FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	UNGAN	_		
	(See instr	uctions)	Office use only	
1. NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
International I	Franchise Association Franch	nising Political Action Commi		
ADDRESS (number and	street) 1501 K Street, N	<u> </u>		
(Check if address is changed)	Suite 350 Washington		DC 20005 -	
COMMITTEE'S E-MA	II ADDRESS	CITY▲	STATE▲ ZIP CODE ▲	
COMMITTEE'S WEB	PAGE ADDRESS (URL)		1	
COMMITTEE'S FAX I 202-628-0812	NUMBER			
2. DATE <b>M</b> 1				
3. FEC IDENTIFICATION NUMBER C C00084491				
4. IS THIS STATEM	MENT NEW (N) C	AMENDED (A)		
I certify that I have exam	ined this Statement and to the best of m	y knowledge and belief it is true, correct a	and complete	
Type or Print Name of	Treasurer Wade William	ns		
Signature of Treasure	Electronically Filed by Wade	Williams	Date 02 / 08 / Y Y Y Y	
NOTE: Submission of fa	•	n may subject the person signing this Sta	atement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS	
Office Use Only		For further information Federal Election Commit Toll Free 800-424-9530		

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)  (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Democratic, lepublican, etc.) Party. fund or party	
	Name of Any Connected Organization or Affiliated Committee  International Franchise Association	
Ш		
	Mailing Address  1501 K Street, NW  Suite 350	
		0005   _
	CITY STATE A	ZIP CODE A
	Relationship Connected Organization  Type of Connected Organization:	
		.tion
	Corporation Corporation w/o Capital Stock Labor Organization  Membership Organization Trade Association Cooperative	atiOf1

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٧	/rite or Type Comm	ittee Name					
	International	Franchise A	Association Franchising Politica	Action Comm	nittee Inc.		
7.		stodian of Records: Identify by name, address, (phone number optional), and position of the person in assession of Committee books and records.					
	Cresta A. Heltemes Full Name						
	Mailing Address 7700 Old Branch			enue Suite D-1	03		
			Clinton		MD	20735 _	
	Title or Position	,	CITY A		STATE	ZIP COD	E 🛦
		PAC Admin	istrator	Telephone	301 e number		1888
8.	Treasurer: List name and addr	the name a	and address (phone number option designated agent (e.g., assistant tre	onal) of the trea easurer).	surer of the comm	ittee; and the	
Full Name of Treasurer  Wade Willia			illiams				
Mailing Address			7700 Old Branch Ave	enue			
			Suite D-103				
			Clinton		MD	20735	
	Title or Position \	•	CITY A		STATE▲	ZIP COD	E 🛦
		Treasurer		Telephone	e number 301	868	1888
	Full Name of Designated Agent	Cresta A	A. Heltemes				
	Mailing Address		7700 Old Branch Ave	enue			
			Suite D-103				
			Clinton		_MD	20735 _	
Title or Position ♥		,	CITY A		STATE <b>▲</b>	ZIP CODE	<b>■</b> ▲
		Assistant T	reasurer	Telephone	e number 301	868	1888

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9.	Banks or Other Depositories safety deposit boxes or maintain	•	nts, rents
	Name of Bank, Depository, etc.		
	Bank o	f America	
	Mailing Address	7810 Old Branch Avenue	
		Clinton MD 207	35   _   _

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$ 

CITY 🗷