

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB - 1 A 10:15

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		
CITY, STATE and ZIP CODE Washington, DC 20036		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

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

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	12/01/99 through 12/31/99		
6. (a) Cash on Hand January 1, 19 99			\$ 164,443.83
(b) Cash on Hand at Beginning of Reporting Period		\$ 155,116.82	
(c) Total Receipts (from Line 19)		\$ 107,121.27	\$ 481,843.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 262,237.89	\$ 645,286.82
7. Total Disbursements (from Line 30)		\$ 38,700.00	\$ 421,748.93
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 224,537.89	\$ 224,537.89
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0.00	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.			
Type or Print Name of Treasurer		R. Lee Culpepper	
Signature of Treasurer		Date	
R. Lee Culpepper		1-31-00	

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

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FEC FORM 3X
(revised 9/93)

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	TO	
	12/01/89	12/31/89	
	COLUMN A	COLUMN B	
	Total This Period	Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	94,432.84	365,006.73	11(a)(i)
ii. Unitemized	11,434.43	105,833.01	11(a)(ii)
iii. Total (add i and ii) >	105,867.27	471,719.74	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	7,000.00	11(c)
d. Total Contributions (add a iii, b and c) >	105,867.27	478,719.74	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	1,000.00	1,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	254.00	2,123.45	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	107,121.27	481,843.19	19
20. Total Federal Receipts (subtract line 18 from line 19) >	107,121.27	481,843.19	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	10,332.73	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	10,332.73	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	36,700.00	396,416.20	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	15,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	36,700.00	421,748.93	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	36,700.00	421,748.93	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	105,867.27	478,719.74	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	105,867.27	478,719.74	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	10,332.73	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	10,332.73	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **17**

FOR LINE NUMBER **11 a 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 from such committee.

NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code Roger Moberg 161 Saint Anthony Ave Saint Paul, MN 55103-2300	Name of Employer Benjamin's -Arnold's, Inc. Occupation Restaurateur	Date (month, day, year) 12/01/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Richard D'Amico 211 N. 1st Street Minneapolis, MN 55401	Name of Employer D'Amico & Partners, Occupation Restaurateur	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 2,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,250.00	
C. Full Name, Mailing Address and ZIP Code Stephen M. Huse P.O. Box 98 2620 North Walnut Street Bloomington, IN 47402	Name of Employer The Huse Food Group, Inc. Occupation Restaurateur	Date (month, day, year) 12/05/99	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,200.00	
D. Full Name, Mailing Address and ZIP Code Arnold Hewas 305 East Roselawn Avenue Saint Paul, MN 55117	Name of Employer Minnesota Restaurant, Hotel & Resort Assn. Occupation Restaurateur	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code Jane B Owan Box 681 New Harmony, IN 47631-0581	Name of Employer Red Geranium Enterprises Occupation Restaurateur	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,000.00	
F. Full Name, Mailing Address and ZIP Code Gary Gerard ,FMP 508North Street New Harmony, IN 47631-0581	Name of Employer Red Geranium Enterprises Occupation Restaurateur	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,000.00	
G. Full Name, Mailing Address and ZIP Code Bill Morrissey 350 Market Street Saint Paul, MN 55102-1484	Name of Employer St. Paul Hotel Occupation Restaurateur	Date (month, day, year) 12/08/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,180.00	

