

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAY 1996

SEP 20 4 17 PM '96

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) National Restaurant Association PAC		2. FEC IDENTIFICATION NUMBER C 0000 3764
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1200 17th St., NW		
CITY, STATE and ZIP CODE Washington, DC 20036		

3. This committee qualified as a multicandidate committee DURING THIS Reporting Period of _____ (date).

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	08/01/96 through 08/31/96		
6. (a) Cash on Hand January 1, 19 96			\$239,180.70
(b) Cash on Hand at Beginning of Reporting Period		\$61,048.06	
(c) Total Receipts (from Line 19)		\$45,664.44	\$269,609.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$106,712.50	\$508,789.99
7. Total Disbursements (from Line 30)		\$12,992.20	\$415,069.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$93,720.30	\$93,720.30
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
Toll Free 800-424-9530
Local 202-219-3420

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	Date 9-20-96
Signature of Treasurer <i>Elaine Z. Graham</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 6437g.

FEC FORM 3X
(revised 1-1-91)

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

Revised 11-91

NAME OF COMMITTEE		REPORT COVERING PERIOD	
National Restaurant Association Pac		FROM 08/01/96	TO 08/31/96
		COLUMN A	COLUMN B
		Total This Period	Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual Persons Other Than Political Committees		31,428.55	182,089.19
i. Itemized (use Schedule A)		13,420.00	55,554.66
ii. Unitemized		45,348.55	237,443.85
iii. Total	(add i and ii) >	.00	.00
b. Political Party Committees		.00	25,500.00
c. Other Political Committees (such as PACs)		45,348.55	262,943.85
d. Total Contributions	(add a ii, b and c) >	.00	.00
12. Transfers From Affiliated/Other Party Committees		.00	.00
13. All Loans Received		.00	.00
14. Loan Repayments Received		65.43	65.43
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		.00	.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		250.46	6,400.01
17. Other Federal Receipts (Dividends, Interest, etc.)		.00	.00
18. Transfers from Nonfederal Account for Joint Activity		45,664.44	269,609.79
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	45,664.44	269,609.21
20. Total Federal Receipts	(subtract line 16 from line 19) >		
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)		.00	.00
i. Federal Share		.00	.00
ii. Non-Federal Share		320.20	18,352.82
b. Other Federal Operating Expenditures		320.20	18,352.82
c. Total Operating Expenditures	(add a i, a ii and b) >	.00	.00
22. Transfers to Affiliated/Other Party Committees		12,672.00	350,131.52
23. Contributions to Federal Candidates/Committees and Other Political Committees		.00	44,085.35
24. Independent Expenditures (use Schedule E)		.00	.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441(a)(2); use Schedule F)		.00	.00
26. Loan Repayments Made		.00	.00
27. Loans Made		.00	.00
28. Refunds of Contributions To:		.00	2,500.00
a. Individual Persons Other Than Political Committees		.00	.00
b. Political Party Committees		.00	.00
c. Other Political Committees (such as PACs)		.00	2,500.00
d. Total Contribution Refunds	(add a, b and c) >	.00	.00
29. Other Disbursements		12,992.20	415,069.69
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	12,992.20	415,069.69
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >		
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		45,348.55	262,943.85
33. Total Contribution Refunds (from line 28d)		.00	2,500.00
34. Net Contributions (other than loans) (subtract line 33 from 32)		45,348.55	260,443.85
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	320.20	18,352.82
36. Offsets to Operating Expenditures (from line 15)		65.43	65.43
37. Net Operating Expenditures	(subtract line 36 from 35) >	264.77	18,287.39

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1 of 22
	For Line Number 114(5)

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 CONTRIBUTOR (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
Charles Adams 2431 Barnhill Ave. Montgomery, AL 36111	Golden Corral Corp.	08/21/96	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
Gabe T Amon 7500 South Tanglewood Drive Raleigh, NC 27612	Golden Corral Corp.	08/21/96	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		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Alice Apostle 121 Autumn Hill Road Jackson, MS 39211	Nick's Incorporated	08/21/96	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
Casper Ballistreri 3710 Chapel Road Brookfield, WI 53046	Venice Club	08/19/96	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		

