

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 (12S)
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 2010 through 08 31 2010

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 Rick Cowley

Signature of Treasurer Electronically Filed by Rick Cowley Date 09 16 2010

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 **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	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		136532.23
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	155498.16									
(c) Total Receipts (from Line 19)	36458.19	81095.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	191956.35	217627.63								
7. Total Disbursements (from Line 31)	381.67	26052.95								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	191574.68	191574.68								
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

FEC Form 3X (Rev. 06/2004)

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	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	35675.00	79800.00
(ii) Unitemized	750.00	1050.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	36425.00	80850.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	36425.00	80850.00
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.)	33.19	245.40
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))	36458.19	81095.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	36458.19	81095.40

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	381.67	2052.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	381.67	2052.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	24000.00
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))..	381.67	26052.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	381.67	26052.95

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	36425.00	80850.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36425.00	80850.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	381.67	2052.95
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	381.67	2052.95

**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 6 / 24
	<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) Hugh Bigham		Date of Receipt
	Mailing Address 1100 Queens Rd		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Charlotte	NC	28207-1850
	FEC ID number of contributing federal political committee.		Transaction ID: 00916.C1395
		Amount of Each Receipt this Period	<input type="text" value="500.00"/>
Name of Employer Golden B Enterprises, Ltd.		Occupation Franchisee	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="500.00"/>	

B.	Full Name (Last, First, Middle Initial) Hattie Bland		Date of Receipt
	Mailing Address 259 Hide A Way Ln E		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Hideaway	TX	75771-5027
	FEC ID number of contributing federal political committee.		Transaction ID: 00916.C1361
		Amount of Each Receipt this Period	<input type="text" value="1000.00"/>
Name of Employer Bay Tex Operations, Inc.		Occupation Franchisee	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1000.00"/>	

C.	Full Name (Last, First, Middle Initial) Walter Chuda		Date of Receipt
	Mailing Address 14750 Truitt Farm Dr.		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Centreville	VA	20120
	FEC ID number of contributing federal political committee.		Transaction ID: 00812.C1330
		Amount of Each Receipt this Period	<input type="text" value="250.00"/>
Name of Employer Burgers of Columbia Pike IN		Occupation Franchisee	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 24
(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)
Diane L. Clayton

Mailing Address 210 Saddle Ridge
Suite 312

City Kingsport State TN Zip Code 37664

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

Name of Employer Vanmar, Inc. Occupation Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2010

Transaction ID: 00916.C1381

Amount of Each Receipt this Period
500.00

Receipt

B.

Full Name (Last, First, Middle Initial)
William Cook

Mailing Address 144 Wintergreen Rd

City Waltherboro State SC Zip Code 29488-9507

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

Name of Employer Cook Enterprises, Inc. Occupation Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2010

Transaction ID: 00916.C1383

Amount of Each Receipt this Period
250.00

Receipt

C.

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

Mailing Address 1733 S. Ingalls St.

City Grand Island State NE Zip Code 68803

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

Name of Employer Degen Properties, Inc. Occupation Franchise Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2010

Transaction ID: 00916.C1351

Amount of Each Receipt this Period
1000.00

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: (check only one)	PAGE 8 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 16200 Bellingham Drive	Transaction ID: 00916.C1405
	City State Zip Code Germantown MD 20874	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Potomac Foods Company Occupation Franchisee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

B.	Full Name (Last, First, Middle Initial) Paul Dobbel	Date of Receipt MM / DD / YYYY 08 / 02 / 2010
	Mailing Address 1797 Yelk Rd	Transaction ID: 00916.C1359
	City State Zip Code Marshall WI 53559-8974	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Southern Wisconsin Foods Occupation Franchisee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

C.	Full Name (Last, First, Middle Initial) Gregory Dolphin	Date of Receipt MM / DD / YYYY 08 / 18 / 2010
	Mailing Address 17 Washington Ave N Suite 500	Transaction ID: 00916.C1365
	City State Zip Code Minneapolis MN 55401-1617	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Dolphin Real Estate Mgmt. Inc. Occupation Franchisee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

SUBTOTAL of Receipts This Page (optional)	▶	10500.00
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 / 24
(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)
Willard Eldred