SUBTOTAL of Receipts This Page (optional) **7,200.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 17
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code Stephanie Naegle 4300 Baker Road Minnetonka, MN 55343-8600	Name of Employer Lord Flechers/Flagship Occupation Restaurateur	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 1,280.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,280.00	
B. Full Name, Mailing Address and ZIP Code Luis Larrea 2864 Eagandale Boulevard Eagan, MN 55121	Name of Employer Alliant Foodservice Occupation Restaurateur	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,250.00	
C. Full Name, Mailing Address and ZIP Code Eric Schlenker 1336 Wisconsin Avenue North Golden Valley, MN 55427	Name of Employer Forepaugh's Restaurant Occupation Restaurateur	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 550.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 550.00	
D. Full Name, Mailing Address and ZIP Code Earl Sanders 234 Lafayette Road Hampton, NH 03842-4126	Name of Employer Sanders & McDermott Occupation Restaurateur	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 185.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 370.00	
E. Full Name, Mailing Address and ZIP Code Russell Adams 2405 U.S. 30 E. Valparaiso, IN 46383	Name of Employer Strongbow Inn Occupation Restaurateur	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.00	
F. Full Name, Mailing Address and ZIP Code Russell Adams 2405 U.S. 30 E. Valparaiso, IN 46383	Name of Employer Strongbow Inn Occupation Restaurateur	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 480.00	
G. Full Name, Mailing Address and ZIP Code Peter S Bedzyk 4021 Vernon Avenue South Minneapolis, MN 55416-2831	Name of Employer Timberlodge Steakhouse Occupation Restaurateur	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 1,100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,100.00	

SUBTOTAL of Receipts This Page (optional) **4,595.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 17
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in Full)
National Restaurant Association PAC

<p>A. Full Name, Mailing Address and ZIP Code Joe Bennett 526 Lake Ave. S. Duluth, MN 55802-2300</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Grandma's Inc.</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 275.00</p>	<p>Date (month, day, year) 12/06/99</p>	<p>Amount of Each Receipt this Period 275.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Chris Clifford 127 South Illinois Indianapolis, IN 46225</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer St. Elmos Steak House</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 12/06/99</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Grant Covell 3746 Sunset Spring Park, MN 55384</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Lord Fletcher's</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 1,250.00</p>	<p>Date (month, day, year) 12/06/99</p>	<p>Amount of Each Receipt this Period 1,250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Amy Cravillon P.O. Box 133 Coleman, WI 54112</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Christopher's Restaurant</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 12/06/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code David DeSutter 201 West Travellers Trail Burnsville, MN 55337</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Minnesota Logos</p> <p>Occupation Restaurant Supplier</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 12/06/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Roger Faxx 350 73rd Avenue NE Fridley, MN 55448</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Superior/McGarvey Coffee</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 12/06/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code David Howell 145 West Division Street Fond Du Lac, WI 54935</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Roto Graphic Printing</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 12/06/99</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional) **3,475.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER 11 a |

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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code Craig Huse 127 South Illinois Street Indianapolis, IN 46225-1079	Name of Employer SL Elmo's Steak House Occupation Restaurateur	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Tom Jared 4580 Lake Park Drive Eagan, MN 55122	Name of Employer Reinhardt Foods Occupation Restaurateur	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code John Mueller 9605 54th Avenue North Plymouth, MN	Name of Employer U.S. Foodservice Occupation Restaurateur	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code Paul Stone 871 Jefferson Ave. St. Paul, MN 55102	Name of Employer Minnesota Restaurant Assn. Occupation Restaurateur	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 310.00	
E. Full Name, Mailing Address and ZIP Code Ellen Valde MN INFORMATION REQUESTED	Name of Employer Price Waterhouse Coopers Occupation Restaurateur	Date (month, day, year) 12/08/99	Amount of Each Receipt this Period 1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,316.00	
F. Full Name, Mailing Address and ZIP Code Bill C. Rowe Jr. 1320 E. Kellogg Drive Wichita, KS 67211	Name of Employer Willie C's Cafe Occupation Restaurateur	Date (month, day, year) 12/08/99	Amount of Each Receipt this Period 2,088.74
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,338.74	
G. Full Name, Mailing Address and ZIP Code William C. Anton Main Terminal Reagan National Airport Washington, DC 20001	Name of Employer Anton Airfood, Inc. Occupation restaurateur	Date (month, day, year) 12/15/99	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 5,000.00	

SUBTOTAL of Receipts This Page (optional)	10,613.74
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE **6** OF **17**
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NAME OF COMMITTEE (in Full)
National Restaurant Association PAC