TOTAL 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 2	Of 12
	For Line Number 11a(i)	

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 CONTRIBUTOR (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
Marilyn J. Burfield 4919 Cypress Springs Drive New Bern, NC 28560	Golden Corral Corp.	08/21/96	225.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 225.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gloria E. Barker 1800 Lakepark Drive Raleigh, NC 27612	Golden Corral Corp.	08/20/96	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
Lesar Bell 9905 Mathias Court Raleigh, NC 27615	Golden Corral	08/20/96	400.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 400.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John E. Bishop Sr. 117 N. Circle Dr. Rocky Mount, NC 27804	Golden Corral Corp.	08/21/96	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 3	OF 22
	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		
Carl Brakobush 84985 Six Drive Westfield, WI 53986	Brakobush Bros., Inc.	08/19/96	270.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 270.00				
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period		
Linda B Carter 4253 Cheswick Lane Virginia Beach, VA 23455	Golden Corral Corp.	08/21/96	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		
Peter Charland 7908 Tylerton Dr. Raleigh, NC 27613	Golden Corral Corp.	08/21/96	400.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date \$ 400.00				
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period		
Richard T Chase 2633 Ridgewell Court Raleigh, NC 27613	Golden Corral Corp.	08/21/96	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 - RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 4	Of 12
	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
Donald Clark 12613 Birchfalls Drive Raleigh, NC 27614	Golden Corral Corp.	08/20/96	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
Carolyn B Clark PO Box 1302, HMT, 333 Abbeville, LA 70511 1302	Golden Corral Corp.	08/21/96	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
Edward Clark PO Box 31606 Raleigh, NC 27622	Golden Corral Corp.	08/21/96	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
Julie Cox 3424 Western Ct. Springfield, MO 65810	Golden Corral Corp.	08/21/96	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 5	Of 22
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NAME OF CONTRIBUTOR (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
Paul Cunningham 326 Maple Avenue Food Co Inc, WI 54918	Schwimer's Restaurant, INC	08/19/96	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
Gary Custer P.O. Box 29502 Raleigh, NC 27626	Golden Corral Corp	08/21/96	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		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John M Day 2701 Lochmore Drive Raleigh, NC 27608	Golden Corral	08/21/96	400.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR Aggregate Year To Date \$ 400.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JAMES Dresher 1400 Muirfield Close Bel Air, MD 21015	Golden Corral	08/21/96	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 - ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 6	of 22
	or 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
Stephen Postlouis 7212 Fontana Place Raleigh, NC 27615	Golden Corral Corp.	08/21/96	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
Tad M Fowler PO Box 39602 Raleigh, NC 27626	Golden Corral Corporation	08/20/96	3950.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR Aggregate Year To Date: \$ 3950.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert J Frederickson 17200 N. Trustop Lane New Berlin, WI 53186	De Rosa Corp.	08/19/96	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
Thomas B Geraldph Jr. 8209 Blue Haven Way Raleigh, NC 27615	Golden Corral Corp.	08/21/96	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		

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 27
	For Line Number 11a(i)

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NAME OF CONTRIBUTOR (In Full)
National Restaurant Association PAC

Full Name, Mailing Address and Zip Code
David J. Wilson
118 Restaurant Court
Beverly Creek, OH 43440

Receipt Date: Primary | General
| Other (specify)

Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Peasant Street Restaurant	08/01/96	200.00
Occupation: Restaurateur		
Aggregate Year To Date: \$ 200.00		

Full Name, Mailing Address and Zip Code
Jerry R Greene
P.O. BOX 6
Maridian, MS 39301

Receipt Date: Primary | General
| Other (specify)

Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hotel + Restaurant Supply	08/21/96	334.00
Occupation: Restaurateur		
Aggregate Year To Date: \$ 334.00		

