

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) NATIONAL FRANCHISEE ASSOCIATION PAC (NFA-PAC)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) 1201 Roberts Boulevard, Suite 100 Kennesaw GA 30144

Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2005 through 12 31 2005

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 William Harloe

Signature of Treasurer Electronically Filed by William Harloe Date 02 16 2006

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

**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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		47963.52
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period .....	79187.94									
(c) Total Receipts (from Line 19) .....	40299.09	85699.21								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	119487.03	133662.73								
7. Total Disbursements (from Line 31) .....	37161.13	51336.83								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	82325.90	82325.90								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	39600.00	84775.00
(i) Itemized (use Schedule A) .....	250.00	250.00
(ii) Unitemized .....	39850.00	85025.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	39850.00	85025.00
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.) .....	449.09	674.21
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)) .....	40299.09	85699.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	40299.09	85699.21

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	1161.13	2586.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1161.13	2586.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36000.00	48750.00
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))..	37161.13	51336.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	37161.13	51336.83

**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) .....	39850.00	85025.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39850.00	85025.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1161.13	2586.83
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1161.13	2586.83

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 43
	<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	

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)**

<b>A.</b> Full Name (Last, First, Middle Initial) Perry Beaton		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 5
Mailing Address 3130 Willowridge Rd. #C		<b>Transaction ID:</b> 50929.C435
City Marion State IA Zip Code 52302	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Beaton, Inc. Occupation Franchise Owner	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Paul S. Bialick		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 5
Mailing Address 159 Paseo Del Rio		<b>Transaction ID:</b> 50929.C412
City Seguin State TX Zip Code 78155	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer B & B Burgers Occupation Franchise Owner	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) David Blair		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 5
Mailing Address 204 Woodland Park		<b>Transaction ID:</b> 50929.C413
City Georgetown State TX Zip Code 78628	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Capirol Fast Foods, Inc. Occupation Franchise Owner	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 43
	<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	

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)

<b>A.</b> Full Name (Last, First, Middle Initial) Nathan Blau		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5
Mailing Address 63 Kenwood Drive		<b>Transaction ID:</b> 60131.C453
City State Zip Code NJ 07677	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Dominate Food Services, Inc.	Occupation Franchisee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Robert B. Boss		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 5
Mailing Address 3820 Chevoit Way S.		<b>Transaction ID:</b> 50929.C431
City State Zip Code Salem OR 97302	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Boss Enterprises, Inc.	Occupation Franchise Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Howard Bowen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5
Mailing Address 9651 Old National Pike		<b>Transaction ID:</b> 60131.C467
City State Zip Code Hagerstown MD 21740	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Western Maryland Fast Food	Occupation Franchisee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 43
	<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	

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)  
 Richard Brening

Mailing Address 7900 Shelbourne Drive

City State Zip Code  
 Granite Bay CA 95746

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

Name of Employer Brening Enterprises Occupation 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  
 08 / 30 / 2005

Transaction ID: 50929.C436

Amount of Each Receipt this Period  
 250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
 Ron Broatch

Mailing Address 6044 N. 44th Place

City State Zip Code  
 Paradise Valley AZ 85253

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

Name of Employer Broatch Management 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  
 09 / 19 / 2005

Transaction ID: 60131.C441

Amount of Each Receipt this Period  
 2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
 Ron Broatch

Mailing Address 6044 N. 44th Place

City State Zip Code  
 Paradise Valley AZ 85253

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

Name of Employer Broatch Management Occupation Franchisee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 3125.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 17 / 2005

Transaction ID: 60131.C454

Amount of Each Receipt this Period  
 625.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3375.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 43
	<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	

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)  
Ron Broatch

Mailing Address 6044 N. 44th Place

City State Zip Code  
Paradise Valley AZ 85253

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

Name of Employer Broatch Management Occupation Franchisee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2450.00

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2005

Transaction ID: 60131.C457

Amount of Each Receipt this Period  
-675.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Michael Callahan, Jr.

Mailing Address 3000 Hamilton Blvd.

