

940571310933

SUBTOTAL of Disbursements This Page (optional).....>
TOTAL This Period (last page this line number only).....> **7,000**

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)

National Restaurant Association PAC C 0000 3764

Full Name, Mailing Address & ZIP Code of Each Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
Multi Media Services 801 North Fairfax Street Alexandria, VA 22314	Television Advertising	7/22/94	9,440.00	Tom Sawyer OH-14-D <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Multi Media Services 801 North Fairfax Street Alexandria, VA 22314	Radio Advertising	7/26/94	3,006.00	Tom Sawyer OH-14-D <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Multi Media Services 801 North Fairfax Street Alexandria, VA 22314	Newspaper Advertising	7/26/94	8,717.50	Norman Sisiaky VA-04-D <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	\$ 21,163.50
(b) SUBTOTAL of Unitemized Independent Expenditures	\$ 00.00
(c) TOTAL Independent Expenditures	\$ 21,163.50

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or reproduction in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

John J. Graham 8/19/94
Signature Date

District of Columbia
Subscribed and sworn to before me this 19 day of August 1994
My Commission expires
Anne L. Wutchiett
NOTARY PUBLIC

Anne L. Wutchiett
Notary Public, District of Columbia
My Commission Expires May 31, 1999

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**Federal Election Commission
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