<p>A. Full Name, Mailing Address and ZIP Code Melva Sine 420 East South Temple #355 Salt Lake City, UT 84111-1401</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Utah Restaurant Association</p> <p>Occupation Executive Vice President</p> <p>Aggregate Year-to-Date > \$ 800.00</p>	<p>Date (month, day, year) 12/15/99</p>	<p>Amount of Each Receipt this Period 800.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Colleen Mcshane 200 North LaSalle Sta. 880 Chicago, IL 60601</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Illinois Restaurant Association</p> <p>Occupation Association Executive</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 12/16/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Van Eure, FMP P.O. Box 6357 Raleigh, NC 27628</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Angus Barn Restaurant</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 5,000.00</p>	<p>Date (month, day, year) 12/21/99</p>	<p>Amount of Each Receipt this Period 4,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Joseph A Milano, Jr. 41 Union Street Boston, MA 02108-2494</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Union Oyster House</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 12/21/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Jack A. Laughery, FMP 120 N. Franklin Street Suite E Rocky Mount, NC 27804-1807</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Hardee's Food Systems, Inc.</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 750.00</p>	<p>Date (month, day, year) 12/21/99</p>	<p>Amount of Each Receipt this Period 750.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Wayne M. Bunting, FMP 117 Meadowood Drive Burlington, NC 27215</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Cafe Concepts, Inc.</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 12/21/99</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>G. Full Name, Mailing Address and ZIP Code William R. Lackey 1525 Newtowne Plaza Statesville, NC 28677</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Ray Lackey Enterprises</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 12/21/99</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional) **7,700.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **6** OF **17**
FOR LINE NUMBER **11 a i**

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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
Jerry Wordsworth P.O. Box 2856 Rocky Mount, NC 27802-2856	MBM Corporation Occupation Restaurateur	12/21/99	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
Samuel K Rawls 3050 Wake Forest Road Raleigh, NC 27609-7844	Peg Sam Foods, Incor Occupation Restaurateur	12/21/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
T. Jerry Williams P.O. Box 8528 Raleigh, NC 27628-8528	North Carolina Restaurant Assn. Occupation Restaurateur	12/21/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
Glenda Fowler P.O. Box 29502 Raleigh, NC 27626-0502	Golden Corral Corporation Occupation restaurateur	12/21/99	1,025.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,025.00		
Mayo Boddie Sr. P.O. Box 1908 Rocky Mount, NC 27802-1908	Boddie-Noell Enterprises, Inc Occupation Chairman of the Board	12/21/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Mayo Boddie Sr. P.O. Box 1908 Rocky Mount, NC 27802-1908	Boddie-Noell Enterprises, Inc Occupation Chairman of the Board	12/21/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 700.00		
Walker Conti 4 Doe Point Dataw Island, SC 29920-3023	Name of Employer INFORMATION REQUESTED Occupation Restaurateur	12/21/99	350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 450.00		

SUBTOTAL of Receipts This Page (optional)	4,875.00
TOTAL This Period (see page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Xavier Teixido, FMP 2020 Neaman's Road Wilmington, DE 19810-2855	Harry's Savoy Grill	12/21/99	750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year-to-Date > \$ 1,000.00	
Marie Cardile P.O. Box 31426 Raleigh, NC 27522	Mrs. Fields Cookies	12/21/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year-to-Date > \$ 400.00	
Denise Marie Fugo, FMP 1400 West 10th Street Cleveland, OH 44113-1216	Sammy's	12/21/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year-to-Date > \$ 700.00	
Michael Olander 4409 Dewees Court Raleigh, NC 27612-3501	KIN Restaurants, Inc	12/21/99	6,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year-to-Date > \$ 6,000.00	
Michael Olander 4409 Dewees Court Raleigh, NC 27612-3501	KIN Restaurants, Inc	12/21/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year-to-Date > \$ 5,500.00	
Frederick C Jones 1138 Parkway Gallburg, TN 37738-3108	Open Hearth Restaurant	12/21/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year-to-Date > \$ 400.00	
John G.C. Corchiarino, FMP 4C Queen Victoria Way Chester, MD 21619	Giarast, LLC	12/21/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year-to-Date > \$ 600.00	

SUBTOTAL of Receipts This Page (optional) **7,850.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE **8** OF **17**
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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 from such committee.

NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

<p>A. Full Name, Mailing Address and ZIP Code Steve A Wordsworth P.O. Box 2856 Rocky Mount, NC 27802-2856</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer MEM Corporation</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 2,000.00</p>	<p>Date (month, day, year) 12/21/99</p>	<p>Amount of Each Receipt this Period 2,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Robert Luddy 112 Wheaton Drive Youngsville, NC 27596-9414</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Captive-Aire Systems</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 2,000.00</p>	<p>Date (month, day, year) 12/21/99</p>	<p>Amount of Each Receipt this Period 2,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Gary T. Allred P.O. Box 25048 Winston Salem, NC 27114-5048</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer K & W Cafeterias, Inc.</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 12/21/99</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Cameron McRae P.O. Box 277 Kinston, NC 28502-0277</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Tands, Inc./Bojangles</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 12/21/99</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Tommy L. Haddock 801 Jones Franklin Rd. Raleigh, NC 27606-3374</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Bojangles/Tri-Arc Foods, Inc.</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 12/21/99</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Charles Erwin P.O. Box 10388 Greensboro, NC 27404-0388</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Harn's Restaurants</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 12/21/99</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Randy Cox 420 Fieldstone Drive Burlington, NC 27215</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Village Grill</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 12/21/99</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional) **5,850.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code Douglas T Pearce 229 Carpathian Way Raleigh, NC 27616-4917	Name of Employer National Chain Market	Date (month, day, year) 12/21/99	Amount of Each Receipt this Period 2,200.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 2,200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code Douglas T Pearce 229 Carpathian Way Raleigh, NC 27615-4917	Name of Employer National Chain Market	Date (month, day, year) 12/21/99	Amount of Each Receipt this Period 400.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 2,600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code David Williams 2280 S. Main Street Salt Lake City, UT 84115-2629	Name of Employer HB Boys LG/dba Burger King	Date (month, day, year) 12/21/99	Amount of Each Receipt this Period 100.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

D. Full Name, Mailing Address and ZIP Code Julie Filk, FMP 3 International Drive Rye Brook, NY 10573-1068	Name of Employer Compass Group/North American Division	Date (month, day, year) 12/21/99	Amount of Each Receipt this Period 1,000.00
	Occupation Executive	Aggregate Year-to-Date > \$ 2,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

E. Full Name, Mailing Address and ZIP Code Jeffrey Sparks 208 Perry Place P.O. Box 357 Savannah, TN 38372	Name of Employer American Food Service	Date (month, day, year) 12/21/99	Amount of Each Receipt this Period 500.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

F. Full Name, Mailing Address and ZIP Code Jeffrey Sparks 208 Perry Place P.O. Box 357 Savannah, TN 38372	Name of Employer American Food Service	Date (month, day, year) 12/21/99	Amount of Each Receipt this Period 2,600.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 3,100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

G. Full Name, Mailing Address and ZIP Code Wayne F. Abels 2156 S. Sterling St. Morganton, NC 28655-4049	Name of Employer Shoney's of Morganton	Date (month, day, year) 12/21/99	Amount of Each Receipt this Period 400.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) **7,200.00**

TOTAL This Period (just page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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Any information copied from such Reports and Statements may not be add 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 Ken Spaagle 402 Colonial Dr. Burlington, NC 27215-4752	Name of Employer Cobb Sign Company Occupation Restaurateur	Date (month, day, year) 12/21/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Craig J Rooth 472 U.S. 1 Highway Youngsville, NC 27596	Name of Employer Louisiana Purchase Occupation Restaurateur	Date (month, day, year) 12/21/98	Amount of Each Receipt this Period 770.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 770.00	
C. Full Name, Mailing Address and ZIP Code Craig J Rooth 472 U.S. 1 Highway Youngsville, NC 27596	Name of Employer Louisiana Purchase Occupation Restaurateur	Date (month, day, year) 12/21/99	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 970.00	
D. Full Name, Mailing Address and ZIP Code Charles M Fulenwider P.O. Box 821 Morganton, NC 28680-0821	Name of Employer Kentucky Fried Chicken Occupation Restaurateur	Date (month, day, year) 12/21/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code Robert E. Williams, Jr., FMP 1036 Market Street Columbia, SC 29201-4741	Name of Employer Lizard's Thicket Restaurants Occupation Restaurateur	Date (month, day, year) 12/21/99	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.00	
F. Full Name, Mailing Address and ZIP Code Arlene T Harman 199 First Street, Suite 212 Los Altos, CA 94022-2708	Name of Employer Harman Management Occupation Restaurateur	Date (month, day, year) 12/21/99	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,000.00	
G. Full Name, Mailing Address and ZIP Code Arlene T Harman 199 First Street, Suite 212 Los Altos, CA 94022-2708	Name of Employer Harman Management Occupation Restaurateur	Date (month, day, year) 12/21/99	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,200.00	