City State Zip Code  
Wichita Falls TX 76308

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

Name of Employer Macres, Inc. Occupation Franchise Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2005

Transaction ID: 50929.C411

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Thomas Cardarelli

Mailing Address 253 D Heritage Hills

City State Zip Code  
Somers NY 10589

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

Name of Employer Mt. Kisco Rest. Corp. Occupation Franchise Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
07 / 12 / 2005

Transaction ID: 50929.C405

Amount of Each Receipt this Period  
300.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>-125.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 43
	<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	

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)

Full Name (Last, First, Middle Initial) <b>A.</b> Thomas Cardarelli		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 5
Mailing Address 253 D Heritage Hills		<b>Transaction ID:</b> 60131.C451
City State Zip Code Somers NY 10589	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 300.00
Name of Employer Mt. Kisco Rest. Corp.	Occupation Franchise Owner	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Thomas Cardarelli		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 253 D Heritage Hills		<b>Transaction ID:</b> 60131.C470
City State Zip Code Somers NY 10589	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 300.00
Name of Employer Mt. Kisco Rest. Corp.	Occupation Franchise Owner	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Joe Clements, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 2 / 2 0 0 5
Mailing Address 5422 South Pointer Court		<b>Transaction ID:</b> 50929.C406
City State Zip Code Baton Rouge LA 70808	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1250.00
Name of Employer Clements Management, LLC	Occupation Franchise Owner	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 43
	<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	

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)

Full Name (Last, First, Middle Initial) A. Joe Clements, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 5
Mailing Address 5422 South Pointer Court		Transaction ID: 60131.C452
City Baton Rouge	State LA	Zip Code 70808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Clements Management, LLC	Occupation Franchise Owner	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

Full Name (Last, First, Middle Initial) B. Joe Clements, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 5422 South Pointer Court		Transaction ID: 60131.C471
City Baton Rouge	State LA	Zip Code 70808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Clements Management, LLC	Occupation Franchise Owner	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Raymond A. Conn		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 5
Mailing Address 2040 N. OOOEE Street		Transaction ID: 60131.C466
City Cleveland	State TN	Zip Code 37311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Restaurant Assoc Cincinnati	Occupation Franchisee	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 43
	<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

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)  
Peter J. Cotter

Mailing Address 5009 Harbour Towne Dr.

City Raleigh State NC Zip Code 27604

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

Name of Employer KIN/TGS Restaurants, Inc. Occupation 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	2	/	2	0	0	5

Transaction ID: 50929.C420

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Wilbur Dankert

Mailing Address 1055 Freshwater Lane

City Cicero State IN Zip Code 46034

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

Name of Employer Dankert Associates/High Output Occupation 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	/	2	3	/	2	0	0	5

Transaction ID: 50929.C432

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Ruth Davis

Mailing Address 185 Ferguson Ave.

City Shavertown State PA Zip Code 18708

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

Name of Employer P.D.M.C. Occupation Franchise Owner

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	/	3	0	/	2	0	0	5

Transaction ID: 50929.C437

Amount of Each Receipt this Period  
500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 43
	<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)

Full Name (Last, First, Middle Initial) <b>A.</b> Carlos De LaRosa		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5	
Mailing Address 5300 S. Preserve Dr.		<b>Transaction ID:</b> 60131.C464	
City State Zip Code Littleton CO 80121	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Jardel Enterprises, Inc.	Occupation Franchisee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Gregory Dolphin		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 5	
Mailing Address 3145 Dean Court No. 1100		<b>Transaction ID:</b> 50929.C416	
City State Zip Code Minneapolis MN 55416	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Dolphin Fast Food, Inc.	Occupation Franchise Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Gregory Dolphin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5	
Mailing Address 3145 Dean Court No. 1100		<b>Transaction ID:</b> 60131.C450	
City State Zip Code Minneapolis MN 55416	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Dolphin Fast Food, Inc.	Occupation Franchise Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 43
	<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	

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)**

<b>A.</b> Full Name (Last, First, Middle Initial) Gregory Dolphin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 5
Mailing Address 3145 Dean Court No. 1100		<b>Transaction ID:</b> 60131.C459
City State Zip Code Minneapolis MN 55416	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Dolphin Fast Food, Inc.	Occupation Franchise Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Nicole Dreier		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 5
Mailing Address 4155 N. 49th Way		<b>Transaction ID:</b> 60131.C476
City State Zip Code Phoenix AZ 85018	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer END, Inc.	Occupation Franchisee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Carl Dunaway		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 7 / 2 0 0 5
Mailing Address 2134 Patsyhill Rd.		<b>Transaction ID:</b> 50929.C424
City State Zip Code Tylertown MS 39667	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Dunaway Food Service, Inc.	Occupation Franchise Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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)  
Dennis E. Erickson