Mailing Address 15932 Crestrock Cir

City State Zip Code
Parker CO 80134-2546

FEC ID number of contributing federal political committee. C

Name of Employer Bilikin, Inc. Occupation Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 02 / 2010
Transaction ID: 00916.C1349

Amount of Each Receipt this Period 250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Daniel Fitzpatrick

Mailing Address 4220 Edison Lakes Pkwy

City State Zip Code
Mishawaka IN 46545-1440

FEC ID number of contributing federal political committee. C

Name of Employer Quality Dining, Inc. Occupation Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 31 / 2010
Transaction ID: 00916.C1404

Amount of Each Receipt this Period 2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Jacqueline Ford

Mailing Address 2486 Susie Brumley PI NW

City State Zip Code
Concord NC 28027-3313

FEC ID number of contributing federal political committee. C

Name of Employer Great Food Services Occupation Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 02 / 2010
Transaction ID: 00916.C1339

Amount of Each Receipt this Period 250.00

Receipt

SUBTOTAL of Receipts This Page (optional) 3000.00

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 / 24

(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)
Kelvin Ford

Mailing Address 2486 Susie Brumley PI NW

City State Zip Code
Concord NC 28027-3313

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

Name of Employer Occupation
Prospect Foods LLC 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 / 0 2 / 2 0 1 0

Transaction ID: 00916.C1340

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Rob Gerasimowicz

Mailing Address 13 Roselle Brk. Ct.

City State Zip Code
Spring TX 77381

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

Name of Employer Occupation
Rogan, Inc. 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 6 / 2 0 1 0

Transaction ID: 00916.C1380

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)
William A. Harloe, Jr.

Mailing Address 304 Vale Road

City State Zip Code
Belair MD 21014

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

Name of Employer Occupation
Harloe Management Corp. Franchisee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 625.00

Date of Receipt

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

Transaction ID: 00916.C1379

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 24
(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)
Jim Harrison
 Mailing Address 5590 Piermont Ct.
 City State Zip Code
Westerville OH 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Harrison Restaurants, Inc. Franchise Owner
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 1000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 2 / 2 0 1 0
Transaction ID: 00916.C1352
 Amount of Each Receipt this Period
 1000.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Thomas Herman
 Mailing Address 133 Bower Ln
 City State Zip Code
Forest Hill MD 21050-1750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
CR Restaurant, Inc. Franchisee
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 1 2 / 2 0 1 0
Transaction ID: 00916.C1369
 Amount of Each Receipt this Period
 500.00
 Receipt

C. Full Name (Last, First, Middle Initial)
David Jenkins
 Mailing Address 2820 15th Avenue, Sw
 City State Zip Code
Rochester MN 55902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Rotab Corporation Franchisee
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 250.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 2 / 2 0 1 0
Transaction ID: 00916.C1353
 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 12 / 24
(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)
Nick Kraft

Mailing Address 5514 Salvia Ct.

City State Zip Code
Golden CO 80403

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

Name of Employer Rob Craft, Inc. Occupation Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2010

Transaction ID: 00916.C1363

Amount of Each Receipt this Period
1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Michael Lackey

Mailing Address 295 Ben Cook Rd

City State Zip Code
Sylva NC 28779-6952

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

Name of Employer Carolina Mountain Food, Inc. Occupation Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2010

Transaction ID: 00916.C1364

Amount of Each Receipt this Period
250.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Steven Lewis

Mailing Address PO Box 528
818 Evans Road

City State Zip Code
Gwynedd Vly PA 19437-0528

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

Name of Employer US Restaurants Occupation Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2010

Transaction ID: 00916.C1391

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 / 24
(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)
Sharon Martin

Mailing Address 10138 Clinchview Cir

City State Zip Code
Lebanon VA 24266-5300

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

Name of Employer Occupation
Martin Franchise Group, LLC Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 00916.C1388

Amount of Each Receipt this Period
250.00

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 Occupation
Carolina Quality, Inc. Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2010

Transaction ID: 00916.C1345

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Anita Mehta

Mailing Address 14524 Lee Rd
Unit I

City State Zip Code
Chantilly VA 20151-1640

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

Name of Employer Occupation
AM-PM Enterprises, Inc. Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2010