SUBTOTAL of Receipts This Page (optional)	4,320.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ralph Potter P.O. Drawer 2365 Fayetteville, NC 28302	Paris & Potter Enterprises	12/21/99	700.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 700.00	
Joe R. Lee 7550 Hinson Street Apartment 12C Orlando, FL 32819	*Darden Restaurants, Inc.	12/21/99	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 2,500.00	
Larry Forth Jr. P.O. Box 787 Lebanon, TN 37088-0787	Cracker Barrel Old Country Store, Inc.	12/21/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Association Executive	Aggregate Year-to-Date > \$ 250.00	
Larry Forth Jr. P.O. Box 787 Lebanon, TN 37088-0787	Cracker Barrel Old Country Store, Inc.	12/21/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Association Executive	Aggregate Year-to-Date > \$ 450.00	
David Long P.O. Box 450 Morrisville, NC 27560-0450	Golden Corral Corp.	12/21/99	750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 750.00	
David Long P.O. Box 450 Morrisville, NC 27560-0450	Golden Corral Corp.	12/21/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 1,000.00	
Rodney M. Long 3 Moss Creek Court Durham, NC 27712-8457	Golden Corral Corp.	12/21/99	250.00
Receipt For: <input 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) **4,900.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jim L. Peterson, FMP P.O. Box 240239 Charlotte, NC 28224-0239	Bojangles' Restaurants, Inc. Occupation: restaurateur	12/21/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Oshel B. Craigo 209 First Avenue, South Nitro, WV 25143-2213	Better Foods, Inc. Occupation: restaurateur	12/21/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Amy Burnett 804 Old Mill Road Chapel Hill, NC 27514	INFORMATION REQUESTED Occupation: Restaurateur	12/21/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Douglas 120 Edgewater Drive Broadway, NC 27505	Wayne's Occupation: Restaurateur	12/21/99	950.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 950.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Douglas 120 Edgewater Drive Broadway, NC 27506	Wayne's Occupation: Restaurateur	12/21/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Douglas 120 Edgewater Drive Broadway, NC 27505	Wayne's Occupation: Restaurateur	12/21/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,350.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Libby Eaton P.O. Box 1040 Atlantic Beach, NC 28512-1573	Bistro-By-The-Sea Occupation: restaurateur	12/21/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional) 3,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Katherine Fasul 114 Sutton Place Fayetteville, NC 28305	INFORMATION REQUESTED	12/21/99	350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 350.00	
Ted Garner P.O. Box 38 Morehead City, NC 28557	Sanitary Fish Market & Restaurant Inc.	12/21/99	800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 800.00	
Ted Garner P.O. Box 38 Morehead City, NC 28557	Sanitary Fish Market & Restaurant Inc.	12/21/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 1,000.00	
Alfred Hatlestad 8208 Gadsen Court Raleigh, NC 27613	INFORMATION REQUESTED	12/21/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 1,000.00	
James K. McNiff Jr. 126 Timberlane Road Rocky Mount, NC 27804-3657	INFORMATION REQUESTED	12/21/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 250.00	
Kevin Mehr 2285 Camilla Drive Troy, MI 48063	Key Chemical Company	12/21/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 250.00	
Thomas Moore 1304 Lennox Place Raleigh, NC 27612	INFORMATION REQUESTED	12/21/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional)