Mailing Address 7401 S. 95th Court

City Lincoln State NE Zip Code 68526

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

Name of Employer National Franchisee Association Occupation Franchise Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
07 / 15 / 2005

Transaction ID: 50929.C408

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Jacwueline Ford

Mailing Address 12519 Cliff Creek Drive

City Huntersville State NC Zip Code 28078

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  
10 / 14 / 2005

Transaction ID: 60131.C443

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
John Gantes

Mailing Address 30252 Tomas

City Ranchosantamargari State CA Zip Code 92688

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

Name of Employer Breckenridge Food Systems Occupation Franchisee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
12 / 08 / 2005

Transaction ID: 60131.C465

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 43
	<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	

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)  
Jack George

Mailing Address 1025 Creek Bend

City Jasper State TX Zip Code 75951

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

Name of Employer Go-Burgers, LP Occupation 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  
07 / 25 / 2005

Transaction ID: 50929.C415

Amount of Each Receipt this Period  
250.00

Receipt

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

Mailing Address 8204 Fox Hunt Lane

City Frederick State MD Zip Code 21702

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

Name of Employer Jeffrey Corporation 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  
10 / 14 / 2005

Transaction ID: 60131.C447

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Gus Griffin

Mailing Address 24800 Pacific Hwy. So.

City Kent State WA Zip Code 98032

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 ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 14 / 2005

Transaction ID: 60131.C442

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 43
	<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	

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)  
Michael Humerian

Mailing Address 1007 Acorn Drive

City State Zip Code  
Arroyo Grande CA 93420

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

Name of Employer S&M Restaurant, Inc. Occupation Franchisee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2005

Transaction ID: 60131.C440

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Benjamin F. Jarratt

Mailing Address Box 746

City State Zip Code  
Herndon VA 20172

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  
M M / D D / Y Y Y Y Y  
10 / 14 / 2005

Transaction ID: 60131.C449

Amount of Each Receipt this Period  
500.00

Receipt

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

Mailing Address 3731 Bridgeport Drive

City State Zip Code  
Ames IA 50010

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

Name of Employer JFP Corporation Occupation Franchise Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 29 / 2005

Transaction ID: 50929.C418

Amount of Each Receipt this Period  
500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 43
	<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	

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)  
Dilip Laungani

Mailing Address 163 Mission Rierra Pl.

City State Zip Code  
Fremont CA 94539

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

Name of Employer Occupation  
Ravin Dilip Enterprises Franchisee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: 60131.C463

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Glenn Levins

Mailing Address 5967 Vintage Oaks Circle

City State Zip Code  
Delray Beach FL 33484

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

Name of Employer Occupation  
Phoenix Organization Franchise Owner

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 2 / 2 0 0 5

Transaction ID: 50929.C421

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Norman Lichtman

Mailing Address 117 Sunrise Drive

City State Zip Code  
Gillette NJ 07933

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

Name of Employer Occupation  
Odyssey Foods of New Jersey 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 7 / 2 0 0 5

Transaction ID: 50929.C428

Amount of Each Receipt this Period  
250.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 43
	<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	

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)**

Full Name (Last, First, Middle Initial) <b>A. Guillermo Montero</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2005	
Mailing Address 2421 N. Cooper		<b>Transaction ID: 50929.C410</b>	
City <b>Arlington</b>	State <b>TX</b>	Zip Code <b>76006</b>	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Montero Family Restaurants, Inc.	Occupation <b>Franchise Owner</b>	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ramon Moral</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2005	
Mailing Address 9401 W. Calusa Club Drive		<b>Transaction ID: 50929.C404</b>	
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33186</b>	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Ramako Corp.	Occupation <b>Franchise Owner</b>	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. William E. Neblett</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2005	
Mailing Address 11315 Kerrick Ct.		<b>Transaction ID: 60131.C446</b>	
City <b>Laplata</b>	State <b>MD</b>	Zip Code <b>20646</b>	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer KBJN, Inc.	Occupation <b>Franchisee</b>	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 43
	<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	

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)  
Todd Northrop

Mailing Address 3102 Treeline Ln.