Full Name, Mailing Address and Zip Code
Darrell Hanson
2871 Bible Pump Road
Madison, WI 53568

Receipt Date: Primary | General
| Other (specify)

Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wisconsin Distributors, Inc.	08/19/96	410.00
Occupation: Restaurateur		
Aggregate Year To Date: \$ 410.00		

Full Name, Mailing Address and Zip Code
Steve Hedberg
Rte 2, Box 142
La Crescent, MN 55947

Receipt Date: Primary | General
| Other (specify)

Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Radisson Hotel La Crescent	08/19/96	200.00
Occupation: Restaurateur		
Aggregate Year To Date: \$ 200.00		

SUMMARY of Receipts This Page (optional) 713

TOTAL This Period (last page this line number only) 713

SCHEDULE A - ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 4	Of 12
	For Line Number 11a(1)	

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NAME OF CONTRIBUTOR (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
Robert B Hayward 166-1 N. Ringwood Street Orange, CA 92669	Golden Corral	08/20/96	400.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 400.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert B Hayward 905 Dorfield Drive Raleigh, NC 27615	Golden Corral Corp.	08/21/96	400.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 400.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Doug E Higdon 2108 Windy Woods Drive Raleigh, NC 27607	Golden Corral Corp.	08/28/96	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		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
T. Dean Hookabee 2135 North Lightburne Liberty, MO 64066	Golden Corral Corp.	08/21/96	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 9	OF 22
	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
John Lewandowski 5095 Cotton Lane Wauwatosa, WI 53597	Equipe Club	08/19/96	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		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Shannon Kennedy 2407 Holiday Drive Janesville, WI 53545	Kennedy & Associates	08/19/96	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
Bud Klier 2204 Sharon Drive Cedar Park, TX 78613	Golden Corral	08/20/96	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
Jeffrey Kowcovich 557 West 1850 Yarn Drive Muskego, WI 53150	DeRoos Corp	08/19/96	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 10	Of 22
	For Line Number 11A(ii)	

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NAME OF CONTRIBUTOR (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
Richard Kroening 495 Huron Road Green Bay, WI 54311	Elis-Mark, Inc.	08/19/96	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		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jon Landon PO Box 2015 Grapevine, TX 76099	Golden Corral	08/21/96	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
Paul Lehman PO Box 4054 Portsmouth, OH 45662	Golden Corral Corp.	08/21/96	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
Joseph R Leary 1926 Vineyard Trace Marietta, GA 30062	Golden Corral Corp.	08/21/96	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 11	Of 22
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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
Edward J. Lamy W 305 N 64th - Eastview Road Westland, WI 53099	MacConnell Restaurant Assoc.	08/19/96	500.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Association Executive 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
Gerald C Melcore 20655 Tannysen Drive Brookfield, WI 53005	Miller Brewing Co. - Christ Manager	08/19/96	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
Ronald S Marine P.O. Box 31691 Raleigh, NC 27632	Golden Corral Corp.	08/20/96	400.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 400.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John K McCormick 1001 Westworth Court Sanford, NC 27330	Golden Corral Corp.	08/21/96	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		

RETOTAL of Receipts this Page (optional) 1300.00

TOTAL this Period (last page this line number only) 1300.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Robert W. Derritt P.O. 29582 Raleigh, NC 27626	Golden Corral Corp.	08/21/96	400.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 400.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James A. Mohrbecher 4206 Duneside Way Madison, WI 53704	WILE	08/19/96	270.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 270.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rollin Hatter 2507 Grandview Milton, WI 53563	Capin Restaurateur	08/21/96	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
Barbara Mavodznaki 74 Vista Lane Pima, CO 80470	Golden Corral Corp.	08/21/96	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)

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SCHEMATA A TYPED RECEIPTS

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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
M. Donald O'Neill 3001 Monroe Avenue Rochester, NY 14618	Spring House Restaurant	08/22/96	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
Harold E Piper 4800 Del Crest Drive Del City, OK 73118	Golden Corral Corp.	08/21/96	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
Jon D Plamann 7318 Westbourne Madison, MI 48703	Plamann & Associates	08/19/96	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
Den Pool 6925 Electra St. Raleigh, NC 27607	Golden Corral	08/20/96	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)

