

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
National Franchisee Association PAC (NFA-PAC)

ADDRESS (number and street) 1201 Roberts Boulevard, Suite 100
 Check if different than previously reported. (ACC)
Kennesaw GA 30144

2. **FEC IDENTIFICATION NUMBER** C00329425
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 08 01 2008 through 08 31 2008

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 Bill Patterson

Signature of Treasurer Electronically Filed by Bill Patterson Date 10 16 2008

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
National Franchisee Association PAC (NFA-PAC)

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		125609.90
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	119341.64									
(c) Total Receipts (from Line 19)	36276.42	158392.64								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	155618.06	284002.54								
7. Total Disbursements (from Line 31)	3419.91	131804.39								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	152198.15	152198.15								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
National Franchisee Association PAC (NFA-PAC)

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	35550.00	149985.00
(i) Itemized (use Schedule A)	650.00	2220.00
(ii) Unitemized	36200.00	152205.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	5000.00
(c) Other Political Committees (such as PACs)	36200.00	157205.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	76.42	1187.64
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	36276.42	158392.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	36276.42	158392.64

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	919.91	3804.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	919.91	3804.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	128000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3419.91	131804.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3419.91	131804.39

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	36200.00	157205.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36200.00	157205.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	919.91	3804.39
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	919.91	3804.39

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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 Franchisee Association PAC (NFA-PAC)

<p>A. Full Name (Last, First, Middle Initial) Frank Bennett</p> <p>Mailing Address 10645 72nd Rd SE</p> <p>City State Zip Code <u>Agency</u> MO 64401-9126</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Sonlan Rest. Corp. Occupation Franchisee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 520.00</p>	<p>Date of Receipt 08 / 15 / 2008</p> <p>Transaction ID: 80919.C1071</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt</p>
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<p>B. Full Name (Last, First, Middle Initial) Peter Binker</p> <p>Mailing Address 909 Pamela Drive</p> <p>City State Zip Code <u>Brookings</u> SD 57006</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Walros IV Inc Occupation Franchisee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 520.00</p>	<p>Date of Receipt 08 / 07 / 2008</p> <p>Transaction ID: 80919.C1100</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt</p>
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<p>C. Full Name (Last, First, Middle Initial) Martin Blount</p> <p>Mailing Address 2612 Scenic Pl</p> <p>City State Zip Code <u>West Des Moines</u> IA 50265-6426</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blount Restaurants Mgmt. Occupation Franchisee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 270.00</p>	<p>Date of Receipt 08 / 12 / 2008</p> <p>Transaction ID: 80919.C1094</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt</p>
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SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Franchisee Association PAC (NFA-PAC)

<p>A. Full Name (Last, First, Middle Initial) Howard Bowen</p> <p>Mailing Address 9651 Old National Pike</p> <p>City State Zip Code Hagerstown MD 21740</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Western Maryland Fast Food Franchisee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 08 / 25 / 2008</p> <p>Transaction ID: 80919.C1048</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt</p>
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<p>B. Full Name (Last, First, Middle Initial) Mark Bystry</p> <p>Mailing Address 1007 Valley Acres Rd</p> <p>City State Zip Code Houston TX 77062-2234</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Stuart Foods, INc. Franchisee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1250.00</p>	<p>Date of Receipt 08 / 15 / 2008</p> <p>Transaction ID: 80919.C1082</p> <p>Amount of Each Receipt this Period 625.00</p> <p>Receipt</p>
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<p>C. Full Name (Last, First, Middle Initial) Walter Chuda</p> <p>Mailing Address 14750 Truitt Farm Dr.</p> <p>City State Zip Code Centreville VA 20120</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CC Group Inc. Franchisee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt 08 / 18 / 2008</p> <p>Transaction ID: 80919.C1059</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Receipt</p>
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SUBTOTAL of Receipts This Page (optional)	1725.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Franchisee Association PAC (NFA-PAC)

A.	Full Name (Last, First, Middle Initial) Al Cipolletti		Date of Receipt MM / DD / YYYY 08 / 15 / 2008
	Mailing Address 269 Barnstaple Dr		Transaction ID: 80919.C1069
	City Daniels	State WV	Zip Code 25832-9000
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Almar Food Corp.	Occupation Franchisee	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
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B.	Full Name (Last, First, Middle Initial) Mike Clayton		Date of Receipt MM / DD / YYYY 08 / 15 / 2008
	Mailing Address 105 Ford Ave		Transaction ID: 80919.C1078
	City Kingsport	State TN	Zip Code 37663-2375
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Aaron Enterprises, Inc.	Occupation Franchisee	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) Jerry Comstock		Date of Receipt MM / DD / YYYY 08 / 11 / 2008
	Mailing Address 409 4th St		Transaction ID: 80919.C1097
	City Manhattan Beach	State CA	Zip Code 90266-6426
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
	Name of Employer Information Requested	Occupation Information Requested	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00
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SUBTOTAL of Receipts This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Franchisee Association PAC (NFA-PAC)