City State Zip Code  
GA 31721

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  
M M / D D / Y Y Y Y  
10 / 19 / 2005

Transaction ID: 60131.C455

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Larry (Skip) Palmer

Mailing Address 7372 Via Montecitos

City State Zip Code  
Delhi CA 95315

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

Name of Employer Saratoga Restaurants Occupation 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  
08 / 17 / 2005

Transaction ID: 50929.C425

Amount of Each Receipt this Period  
250.00

Receipt

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

Mailing Address 161 St. Andrews

City State Zip Code  
Saint Simons Islan GA 31522

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

Name of Employer RDP, Inc. Occupation Franchise Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 29 / 2005

Transaction ID: 50929.C417

Amount of Each Receipt this Period  
500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 43
	<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	

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)  
Samuel Risola

Mailing Address 57 Central Court

City State Zip Code  
Tarpon Springs FL 34689-3209

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

Name of Employer Samar Mgt. Corp. Occupation Franchise Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

Transaction ID: 60131.C461

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Afzal Shah

Mailing Address 706 W. Holt Blvd.

City State Zip Code  
Ontario CA 91762

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

Name of Employer KMCA Restaurants, 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  
1 0 / 1 4 / 2 0 0 5

Transaction ID: 60131.C445

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Roger Shipp

Mailing Address 11205 Solitary Fawn Trail

City State Zip Code  
Austin TX 78735

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

Name of Employer Moking Inc. Occupation Franchisee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 7 / 2 0 / 2 0 0 5

Transaction ID: 50929.C414

Amount of Each Receipt this Period  
625.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2125.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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)

Full Name (Last, First, Middle Initial) <b>A.</b> Roger Shipp		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 5	
Mailing Address 11205 Solitary Fawn Trail		Transaction ID: 60131.C448	
City Austin State TX Zip Code 78735	Amount of Each Receipt this Period 625.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Moking Inc. Occupation Franchisee	Aggregate Year-to-Date ▼ 1250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Roger Shipp		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 11205 Solitary Fawn Trail		Transaction ID: 60131.C458	
City Austin State TX Zip Code 78735	Amount of Each Receipt this Period 625.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Moking Inc. Occupation Franchisee	Aggregate Year-to-Date ▼ 1875.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Roger Shipp		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 5	
Mailing Address 11205 Solitary Fawn Trail		Transaction ID: 60131.C469	
City Austin State TX Zip Code 78735	Amount of Each Receipt this Period 625.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Moking Inc. Occupation Franchisee	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1875.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 43
	<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)

Full Name (Last, First, Middle Initial) <b>A. Ronald Smothers</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2005	
Mailing Address 3700 Coliseum Street		<b>Transaction ID: 50929.C429</b>	
City State Zip Code Los Angeles CA 90016	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Fastaurants Inc. Franchise Owner	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Merrell L. Stout, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2005	
Mailing Address 3024 Bransford Road		<b>Transaction ID: 50929.C409</b>	
City State Zip Code Augusta GA 30909	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Stout & Co. Stout & Co.	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Jean Wessel Templeton</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2005	
Mailing Address 612 Adams St.		<b>Transaction ID: 50929.C423</b>	
City State Zip Code Huntsville AL 35801	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Wesfam Restaurants, Inc. Franchise Owner	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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)  
Michael Wallstein

Mailing Address 46 Berwyn Place

City State Zip Code  
Fairlawn NJ 07410

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

Name of Employer Harvey Management Corp. Occupation Franchisee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2005

Transaction ID: 50929.C434

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Thomas Walsh, Sr.

Mailing Address 3800 West 53rd Street

City State Zip Code  
Sioux Falls SD 57106

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

Name of Employer Dakota King, Inc. Occupation Franchise Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2005

Transaction ID: 50929.C430

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Jim Walther

Mailing Address 34 Broadview Ave.