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SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
National Restaurant Association FAN

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gordon L. Paulsen 414 Forsyth Raleigh, NC 27603	Golden Corral	09/30/96	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
Irwin C Roberts 1001 Harvey Street Raleigh, NC 27607	Golden Corral	08/20/96	400.00
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
Irwin C Roberts 1001 Harvey Street Raleigh, NC 27607	Golden Corral	08/21/96	100.00
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
Gary Roberts E. 3414 Brinkman Ridge Road Dunn Valley, WI 54623	Piggy's	08/19/96	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)

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SCHEDULE A - ITEMIZED RECEIPTS

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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 CONTRIBUTOR (in Full)
National Restaurant Association INC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Harvey Rubin 1411 Granite Court Middleton, WI 53562	Conrad Insurance Agency	08/19/96	270.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR Aggregate Year To Date: \$ 270.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John R Boherty 144 Jefferson Janesville, WI 53545	Boherty's	08/19/96	270.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR Aggregate Year To Date: \$ 270.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eugene Saylor 01414 SW Corbett Hill Circle Portland, OR 97219	Old Country Kitchen, Inc.	08/06/96	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
Bernard B Schreiner 104 S. Main Street, Bldg. 517 Fond Du Lac, WI 54935	Schreiner's Restaurant	08/19/96	270.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR Aggregate Year To Date: \$ 270.00		

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SCHEDULE A - FEDERAL RECEIPTS

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Name of Contributor (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
Alfred Basley 1509 Latham Dr Raleigh, NC 27612	Golden Corral	08/20/96	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
Paul P Smith 104 Hwy 72 E Covington, MS 38034	Russell's Beef House	08/21/96	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
Robert St. John 222 Arlington Loop Hattiesburg, MS 39401	The Purple Parrot Co.	08/21/96	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
James Staton 1417 Regent Pl. Raleigh, NC 27608	Golden Corral Corp.	08/21/96	225.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR Aggregate Year To Date: \$ 225.00		

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A ITEMIZED RECEIPTS

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NAME OF CONTRIBUTOR (In Full)
National Restaurant Association PAC

Full Name, Mailing Address and Zip Code Larry Tech 4436 Framingham Ct Raleigh, NC 27611	Name of Employer Golden Corral Corp	Date (month, day, year) 08/21/95	Amount of Each Receipt This Period 400.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date \$ 400.00	

Full Name, Mailing Address and Zip Code Charles T Taylor 5704 Cove Circle Memphis, WI 53716	Name of Employer Flamingo Restaurant	Date (month, day, year) 08/19/95	Amount of Each Receipt This Period 270.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR	Aggregate Year To Date \$ 270.00	

Full Name, Mailing Address and Zip Code Lynda F Turbeville 1514 Briarcliffe Drive Sanford, NC 27330	Name of Employer Golden Corral	Date (month, day, year) 08/20/95	Amount of Each Receipt This Period 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 Richard A Orphan III 412 Oakwood Ave. Raleigh, NC 27601	Name of Employer Golden Corral Corp	Date (month, day, year) 08/21/95	Amount of Each Receipt This Period 400.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date \$ 400.00	

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A ITEMIZED RECEIPTS

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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
Earl Van Boy 1023 Harvard Avenue Green Bay, WI 54313	Restaurant Magnate	08/19/96	290.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 290.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas Warren 2500 N. 128th Street Brookfield, WI 53005 5234	Alioto's Restaurant	08/19/96	270.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 303.75		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas Warren 2500 N. 128th Street Brookfield, WI 53005 5234	Alioto's Restaurant	08/19/96	33.75
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 303.75		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul A Weber 1504 Wingfoot Dr. Raleigh, NC 27615	Golden Corral Corp.	08/20/96	400.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 400.00		