A. Full Name (Last, First, Middle Initial)
Raymond A. Conn

Mailing Address 9000 Hopewell Rd

City State Zip Code
Cincinnati OH 45242-4610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Restaurant Assoc Cincinnati Franchisee

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: 80919.C1073

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Thomas F. Connolly

Mailing Address 2213 5th St NW

City State Zip Code
Saint Paul MN 55112-6539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TAB of Rosemount, Inc. Franchisee

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2008

Transaction ID: 80919.C1102

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
David Devoy

Mailing Address 415 Glensprings Dr
Suite 302

City State Zip Code
Cincinnati OH 45246-2317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Fire Grill LLC Franchisee

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: 80919.C1083

Amount of Each Receipt this Period
625.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1375.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 26
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)
Michael C. DiSeveria

Mailing Address 16200 Bellingham Drive

City State Zip Code
Germantown MD 20874

FEC ID number of contributing federal political committee. **C**

Name of Employer Potomac Foods Company Occupation Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 80919.C1046

Amount of Each Receipt this Period
2500.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Paul Dobbel

Mailing Address 1797 Yelk Rd

City State Zip Code
Marshall WI 53559-8974

FEC ID number of contributing federal political committee. **C**

Name of Employer Southern Wisconsin Foods Occupation Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 80919.C1091

Amount of Each Receipt this Period
1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Gregory Dolphin

Mailing Address 17 Washington Ave N

City State Zip Code
Minneapolis MN 55401-1617

FEC ID number of contributing federal political committee. **C**

Name of Employer Dolphin Real Estate Mgmt. Inc. Occupation Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 8

Transaction ID: 80919.C1089

Amount of Each Receipt this Period
1250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **4750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 26
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)
Allen Eilers

Mailing Address 1311 Cambridge Road

City State Zip Code
Quincy IL 62301

FEC ID number of contributing federal political committee. **C**

Name of Employer LAC Corporation Occupation Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2008

Transaction ID: 80919.C1096

Amount of Each Receipt this Period
250.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Daniel Flynn

Mailing Address 313 Gull Rd

City State Zip Code
Ocean City NJ 08226-4530

FEC ID number of contributing federal political committee. **C**

Name of Employer National Franchisee Association Occupation Burger King Franchise Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2008

Transaction ID: 80919.C1095

Amount of Each Receipt this Period
500.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Gary Geiger

Mailing Address 1612 N Pienza St

City State Zip Code
Visalia CA 93291

FEC ID number of contributing federal political committee. **C**

Name of Employer HG Foods, LLC Occupation Burger King Franchise Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: 80919.C1079

Amount of Each Receipt this Period
2500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Jerry Hall

Mailing Address 1617 N Main St

City State Zip Code
Mitchell SD 57301-1018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hall-Cor, Inc. Franchisee

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 80919.C1047

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Bill Harloe

Mailing Address 304 Vale Rd

City State Zip Code
Bel Air MD 21014-2308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Harloe Management Corp. Franchisee

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 8

Transaction ID: 80919.C1088

Amount of Each Receipt this Period

1250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Gene Hatfield

Mailing Address E 7469 650th

City State Zip Code
Elk Mound WI 54739

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Coachs Fast Food Franchisee

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 8

Transaction ID: 80919.C1099

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 26
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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 Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)
Jim Hinkle

Mailing Address 3841 Winchester Lp

City Anchorage State AK Zip Code 99507

FEC ID number of contributing federal political committee. **C**

Name of Employer Auroroa Foods, LLC Occupation Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 13 / 2008

Transaction ID: 80919.C1085

Amount of Each Receipt this Period 250.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Ben Jarratt

Mailing Address P.O. Box 650728

City Sterling State VA Zip Code 20165-0728

FEC ID number of contributing federal political committee. **C**

Name of Employer Northern Virginia Group, Inc. Occupation Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 08 / 13 / 2008

Transaction ID: 80919.C1090

Amount of Each Receipt this Period 1250.00

Receipt

C.

