

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2012 JUL 19 AM 9:09

Office Use Only

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Donny's Franchise Company Political Action Committee

ADDRESS (number and street) 201 North New York Avenue

Check if different than previously reported. (ACC)

3rd Floor
Winter Park FL 32789

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C

3. IS THIS REPORT NEW (N) OR AMENDED (A)

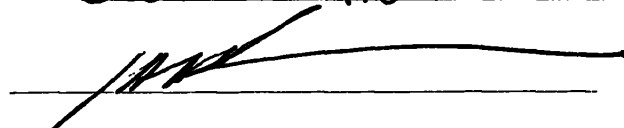
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:			
	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)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

5. Covering Period 04/10/2012 through 07/15/2012

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 Scott Feldman

Signature of Treasurer



Date 07/15/2012

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

12030853072

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period: From:

From:

MM / DD / YYYY

To:

MM / DD / YYYY

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, Y Y Y Y

(b) Cash on Hand at Beginning of Reporting Period.....

(c) Total Receipts (from Line 19).....

(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....

7. Total Disbursements (from Line 31).....

8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....

9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....

10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....

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

12030853073

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Sonny's Franchise Company Political Action Committee

Report Covering the Period: From: 04 10 2012 To: 07 15 2012

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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		
(i) Itemized (use Schedule A).....	,	,
(ii) Unitemized	,	,
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	,	,
(b) Political Party Committees	,	,
(c) Other Political Committees (such as PACs).....	,	,
(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.....	,	,
13. All Loans Received	,	,
14. Loan Repayments Received.....	,	,
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	,	,
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	,	,
17. Other Federal Receipts (Dividends, Interest, etc.).....	,	,
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	,	,
(b) Levin Funds (from Schedule H5).....	,	,
(c) Total Transfers (add 18(a) and 18(b))..	,	,
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	,	,
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	,	,

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	,	,
34. Total Contribution Refunds (from Line 28(d))	,	,
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	,	,
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	,	,
37. Offsets to Operating Expenditures (from Line 15, page 3)	,	,
38. Net Operating Expenditures (subtract Line 37 from Line 36)	,	,

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**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 OF	
<input 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"/> 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)
Sonn's Franchise Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

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

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**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 OF

<input 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)

Sonnys Franchise company Political Action Committee

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement	
Mailing Address		M M / D D / Y Y Y Y	
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	
Candidate Name		Amount of Each Disbursement this Period	
Office Sought:	House Senate President	Disbursement For:	Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

B.		Date of Disbursement	
Mailing Address		M M / D D / Y Y Y Y	
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	
Candidate Name		Amount of Each Disbursement this Period	
Office Sought:	House Senate President	Disbursement For:	Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

C.		Date of Disbursement	
Mailing Address		M M / D D / Y Y Y Y	
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	
Candidate Name		Amount of Each Disbursement this Period	
Office Sought:	House Senate President	Disbursement For:	Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	0.00

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SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

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

FOR LINE NUMBER: PAGE OF
 (check only one) 4a 4c 5
 4b 4d

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NAME OF COMMITTEE (In Full)

Sonny's Franchise Company Political Action Committee

Full Name (Last, First, Middle Initial) / Full Organization Name

A.	Date of Disbursement
Mailing Address	M M / D D / Y Y Y Y
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	
B.	Date of Disbursement
Mailing Address	M M / D D / Y Y Y Y
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	
C.	Date of Disbursement
Mailing Address	M M / D D / Y Y Y Y
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	
D.	Date of Disbursement
Mailing Address	M M / D D / Y Y Y Y
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	
E.	Date of Disbursement
Mailing Address	M M / D D / Y Y Y Y
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

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

0.00

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

0.00

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JMH
 PREPARER
 (3/2005)

7/19/12
 DATE PREPARED