SUBTOTAL of Receipts This Page (optional)>

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SCHEDULE A UNEMPLOYMENT RECEIPTS

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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
Shannon White 7517 N. Grandby Kansas City, MO 64151	Golden Corral Corp.	08/21/96	400.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 400.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Penelope P Whitworth 10221 Bushveld Lane Raleigh, NC 27613	Golden Corral Corp.	08/21/96	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
Robert K Wilcox 1649 River Breeze Dr. Orange Park, FL 32073	Golden Corral Corp.	08/21/96	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
Ollie G Wilcox 298 Ronald Smith Road Meridian, MS 39301	Hotel & Restaurant Supply	08/21/96	333.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 333.00		

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

Full Name, Mailing Address and Zip Code Robert A Wilson 946 Burrage Road, NE Concord, NC 28027	Name of Employer Golden Corral Corp	Date (month, day, year) 08/21/96	Amount of Each Receipt This Period 100.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR	Aggregate Year To Date: \$ 210.00	

Full Name, Mailing Address and Zip Code Robert A Wilson 946 Burrage Road, NE Concord, NC 28027	Name of Employer Golden Corral Corp	Date (month, day, year) 08/21/96	Amount of Each Receipt This Period 110.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR	Aggregate Year To Date: \$ 210.00	

Full Name, Mailing Address and Zip Code Jeff Wimmer PO Box 479 Lake Delton, WI 53940 0479	Name of Employer Del-Bar Supper Club	Date (month, day, year) 08/19/96	Amount of Each Receipt This Period 270.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR	Aggregate Year To Date: \$ 270.00	

Full Name, Mailing Address and Zip Code Bill Wolfe 637 S. State Street Jackson, MS 39201	Name of Employer Hotel & Restaurant Supply	Date (month, day, year) 08/21/96	Amount of Each Receipt This Period 333.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation RESTAURATEUR	Aggregate Year To Date: \$ 333.00	

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A - ITEMIZED RECEIPTS

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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
Jerry Wordsworth PO Box 2856 Rocky Mount, NC 27882	MWH Corporation	08/21/96	2000.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 2000.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Steve A Wordsworth PO Box 2856 Rocky Mount, NC 27802 2856	MWH Corporation	08/21/96	2000.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 2000.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eugene C Yeger P.O. Box 62 Enterprise, AL 36330	Golden Coral Corp.	08/21/96	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)

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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FOR LINE NUMBER 11a(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
Claire Z. Graham Rt. 2, Box 66-D Louisa, VA 22080 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	National Restaurant Association Occupation: Assn. Executive Aggregate Year-to-Date > \$ 1,384.56	08/31/96	307.68
Donald P. Thoven 5340 Holmes Run Parkway #305 Alexandria, VA 22304 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	National Restaurant Association Occupation: Assn. Executive Aggregate Year-to-Date > \$ 346.14	08/31/96	76.92
Lee Culpepper 341 S. Pickett St. Alexandria, VA 22304 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	National Restaurant Assn. Occupation: Assn. Executive Aggregate Year-to-Date > \$ 333.44	08/31/96	83.36
Christine Howard 9700 Chilcote Manor Way Vienna, VA 22181 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	National Restaurant Assn. Occupation: Assn. Executive Aggregate Year-to-Date > \$ 318.22	8/31/96	90.92
Larry E. Forth, Jr. 1616 W. Abingdon Dr. #202 Alexandria, VA 22314 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	National Restaurant Assn. Occupation: Assn. Executive Aggregate Year-to-Date > \$ 318.22	8/31/96	90.92
Pat Stinger 113 S. Patock Street Alexandria, VA 22304 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	National Restaurant Assn. Occupation: Assn. Executive Aggregate Year-to-Date > \$ 375.00	8/31/96	75.00
G. Full Name, Mailing Address and ZIP Code 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

SUBTOTAL of Receipts This Page (optional)

