

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

Apr 12 2 43 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 Street, NW	3. <input checked="" type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
CITY, STATE and ZIP CODE Washington, DC 20036	

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 checked="" type="checkbox"/> April 20	<input 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	03-01-96 through 03-31-96			
6. (a) Cash on Hand January 1, 19 96			\$ 239,180.70	
(b) Cash on Hand at Beginning of Reporting Period		\$ 202,493.19		
(c) Total Receipts (from Line 19)		\$ 8,376.13	\$ 70,496.40	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 210,869.32	\$ 309,677.10	
7. Total Disbursements (from Line 30)		\$ 36,262.09	\$ 135,069.87	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 174,607.23	\$ 174,607.23	
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 _____

Signature of Treasurer Date 3/12/96

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1-1-91)

NAME OF COMMITTEE
National Restaurant Association PAC

REPORT COVERING PERIOD
FROM 03-01-96 TO: 03-31-96

	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)	3,178.84	45,582.68
ii. Unitemized	2,917.06	14,694.50
iii. Total	6,095.90	60,277.18
b. Political Party Committees .....	.00	.00
c. Other Political Committees (such as PACs)	1,500.00	6,500.00
d. Total Contributions	7,595.90	66,777.18
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.)	780.23	3,719.22
18. Transfers from Nonfederal Account for Joint Activity .....	.00	.00
19. Total Receipts	8,376.13	70,496.40
20. Total Federal Receipts	8,376.13	70,496.40
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	527.79	846.12
c. Total Operating Expenditures	527.79	846.12
22. Transfers to Affiliated/Other Party Committees .....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	35,734.30	134,223.75
24. Independent Expenditures (use Schedule E) .....	.00	.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) .....	.00	.00
26. Loan Repayments Made .....	.00	.00
27. Loans Made .....	.00	.00
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees .....	.00	.00
b. Political Party Committees .....	.00	.00
c. Other Political Committees (such as PACs) .....	.00	.00
d. Total Contribution Refunds .....	.00	.00
29. Other Disbursements .....	.00	.00
30. Total Disbursements	36,262.09	135,069.87
31. Total Federal Disbursements	36,262.09	135,069.87
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)/(from line 11d)	7,595.90	66,777.18
33. Total Contribution Refunds (from line 28d) .....	.00	.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	7,595.90	66,777.18
35. Total Federal Operating Expenditures	527.79	846.12
36. Offsets to Operating Expenditures (from line 15) .....	.00	.00
37. Net Operating Expenditures	527.79	846.12

9 6 3 0 4 0 9 2

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 3 of 4
	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
Robert Boss, Sr. 3935 Hagers Grove Road SE Salem, GE 97301 6189	Burger King	03/22/96	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
Jerry DePabo PO Box J Crabtree, PA 15624 3008	Rizzo's Malabar, Inc.	03/01/96	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
Jeffrey Hirsh 43 Bogy Wrinkle Cove Warren, RI 02885	The Lobster Pot	03/13/96	275.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
Donald L. Kibball Box 1667, 760 Highway 50 Sephys Cove, NY 89448 1667	Travel Systems Ltd.	03/01/96	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 2	Of 4
	For line number 11(a)	

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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
Receipt for: <input checked="" type="checkbox"/> Primary | | General | | Other (specify)			
Occupation			
Aggregate Year To Date: \$			

Full Name, Mailing Address and Zip Code Tom Simms 7885 Santa Monica Boulevard Los Angeles, CA 90045	Name of Employer Mimis Cafe	Date (month, day, year) 03/21/96	Amount of Each Receipt This Period 1000.00
Receipt for: <input checked="" type="checkbox"/> Primary | | General <input type="checkbox"/> Other (specify)			
Occupation Restaurateur			
Aggregate Year To Date: \$ 1000.00			

Full Name, Mailing Address and Zip Code Ruben Villavicencio 688 Apollo Street, Suite A Brea, CA 92621	Name of Employer R & M Food Services	Date (month, day, year) 03/13/96	Amount of Each Receipt This Period 800.00
Receipt for: <input checked="" type="checkbox"/> Primary | | General <input type="checkbox"/> Other (specify)			
Occupation Restaurateur			
Aggregate Year To Date: \$ 800.00			