Transaction ID: 00916.C1342

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 / 24
(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)
Anita Mehta

Mailing Address 14524 Lee Rd
Unit I

City Chantilly State VA Zip Code 20151-1640

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

Name of Employer AM-PM Enterprises, Inc. Occupation Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 00916.C1341

Amount of Each Receipt this Period
250.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Edith Middleton

Mailing Address 1902 Tara Place

City Dalton State GA Zip Code 30720

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

Name of Employer Middleton & Middleton Occupation Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 00916.C1356

Amount of Each Receipt this Period
500.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Marcus Mills

Mailing Address 1600 NE 2nd St

City Dumas State TX Zip Code 79029-3418

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

Name of Employer Mills Restaurant L.P. Occupation Franchise Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 5 / 2 0 1 0

Transaction ID: 00916.C1362

Amount of Each Receipt this Period
1000.00

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 15 / 24

(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)
Brent Northrop

Mailing Address 2002 Cumberland Ln

City Albany State GA Zip Code 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 ▼ 350.00

Date of Receipt

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

Transaction ID: 00812.C1331

Amount of Each Receipt this Period

350.00

Receipt

B.

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 ▼ 100.00

Date of Receipt

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

Transaction ID: 00916.C1346

Amount of Each Receipt this Period

100.00

Receipt

C.

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 ▼ 1100.00

Date of Receipt

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

Transaction ID: 00916.C1350

Amount of Each Receipt this Period

1000.00

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: (check only one)	PAGE 16 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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) Todd Northrop		Date of Receipt
	Mailing Address 3102 Treeline Ln		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Albany	GA	31721-2155
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer EDN, Inc.		Occupation Franchisee	Transaction ID: 00916.C1358
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Receipt

B.	Full Name (Last, First, Middle Initial) Bill Oldershaw		Date of Receipt
	Mailing Address 613 Cliffgate Ln		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Castle Rock	CO	80108-8395
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Oldershaw Enterprises LLC		Occupation Franchisee	Transaction ID: 00812.C1329
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Receipt

C.	Full Name (Last, First, Middle Initial) Eric Oppenheim		Date of Receipt
	Mailing Address 1017 Curtis Pl.		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Gastonia	NC	28052
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Republic Foods		Occupation Franchisee	Transaction ID: 00916.C1343
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="100.00"/>
		<input type="text" value="350.00"/>	Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 17 / 24
(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)
Mike Peters

Mailing Address 3800 Saxton Ct.

City Greenville State NC Zip Code 27834

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

Name of Employer King Franchises, Inc. Occupation Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 09 / 2010

Transaction ID: 00916.C1400

Amount of Each Receipt this Period 300.00

Receipt

B. Full Name (Last, First, Middle Initial)
Bob Reid

Mailing Address 1000 Potters Bluff

City Monroe State NC Zip Code 28110

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

Name of Employer Freedom Rest. LLC Occupation Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 08 / 02 / 2010

Transaction ID: 00916.C1347

Amount of Each Receipt this Period 100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Bob Reid

Mailing Address 1000 Potters Bluff

City Monroe State NC Zip Code 28110

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

Name of Employer Freedom Rest. LLC Occupation Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 18 / 2010

Transaction ID: 00916.C1403

Amount of Each Receipt this Period 250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 650.00

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 / 24
(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 Richard

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2010

Transaction ID: 00916.C1386

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Gary W. Robison

Mailing Address 6827 Raspberry Run

City State Zip Code
Littleton CO 80125

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

Name of Employer Occupation
Rob-Kraft, Inc. Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2010

Transaction ID: 00916.C1368

Amount of Each Receipt this Period
1000.00

Receipt

C. 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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2010

Transaction ID: 00916.C1344

Amount of Each Receipt this Period
100.00

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 19 / 24
(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)
Frank D. Sabo

Mailing Address 2925 Coles Way

City Atlanta State GA Zip Code 30350

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

Name of Employer Sabo Ventures Inc. Occupation Franchise Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 18 / 2010
Transaction ID: 00916.C1389
 Amount of Each Receipt this Period: 500.00
 Receipt

B.