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31,928.55

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 Interest earned on cash equivalent fund	Date (month, day, year) 08/31/96	Amount of Each Receipt this Period 193.29
Crestar NA P.O. Box 20150 Richmond, VA 23260 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 1,646.91		
B. Full Name, Mailing Address and ZIP Code Crestar Securities - Drayton P.O. Box 498 Richmond, VA 23204 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Interest earned in money market account Occupation Aggregate Year-to-Date > \$ 4,953.10	Date (month, day, year) 08/31/96	Amount of Each Receipt this Period 67.17
C. Full Name, Mailing Address and ZIP Code 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
D. Full Name, Mailing Address and ZIP Code 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
E. Full Name, Mailing Address and ZIP Code 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
F. Full Name, Mailing Address and ZIP Code 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
G. Full Name, Mailing Address and ZIP Code 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

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250.46

TOTAL This Period (last page this line number only)

250.46

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21b

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)	02/19/96	305.10
Credit Union PO Box 20150 Richmond VA 23262	check order Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/14/96	15.10
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)

320.20

TOTAL This Period (last page this line number only)

320.20

SCHEDULE B - ITEMIZED DISBURSEMENTS

See 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 Cash Disbursement This Period
US Postmaster US Post Office Merrifield, VA	Postage for mailing of T. Davis (V4-11)	08/29/96	\$72.00 (in-kind)
Friends of Mark Sharpe P.O. Box 26233 Tampa, FL 33623-	cont. to M. Sharpe (VL-11)	08/19/96	2000.00
Helms for Senate 4508 Falls of Neuse Rd. Raleigh, NC 27609-	cont. to Jesse Helms (NC-6)	08/19/96	1000.00
Jack Heath for Congress 972 Elm St. Manchester, NH 03101-	cont. to Jack Heath (NH-1)	08/29/96	2000.00
Jesse Brown for US Congress P.O. Box 2246 Santa Cruz, CA 95063-	cont. to Jesse Brown (CA-17)	08/19/96	2500.00

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 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
Moran for Congress P.O. Box 15137 Alexandria, VA 22301	cont. to Jerry Moran (KS-1) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/19/96	1000.00
Nandy Meyer for Senate P.O. Box 603216 Providence, RI 02906	cont. to N. Meyer (RI-8) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/19/96	4000.00
People for Pete Domenici P.O. Box 25767 Albuquerque, NM 87425	cont. to P. Domenici (NM-8) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/19/96	1000.00
Robert Weidler for Congress Committee 2500 N. Military Trac, Ste 202 Bozeman, MT 59711	cont. to R. Weidler (MT-1) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/19/96	2000.00
Spowberger for Congress 110 S. Cherry Street, Ste. 103 Olathe, KS 66061	cont. to V. Spowberger (KS-3) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/19/96	1000.00

SUBTOTAL of Disbursements This Page (optional) 1,400.00

TOTAL This Period (last page this line number only) 5,172.00

SCHEDULE B - ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 3	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
Steve Schiff, for Congress PO Box 28199 Albuquerque NM 87125	cont. to Steve Schiff (CA-1) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/14/98	500.00
Within Worldwide 1363 Beverly Rd. McLean VA 22101	(CA-36) research survey for S. Brakes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/98	4900.00 (MEMO in-kind)

SUBTOTAL of Disbursements This Page (optional) 5400.00

TOTAL This Period (last page this line number only) 5400.00

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 Nancy Mayer for Senate P.O. Box 603216 Providence, RI 02906	Purpose of Disbursement Cont. to Nancy Mayer (RI-S) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/31/96	Amount of Each Disbursement This Period (4,000) 6/5/96 Check Voided
B. Full Name, Mailing Address and ZIP Code Soudan for Congress, Inc. P.O. Box 400 Grabill, IN 46741	Purpose of Disbursement Print. to Mark Soudan (IN-4) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/31/96	Amount of Each Disbursement This Period (1,000) 1/30/96 Check Voided
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)			12,672

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.

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and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

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and/or DATE OF RECEIPT

SH
PREPARER

9-23-96
DATE PREPARED