Full Name, Mailing Address and Zip Code James O Walsh 3834 Beverly Hills Drive High Point, NC 27260	Name of Employer Gordy's Restaurant & Catering	Date (month, day, year) 03/04/96	Amount of Each Receipt This Period 200.00
Receipt for: <input checked="" type="checkbox"/> Primary | | 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 UNRECORDED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 3	Ct 4
	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
F. A. Mast 1675 Mariposa Las Cruces, NM 88001	The Security Club	03/06/96	100.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Restaurateur	Aggregate Year To Date > \$ 200.00	

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

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NAME OF COMMITTEE (in Full)
National Restaurant Association PAC

9 3 0 3 0 0 9 9 6

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elaine Z. Graham Rt. 2, Box 66D Lovettsville, VA 22080	Nat'l Restaurant Association	03-31-96	153.84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Assn. Executive	Aggregate Year-to-Date > \$ 461.52	
B. 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 > \$	
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) 3,178.84

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

1	1
FOR LINE NUMBER	
11 c	

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NAME OF COMMITTEE (in Full)
National Restaurant Association PAC

96030400947

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Unigate Restaurant Good Gov't Fund 8115 Preston Rd. 1B7 Dallas, TX 75225	contribution	03-04-96	1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1,500.00
B. 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 > \$	
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)	1,500.00

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NAME OF COMMITTEE (in Full)
National Restaurant Association PAC

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Crestar NA P.O. Box 26150 Richmond, VA 23260	interest earned on cash Equivalent fund	03-31-96	237.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 841.95	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Crestar Securities Corporation P.O. Box 498 Richmond, VA 23204-0498	interest earned on money market acct.	03-31-96	542.89
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,877.27	
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)

780.23

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 1 OF 1

FULL LINE NUMBER

21 b

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NAME OF COMMITTEE (in Full)

National Restaurant Association PAC

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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 St. New York, NY 10285	credit card fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-31-96	15.79
B. Full Name, Mailing Address and ZIP Code Crestar Bank, NA 100 Connecticut Ave., NW Washington, DC 20036	taxes paid on interest earned Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-15-96	512.00
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)	527.79

SCHEMULE B EXPENSE DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1	Of 4
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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
Bass Victory '96 Committee 136 North Main Street Suite 4 Concord, NH 03301-	Cont. to Charlie Bass NH-2	03/28/96	1000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302-	Cont. to Bill Thomas CA-21	03/13/96	1000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brady for Congress 2403 I-45 The Woodlands, TX 77380-	Cont. to Kevin Brady TX-7	03/22/96	3000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify) <i>Runoff</i>		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Buck McKeon for Congress 14960 Soledad Canyon Rd. Santa Clarita, CA 91351-	Cont. to Buck McKeon CA-25	03/22/96	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Callahan for Congress Once. PO Box 7641 Mohile, AL 36607-	Cont. to Sonny Callahan AL-1	03/22/96	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

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

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

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 2	Of 9
	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
Chambliss for Congress Cmte. P.O. Box 605 Moultrie, GA 31776-	Cont. to Sady Chambliss <i>GA-9</i>	03/22/96	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Restaurant Association 1201 17th Street, NW Washington, DC 20036	mailing list Marilyn Norwood GA-10	03/04/96	47.35 (In-kind)
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Kueich 365 Macon Alley Columbus, GA 31906-	Cont. to John Kueich <i>GA-12</i>	03/04/96	1000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Tom Petri PO Box 270 Eand de Lac, WI 54935-	cont. to Tom Petri <i>WI-6</i>	03/28/96	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Coburn For Congress Committee PO Box 504 Muskogee, OK 74402-	cont. to Tom Coburn <i>OK-2</i>	03/13/96	1000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) _____

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

SCHEDULE B - ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 3	Of 7
	For Line Number 23	

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NAME OF COMMITTEE (To Full)
National Restaurant Association PAC

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Elect Steven J. Chabot 6223 Genway Avenue Cincinnati, OH 45211-	cont. to Steve Chabot <i>OH-1</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General -- <input type="checkbox"/> Other (specify)	03/13/96	500.00
Committee to Re-Elect Congressman Duncan Hunter 3340 Fourth Drive, Ste. 302 Las Vegas, CA 91941-	cont. to Duncan Hunter <i>CA-S2</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General -- <input type="checkbox"/> Other (specify)	03/13/96	500.00
Cummings for Congress 6300 Calvert Street Baltimore, MD 21203-	Cont. to Cummings <i>MD-7</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>Special Election Debt Retirement</i>	03/28/96	1000.00
Dave Camp for Congress PO Box 423 Midland, MI 48640-	Cont. to Dave Camp <i>MI-14</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General -- <input type="checkbox"/> Other (specify)	03/13/96	500.00
David McIntosh for Congress PO Box 2424 Muncie, IN 47307-	Cont. to David McIntosh <i>IN-2</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General -- <input type="checkbox"/> Other (specify)	03/22/96	500.00