Full Name (Last, First, Middle Initial)
William & Patricia Scarbrough

Mailing Address 508 Blackhawk Club Drive

City Danville State CA Zip Code 94506

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

Name of Employer Scarbrough Management Corp. Occupation Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 09 / 2010
Transaction ID: 00916.C1366
 Amount of Each Receipt this Period: 500.00
 Receipt

C.

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

Mailing Address 612 Adams St.

City Huntsville State AL Zip Code 35801

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

Name of Employer Wesfam Restaurants, Inc. Occupation Franchise Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 08 / 02 / 2010
Transaction ID: 00916.C1360
 Amount of Each Receipt this Period: 5000.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 6000.00

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 / 24
(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)
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 Timoney Mgmt, Inc. Occupation Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
08 / 18 / 2010

Transaction ID: 00916.C1390

Amount of Each Receipt this Period 250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Leroy Wilkinson

Mailing Address 995 Old White Badge Rd.

City State Zip Code
Waynesboro VA 22980

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

Name of Employer Mtn. Valley Corp. Occupation Franchise Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 00916.C1367

Amount of Each Receipt this Period 500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 750.00

TOTAL This Period (last page this line number only) ► 35675.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 24
(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)
SunTrust Bank

Mailing Address 1184 Ernest W Barrett Pkwy NW

City State Zip Code
Kennesaw GA 30144-4534

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.40

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

Transaction ID: 00916.C1397

Amount of Each Receipt this Period
33.19

Interest Received

SUBTOTAL of Receipts This Page (optional)	▶	33.19
TOTAL This Period (last page this line number only)	▶	33.19

**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)

A. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 2878 City Omaha State NE Zip Code 68103-2878 Purpose of Disbursement Credit Card 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: 00916.E840 Date of Disbursement 08 / 02 / 2010
	Amount of Each Disbursement this Period 25.02 CREDIT CARD FEE

B. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 2878 City Omaha State NE Zip Code 68103-2878 Purpose of Disbursement Credit Card 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: 00916.E841 Date of Disbursement 08 / 05 / 2010
	Amount of Each Disbursement this Period 29.05 CREDIT CARD FEE

C. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 2878 City Omaha State NE Zip Code 68103-2878 Purpose of Disbursement Credit Card 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: 00916.E843 Date of Disbursement 08 / 12 / 2010
	Amount of Each Disbursement this Period 14.60 CREDIT CARD FEE

SUBTOTAL of Disbursements This Page (optional) ▶	68.67
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 23 / 24

<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.</p> <p>Full Name (Last, First, Middle Initial) SunTrust Bank</p> <p>Mailing Address 1184 Ernest W Barrett Pkwy NW</p> <p>City Kennesaw State GA Zip Code 30144-4534</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: 00916.E839</p> <p>Date of Disbursement 08 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 328.41</p> <p>BANK SERVICE CHARGE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) SunTrust Bank</p> <p>Mailing Address 1184 Ernest W Barrett Pkwy NW</p> <p>City Kennesaw State GA Zip Code 30144-4534</p> <p>Purpose of Disbursement Bank Service Charge Adjustment</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: 00916.E842</p> <p>Date of Disbursement 08 / 06 / 2010</p> <p>Amount of Each Disbursement this Period -24.61</p> <p>BANK SERVICE CHARGE ADJUSTMENT</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) SunTrust Bank</p> <p>Mailing Address 1184 Ernest W Barrett Pkwy NW</p> <p>City Kennesaw State GA Zip Code 30144-4534</p> <p>Purpose of Disbursement Analysis 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: 00916.E844</p> <p>Date of Disbursement 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 5.00</p> <p>ANALYSIS FEE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

308.80

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 24 / 24

<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)
SunTrust Bank

Transaction ID: 00916.E845

Date of Disbursement

Mailing Address 1184 Ernest W Barrett Pkwy NW

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

City Kennesaw State GA Zip Code 30144-4534

Amount of Each Disbursement this Period

4.20

Purpose of Disbursement
Bank Service Charge

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

BANK SERVICE CHARGE

State: District:

SUBTOTAL of Disbursements This Page (optional)

4.20

TOTAL This Period (last page this line number only)

381.67