

SCHEDULE A ITEMIZED RECEIPTS

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

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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
Charles Adams 2431 Barnhill Ave. Montgomery, AL 36111	Golden Corral Corp.	08/21/96	200.00
Receipt For: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 200.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gabe T Amon 7500 South Tanglewood Drive Raleigh, NC 27612	Golden Corral Corp.	08/21/96	300.00
Receipt For: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 300.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Alice Apostle 121 Autumn Hill Road Jackson, MS 39211	Nick's Incorporated	08/21/96	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 1000.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Casper Ballistreri 3710 Chapel Road Brookfield, WI 53046	Venice Club	08/19/96	200.00
Receipt For: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General   <input type="checkbox"/> Other (specify)	Occupation Restaurateur Aggregate Year To Date: \$ 200.00		

TOTAL of Receipts This Page (optional) .....

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