Full Name (Last, First, Middle Initial)
James Larry Jones

Mailing Address 3731 Bridgeport Drive

City Ames State IA Zip Code 50010

FEC ID number of contributing federal political committee. **C**

Name of Employer Rock King LLP Occupation Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 12 / 2008

Transaction ID: 80919.C1093

Amount of Each Receipt this Period 250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)
Randy Keeler

Mailing Address 106 Waterbury Way

City State Zip Code
Pendleton SC 29670-8949

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Westward Inc. Franchisee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C1065

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Bill Keller

Mailing Address 105 Riviera Drive

City State Zip Code
Georgetown KY 40324

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BMT of Kentucky, Inc. Franchisee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 80919.C1051

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Kurt Kiel

Mailing Address 14303 284th Ave NW

City State Zip Code
Zimmerman MN 55398-9492

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Dolphin Fast Food, Inc. Franchisee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 80919.C1080

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 26
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)
John Marshall

Mailing Address 849 Orchard Circle

City State Zip Code
Grand Forks ND 58201-6314

FEC ID number of contributing federal political committee. **C**

Name of Employer National Franchisee Association
Occupation Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2008

Transaction ID: 80919.C1098

Amount of Each Receipt this Period
1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Ray Meeks

Mailing Address 321 Forest Dr.

City State Zip Code
Henderson NC 27536

FEC ID number of contributing federal political committee. **C**

Name of Employer Carolina Quality, Inc.
Occupation Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: 80919.C1075

Amount of Each Receipt this Period
100.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Brent Northrop

Mailing Address 2002 Cumberland Ln

City State Zip Code
Albany GA 31721-2145

FEC ID number of contributing federal political committee. **C**

Name of Employer EDN Inc.
Occupation Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2008

Transaction ID: 80818.C1024

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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 Franchisee Association PAC (NFA-PAC)

A. Full Name (Last, First, Middle Initial)
Ed Northrop

Mailing Address 2203 Trowbridge Road

City Albany State GA Zip Code 31707

FEC ID number of contributing federal political committee. **C**

Name of Employer EDN, Inc. Occupation Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 08 / 18 / 2008

Transaction ID: 80919.C1053

Amount of Each Receipt this Period 200.00

Receipt

B. Full Name (Last, First, Middle Initial)
Michael Olander

Mailing Address 10761 Trego Trl

City Raleigh State NC Zip Code 27614-9660

FEC ID number of contributing federal political committee. **C**

Name of Employer KIN Restaurant LLC Occupation Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 14 / 2008

Transaction ID: 80919.C1077

Amount of Each Receipt this Period 1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Gavin, P. Oneil

Mailing Address 1673 Amberwood Way

City Maineville State OH Zip Code 45039-6822

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 15 / 2008

Transaction ID: 80919.C1070

Amount of Each Receipt this Period 250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 1450.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Eric Oppenheim

Mailing Address 1017 Curtis Pl.

City State Zip Code
Gastonia NC 28052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Republic Foods Franchisee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 725.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C1054

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Nick Patronas

Mailing Address 220 W Superior St.

City State Zip Code
Duluth MN 55802

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Duluth King, Inc. Franchisee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 80919.C1050

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Stafford Rastall

Mailing Address 4130 Litadell Rock Rd. NE

City State Zip Code
Fort Payne AL 35967

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kristie Co. Franchisee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: 80919.C1081

Amount of Each Receipt this Period

1250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Franchisee Association PAC (NFA-PAC)

A. Full Name (Last, First, Middle Initial)
Ray Richards

Mailing Address 13054 Acorn Ridge Ln

City State Zip Code
Merrifield MN 56465-4170

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rotab-Brainerd, LLP Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2008

Transaction ID: 80919.C1060

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Tom Roose

Mailing Address 825 Hattors Ford Rd

City State Zip Code
Townville SC 29689

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
West Wind Inc. Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2008

Transaction ID: 80919.C1062

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Shennen Saltzman

Mailing Address 90 Pierce St

City State Zip Code
Sioux City IA 51101-1417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Saltzman & Saltzman Mgmt. Co. Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2008

Transaction ID: 80919.C1092

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)
Richard Smith

Mailing Address 2904 Oak Shadow Dr.

City State Zip Code
Herndon VA 20171

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Panda Foods LLC Franchisee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: 80919.C1074

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Lawrence Stokes

Mailing Address 55 The Cliffs Parkway

City State Zip Code
Landrum SC 29356

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SMS, Inc. Franchisee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C1055

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Jean Wessel Templeton

Mailing Address 612 Adams St.