3,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Peacock P.O. Box 3003 Bald Head Island, NC 28461	INFORMATION REQUESTED Occupation: Restaurateur	12/21/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
Nicholas Potter 1607 Pugh Street Fayetteville, NC 28305	Paris & Potter Management Occupation: Restaurateur	12/21/99	1,275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,275.00		
Robert Riddle 3707 Cherry Hills Hutchinson, KS 67502	INFORMATION REQUESTED Occupation: Restaurateur	12/21/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Thomas Ruff 46 Fox Ridge Road Fletcher, NC 28732	The Biltmore Company Occupation: Restaurateur	12/21/99	220.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 220.00		
Thomas Ruff 46 Fox Ridge Road Fletcher, NC 28732	The Biltmore Company Occupation: Restaurateur	12/21/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 420.00		
Ernest Stalmeyer 2528 Old U.S. Highway 1 Apex, NC 27502	INFORMATION REQUESTED Occupation: Restaurateur	12/21/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
Steve Thanhauser P.O. Box 6357 Raleigh, NC 27628-6367	The Angus Barn Occupation: Restaurateur	12/21/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional) **3,245.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hubert A. Westbrook Jr. 1012 Lightwood Drive Matthews, NC 28105-0857	INFORMATION REQUESTED	12/21/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code John Bean, FMP P.O. Box 709 104 1/2-3rd St., South Columbus, MS 39703	University Management/Harveys Restaurants	12/29/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 1,850.00	
C. Full Name, Mailing Address and ZIP Code J. Michael Larkin 174 Sylvan Street Danvers, MA 01923	Luisian Grill	12/29/99	2,130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 2,130.00	
D. Full Name, Mailing Address and ZIP Code Monly Fletcher 239 Road 1046 Tupelo, MS 38801-7812	Burger King	12/29/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Bill Latham, FMP 805 South Wheelley Suite 155 Ridgeland, MS 39157-5003	Amerigo Restaurant Corp.	12/29/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code Adrian Stevens 346B US Highway 9, 2nd Flr. Freehold, NJ 07728-8569	Princeton Innkeepers	12/28/99	1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 1,500.00	
G. Full Name, Mailing Address and ZIP Code Bill Ryan 3703 Harry Cooper Place Billings, MT 69106-1008	Applebee's	12/29/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) 5,830.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 16 OF 17
FOR LINE NUMBER 11 a 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 from such committee.

NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

<p>A. Full Name, Mailing Address and ZIP Code Ed Tinsley, III 1600 Randolph St. SE Suite 200 Albuquerque, NM 87106</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer K-Bob's Steakhouse</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 2,000.00</p>	<p>Date (month, day, year) 12/29/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Ralph Potter P.O. Drawer 2365 Fayetteville, NC 28302</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Paris & Potter Enterprises</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 1,800.00</p>	<p>Date (month, day, year) 12/29/99</p>	<p>Amount of Each Receipt this Period 1,100.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Gail McCormick 720 SW Wash Street, #550 Portland, OR 97205</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer McCormick & Schmick Management Corp.</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 5,000.00</p>	<p>Date (month, day, year) 12/29/99</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Ernie Tremblay 12 Sylvan St. Peabody, MA 01960-1607</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Sylvan Street Grille</p> <p>Occupation restaurateur</p> <p>Aggregate Year-to-Date > \$ 270.00</p>	<p>Date (month, day, year) 12/29/99</p>	<p>Amount of Each Receipt this Period 170.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Chris Pappas 642 Yale Street Houston, TX 77007-2534</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Pappas Restaurants</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date > \$ 2,500.00</p>	<p>Date (month, day, year) 12/30/99</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Don Thoren 20861 Great Falls Forest Dr. Sterling, VA 20165-2814</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer National Restaurant Association</p> <p>Occupation Association Executive</p> <p>Aggregate Year-to-Date > \$ 440.00</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$20.00 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Christina Howard 9700 Chilcott Manor Way Vienna, VA 22181-5400</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer National Restaurant Association</p> <p>Occupation Association Executive</p> <p>Aggregate Year-to-Date > \$ 481.00</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 57.72 (\$19.24 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional)