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 4	Of 9
	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
Ed Bryant for Congress PO Box 1961 Cordova, TN 38008-1961	cont. to Ed Bryant TN-7 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | Other (specify)	03/13/96	1000.00
Franks for Congress 219 South Street New Providence, NJ 07974	cont. to Bob Franks NJ-7 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | Other (specify)	03/20/96	500.00
Friends of Duke Cunningham 6277 Yale Avenue La Mesa, CA 96341	Cont. to Duke Cunningham CA-51 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | Other (specify)	03/13/96	500.00
Friends of Houghton P.O. Box 1107 Corning, NY 14830	cont. to Ann Houghton NY-31 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | Other (specify)	03/28/96	500.00
Friends of Jack Kingston 7360 Skidway Rd. Savannah, GA 31406	Cont. to Jack Kingston GA-1 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | Other (specify)	03/13/96	500.00

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 5	Of 9
	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
Goodlatte for Congress PO Box 292 Roanoke, VA 24002-	cont. to Bob Goodlatte VA-6	03/04/96	500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hatch Election Committee 425 2nd Street, NE Washington, DC 20002-	cont. to Orrin Hatch UT-5	03/28/96	1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Helms for Senate 4395 Falls of Heaven Rd. Raleigh, NC 27609-	Cont. to Jesse Helms NC-5	03/13/96	1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hobson for Congress Committee 82 West Columbia Springfield, OH 45502-	Cont. to Dave Hobson OH-7	03/22/96	500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Roemer for Tim Roemer PO Box 4400 South Bend, IN 46634-	Cont. to Tim Roemer IN-3	03/23/96	500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B - ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 7	Of 05
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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
Lazio for Congress P.O. Box 5063 Bay Shore, NY 11706-	Cont. To Rick Lazio <i>NY-2</i>		1000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	-- -- --	03/13/96	
	<input type="checkbox"/> Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>6</i> Nico for Congress PO Box 181546 <i>7</i> Coralberry, FL 32718-	cont. to John Nico <i>FL-7</i>		1000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	" " "	03/28/96	
	<input type="checkbox"/> Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>9</i> Mike Crapo for Congress Onto. 117 West State Street Boise, ID 83702-	Cont. to Mike Crapo <i>ID-2</i>		500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	-- -- --	03/13/96	
	<input type="checkbox"/> Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>5</i> Nancy Mayer for Senate P.O. Box 603216 Providence, RI 02906-	Cont. to Nancy Mayer <i>RI-5</i>		1000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	-- -- --	03/28/96	
	<input type="checkbox"/> Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>8</i> Paxon for Congress PO Box 1995 Williamsville, NY 14231-	Cont. to Bill Paxon <i>NY-27</i>		2000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	-- -- --	03/22/96	
	<input type="checkbox"/> Other (specify)		

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

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

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page	Of
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	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
Scott Klug for Congress PO Box 5619 Madison, WI 53705-	Cont. to Scott Klug <i>WI-2</i>	03/22/96	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stevens for Senate Committee P.O. Box 100879 Anchorage, AK 99510-	Cont. to Ted Stevens <i>AK-5</i>	03/13/96	1000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	Other (specify)		

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nally Harger for Congress Once P.O. Box 2222 Marysville, CA 95901-	Cont. to Nally Harger <i>CA-2</i>	03/13/96	1000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	Other (specify)		

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

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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

9 5 0 3 0 0 9 7 8

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Matt Salmon for Congress 2942 N. 24th St. Phoenix, AZ 85016	cont. to Matt Salmon <i>AZ-1</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	03-31-96	(500.00) VOID 11-29-95
Ken Calvert for Congress P.O. Box 1414 Riverside, CA 92502	cont. to Ken Calvert <i>CA-43</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	03-31-96	(1,000.00) VOID 11-29-95
Linder for Congress P.O. Box 942060 Atlanta, GA 30341	cont. to John Linder <i>GA-4</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	03-31-96	(500.00) VOID 11-29-95
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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)	35,734.30

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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MRJ

PREPARER

4-12-96

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