City State Zip Code
Huntsville AL 35801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Wesfam Restaurants, Inc. Franchise Owner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 80919.C1052

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

5200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 20 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Franchisee Association PAC (NFA-PAC)

A. Full Name (Last, First, Middle Initial)
Doug Thompson

Mailing Address 20 Freedom Rd NE

City State Zip Code
Alexandria MN 56308-8903

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lakeland Mgmt. Co. Griffin-Schoen Enterprises

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2008

Transaction ID: 80919.C1084

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Craig Timoney

Mailing Address 936 S Juliana St

City State Zip Code
Bedford PA 15522-1932

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Timoney Mgmt, Inc. Franchisee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: 80919.C1068

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Brian Vaughn

Mailing Address 963 Bethel Rd

City State Zip Code
Douglas GA 31535-4821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Nearly Famous, Inc. Franchise Owner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2008

Transaction ID: 80919.C1061

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)
Camilla Warren

Mailing Address 4450 Black Oak Ln

City State Zip Code
Mason OH 45040-8437

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Restaurant Assoc of Cincinnati Franchisee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: 80919.C1072

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Ed & Beth Westfall

Mailing Address 389 Auburn Trivette Road

City State Zip Code
Sugar Grove NC 28679

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Ridge Runner Fast Foods, Inc. Burger King Franchise Owner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C1058

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Mike Whitehurst

Mailing Address 1634 Sorrento Place

City State Zip Code
Livermore CA 94550

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Whitehurst Management Company Franchisee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 8

Transaction ID: 80919.C1086

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

35550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 22 / 26	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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 Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial) Wachovia Securities (1st Union Natl B		Date of Receipt																				
Mailing Address NC8502 P.O. Box 563966		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		2	9		2	0	0	8													
City	State	Zip Code																				
Charlotte	NC	28262-3966																				
FEC ID number of contributing federal political committee.		Transaction ID: 80919.C1103																				
C		Amount of Each Receipt this Period																				
		73.65																				
Name of Employer	Occupation	Interest Received																				
Receipt For:	Aggregate Year-to-Date ▼																					
<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Other (specify) ▼	1073.86																					

SUBTOTAL of Receipts This Page (optional)	▶	73.65
TOTAL This Period (last page this line number only)	▶	73.65

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Franchisee Association PAC (NFA-PAC)

<p>A. Full Name (Last, First, Middle Initial) Wachovia Securities (1st Union Natl Bk)</p> <p>Mailing Address NC8502 P.O. Box 563966</p> <p>City Charlotte State NC Zip Code 28262-3966</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80919.E608 Date of Disbursement 08 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 4.00</p> <p>BANK SERVICE CHARGE</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 2878</p> <p>City Omaha State NE Zip Code 68103-2878</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80919.E611 Date of Disbursement 08 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 50.45</p> <p>CREDIT CARD FEE</p>
<p>C. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 2878</p> <p>City Omaha State NE Zip Code 68103-2878</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80919.E610 Date of Disbursement 08 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 7.38</p> <p>CREDIT CARD FEE</p>

SUBTOTAL of Disbursements This Page (optional)	61.83
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Franchisee Association PAC (NFA-PAC)

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 2878</p> <p>City Omaha State NE Zip Code 68103-2878</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80919.E612 Date of Disbursement 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 73.75</p> <p>CREDIT CARD FEE</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 2878</p> <p>City Omaha State NE Zip Code 68103-2878</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80919.E613 Date of Disbursement 08 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 36.88</p> <p>CREDIT CARD FEE</p>
<p>C. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 2878</p> <p>City Omaha State NE Zip Code 68103-2878</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80919.E614 Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 147.50</p> <p>CREDIT CARD FEE</p>

SUBTOTAL of Disbursements This Page (optional)	258.13
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Franchisee Association PAC (NFA-PAC)

A. Full Name (Last, First, Middle Initial) NOVA Mailing Address MSI Merchant Services 890 Mountain Avenue City New Providence State NJ Zip Code 07974- Purpose of Disbursement Monthly Merchant Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80919.E609 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 567.96 MONTHLY MERCHANT FEE
B. Full Name (Last, First, Middle Initial) Clarke American Mailing Address 3300 Cumberland Blvd SE City Atlanta State GA Zip Code 30339-8103 Purpose of Disbursement Itemize Check Order Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81016.E650 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 8
	Amount of Each Disbursement this Period 31.99 CHECK ORDER

SUBTOTAL of Disbursements This Page (optional)

599.95

TOTAL This Period (last page this line number only)

919.91

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)
Andy Harris for Congress

Transaction ID: 80919.E606

Date of Disbursement

Mailing Address P.O. Box 1527

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	8

City Annapolis State MD Zip Code 21404-1527

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
DIRECT CONTRIBUTION

--

Category/
Type

Candidate Name
ANDREW P HARRIS

Office Sought: House
 Senate
 President
State: MD District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

2500.00