8,887.72

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a

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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code Kathleen O'Leary 1200 Braddock Place, #201 Alexandria, VA 22314-1664	Name of Employer National Restaurant Association	Date (month, day, year) Payroll	Amount of Each Receipt this Period 62.52
	Occupation Association Executive	Deduction	(\$20.84)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 479.32		Biweekly)

B. Full Name, Mailing Address and ZIP Code Joe Rachinsky 1201 Braddock Place Apt. 506 Alexandria, VA 22314	Name of Employer National Restaurant Association	Date (month, day, year) Payroll	Amount of Each Receipt this Period 28.86
	Occupation Association Executive	Deduction	(\$9.62)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.60		Biweekly)

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional)	91.38
TOTAL This Period (last page this line number only)	54,432.84

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 16

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NAME OF COMMITTEE (in Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code Friends of Dick Lugar P.O. Box 55952 Indianapolis, IN 46205	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	12/20/99	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1999	Aggregate Year-to-Date > \$ 1,000.00		1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code Crestar Bank NA Crestar Bank NA Post Office Box 26150 Richmond, VA 23260-6160	Name of Employer Interest Earned Occupation Aggregate Year-to-Date > \$ 2,123.45	Date (month, day, year) 12/31/99	Amount of Each Receipt this Period 254.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	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):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	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):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	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):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	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):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	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):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	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):			

SUBTOTAL of Receipts This Page (optional)	254.00
TOTAL This Period (last page this line number only)	254.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER 23

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
Upton for All of Us Post Office Box 480 St. Joe, MI 49085	Fred Upton, U.S. HOUSE 8th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/20/99	200.00
Friends of Blanche Lincoln 5501 Cherokee Ave. Suite 112 Alexandria, VA 22312	Blanche Lambert Lincoln, U.S. SENATE AR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2004	12/20/99	2,000.00
Tom DeLay Congressional Committee 10707 Corporate Drive Suite 130 Stafford, TX 77477	Tom DeLay, U.S. HOUSE 22nd TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/20/99	2,500.00
Nathercutt for Congress P.O. Box 1925 Spokane, WA 99201	George Nathercutt, U.S. HOUSE 5th WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/20/99	1,000.00
Friends of Dick Lugar Post Office Box 55952 Indianapolis, IN 46205	Richard G. Lugar, U.S. SENATE IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/20/99	5,000.00
Chambless for Congress Post Office Box 4084 Macon, GA 31208	Saxby Chambless, U.S. HOUSE 8th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/20/99	500.00
Menendez for Congress P.O. Box 848 Union City, NJ 07087	Robert Menendez, U.S. HOUSE 13th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/20/99	500.00
Volunteers for Shimkus Post Office Box 6458 Springfield, IL 62704	John Shimkus, U.S. HOUSE 20th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/20/99	1,000.00
Peterson for Congress 928 Lake Avenue Detroit Lakes, MN 56501	Collin C. Peterson, U.S. HOUSE 7th MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/20/99	500.00

SUBTOTAL of Disbursements This Page (optional)

13,200.00

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 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Re-Elect Steven J Chabot 105 West 4th Street Room 1133 Cincinnati, OH 45202	Steve Chabot, U.S. HOUSE 1st OH	12/20/99	1,000.00
Charles A. Gonzalez Congressional Committee 134 Schreiner Place San Antonio, TX 78212	Charles Gonzalez, U.S. HOUSE 20th TX	12/20/99	500.00
Whitfield for Congress Committee 1611 South Main Street Hopkinsville, KY 42240	Edward Whitfield, U.S. HOUSE 1st KY	12/20/99	1,000.00
Pat Toomey for Congress Committee P.O. Box 90158 Allentown, PA 18109	Toomey, U.S. HOUSE 15th PA	12/20/99	1,000.00
Bishop for Congress 421 Nw Jersey Ave., S.E. Washington, DC 20003	Sanford D. Bishop, U.S. HOUSE 2nd GA	12/20/99	1,000.00
Pickering for Congress Post Office Box 6440 Laurel, MS 39441	Chip Pickering, U.S. HOUSE 3rd MS	12/20/99	500.00
Fletcher for Congress P.O. Box 4703 Lexington, KY 40544	Ernie Fletcher, U.S. HOUSE 6th KY	12/20/99	500.00
Ken Lucas for Congress Committee 8100 Burlington Pike Suite 334 Florence, KY 41042	Ken Lucas, U.S. HOUSE 4th KY	12/20/99	1,000.00
Friends of Ronnie Shows Rt. 2 Box 228A-1 Basefield, MS 39421	Ronnie Shows, U.S. HOUSE 4th MS	12/20/99	500.00

SUBTOTAL of Disbursements This Page (optional)	7,000.00
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

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NAME OF COMMITTEE (in Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Bud Cramer 223 East Side Square Huntsville, AL 35801	Bud Cramer, U.S. HOUSE 6th AL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/20/99	600.00
Alaskans for Don Young Post Office Box 100298 Anchorage, AK 99510	Don Young, U.S. HOUSE AL AK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/20/99	1,000.00
Enzi for US Senate 431 Circle Drive Gillette, WY 82718	Michael B. Enzi, U.S. SENATE WY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002	12/20/99	1,000.00
David Vitter for Congress 2520 Metairie Road Metairie, LA 70001	David Vitter, U.S. HOUSE 1st LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/20/99	2,000.00
Reynolds for Congress P.O. Box 141 Williamsville, NY 14231	Tom Reynolds, U.S. HOUSE 27th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/20/99	1,000.00
A Lot of People Supporting Tom Daschle 424 C Street, NE First Floor Washington, DC 20002	Tom Daschle, U.S. SENATE SD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2004	12/20/99	2,500.00
Blagojevich for Congress 3849 North Kedzie Avenue Chicago, IL 60618	Rod Blagojevich, U.S. HOUSE 6th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/20/99	1,000.00
Doyle for Congress Committee 2227 Hampton Street Pittsburgh, PA 15218	Mike Doyle, U.S. HOUSE 18th PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/20/99	500.00
Mark Green for Congress PO Box 13103 Green Bay, WI 54307	Mark Green, U.S. HOUSE 8th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/20/99	500.00

SUBTOTAL of Disbursements This Page (optional)

10,000.00

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 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
National Restaurant Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ryan for Congress P.O. Box 1919 Jamesville, WI 53547	Paul Ryan, U.S. HOUSE 1st WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/20/99	500.00
B. Full Name, Mailing Address and ZIP Code Friends of Congressman Tim Holden 302 Mahantongo Street Pottsville, PA 17901	Purpose of Disbursement Tim Holden, U.S. HOUSE 8th PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/20/99	1,000.00
C. Full Name, Mailing Address and ZIP Code Lazio for Congress 72 East Main St. Suite 4 c/o Piccirillo Reinfurt & Lamont LLP Babylon, NY 11702	Purpose of Disbursement Rick A. Lazio, U.S. HOUSE 2nd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/20/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Marion Berry for Congress Committee P.O. Box 8084 Jonesboro, AR 72403	Purpose of Disbursement Marion Berry, U.S. HOUSE 1st AR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/20/99	500.00
E. Full Name, Mailing Address and ZIP Code Jim Davis for Congress P.O. Box 2884 Washington, DC 20013	Purpose of Disbursement Jim Davis, U.S. HOUSE 11th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/20/99	500.00
F. Full Name, Mailing Address and ZIP Code Snowe for Senate P.O. Box 2000 Portland, ME 04104	Purpose of Disbursement Olympia J. Snowe, U.S. SENATE ME Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/20/99	1,000.00
G. Full Name, Mailing Address and ZIP Code Friends of Craig Thomas Post Office Box 1580 Casper, WY 82502	Purpose of Disbursement Craig Thomas, U.S. SENATE WY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/20/99	1,000.00
H. Full Name, Mailing Address and ZIP Code Mark Nielson for Congress 2 Stony Hill Road Bethel, CT 06801	Purpose of Disbursement Mark Nielson, U.S. HOUSE 5th CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/20/99	3,000.00
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)

8,500.00

TOTAL This Period (last page this line number only)

38,700.00

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 2/1/00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 RB PREPARER	 2/1/00 DATE PREPARED