City State Zip Code  
Warrenton VA 20186

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

Name of Employer Walco Foods, Inc. Occupation Franchise Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2005

Transaction ID: 50929.C433

Amount of Each Receipt this Period  
500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 43
	<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	

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)

Full Name (Last, First, Middle Initial) <b>A.</b> Jim Walther		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 5
Mailing Address 34 Broadview Ave.		Transaction ID: 60131.C456
City State Zip Code Warrenton VA 20186	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Walco Foods, Inc. Franchise Owner	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Leroy Wilkinson		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 5
Mailing Address 995 Old White Badge Rd.		Transaction ID: 50929.C422
City State Zip Code Waynesboro VA 22980	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Mtn. Valley Corp. Franchise Owner	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Gil Wymond		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 5 / 2 0 0 5
Mailing Address 7120 Spyglass Drive		Transaction ID: 50929.C407
City State Zip Code Modesto CA 95356	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation G. Wymond Management Corp. Franchise Owner	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	39600.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 43
	<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"/> 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)

Full Name (Last, First, Middle Initial) <b>A. Wachovia Securities (1st Union Natl B)</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2005	
Mailing Address NC8502 P.O. Box 563966		<b>Transaction ID: 50929.C419</b>	
City State Zip Code Charlotte NC 28262-3966	Amount of Each Receipt this Period 60.16		
FEC ID number of contributing federal political committee. <b>C</b>		Interest Received	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 239.65		

Full Name (Last, First, Middle Initial) <b>B. Wachovia Securities (1st Union Natl B)</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2005	
Mailing Address NC8502 P.O. Box 563966		<b>Transaction ID: 50929.C438</b>	
City State Zip Code Charlotte NC 28262-3966	Amount of Each Receipt this Period 73.56		
FEC ID number of contributing federal political committee. <b>C</b>		Interest Received	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 313.21		

Full Name (Last, First, Middle Initial) <b>C. Wachovia Securities (1st Union Natl B)</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005	
Mailing Address NC8502 P.O. Box 563966		<b>Transaction ID: 60131.C472</b>	
City State Zip Code Charlotte NC 28262-3966	Amount of Each Receipt this Period 72.50		
FEC ID number of contributing federal political committee. <b>C</b>		Interest Received	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 385.71		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	206.22
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 43
	<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"/> 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)

Full Name (Last, First, Middle Initial) <b>A. Wachovia Securities (1st Union Natl B)</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5	
Mailing Address NC8502 P.O. Box 563966		Transaction ID: 60131.C473	
City State Zip Code Charlotte NC 28262-3966	Amount of Each Receipt this Period 79.83		
FEC ID number of contributing federal political committee. <b>C</b>	Interest Received		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 465.54		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Wachovia Securities (1st Union Natl B)</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5	
Mailing Address NC8502 P.O. Box 563966		Transaction ID: 60131.C474	
City State Zip Code Charlotte NC 28262-3966	Amount of Each Receipt this Period 77.84		
FEC ID number of contributing federal political committee. <b>C</b>	Interest Received		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 543.38		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Wachovia Securities (1st Union Natl B)</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5	
Mailing Address NC8502 P.O. Box 563966		Transaction ID: 60131.C475	
City State Zip Code Charlotte NC 28262-3966	Amount of Each Receipt this Period 85.20		
FEC ID number of contributing federal political committee. <b>C</b>	Interest Received		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 628.58		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	242.87
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	449.09

# 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

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)

Full Name (Last, First, Middle Initial) <b>A. Wachovia Securities</b>		<b>Transaction ID: 50929.E253</b> Date of Disbursement MM / DD / YYYY 07 / 01 / 2005
Mailing Address Cap Department One Wachovia Center		Amount of Each Disbursement this Period 55.30
City Charlotte State NC Zip Code 28288-1164	Purpose of Disbursement MERCHANT FEES Candidate Name Category/Type	
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) ▼	MERCHANT FEES

Full Name (Last, First, Middle Initial) <b>B. Wachovia Securities</b>		<b>Transaction ID: 50929.E254</b> Date of Disbursement MM / DD / YYYY 07 / 12 / 2005
Mailing Address Cap Department One Wachovia Center		Amount of Each Disbursement this Period 75.23
City Charlotte State NC Zip Code 28288-1164	Purpose of Disbursement AMEX MERCHANT FEE Candidate Name Category/Type	
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) ▼	AMEX MERCHANT FEE

Full Name (Last, First, Middle Initial) <b>C. Wachovia Securities</b>		<b>Transaction ID: 50929.E255</b> Date of Disbursement MM / DD / YYYY 07 / 14 / 2005
Mailing Address Cap Department One Wachovia Center		Amount of Each Disbursement this Period 5.00
City Charlotte State NC Zip Code 28288-1164	Purpose of Disbursement BANK SERVICE CHARGE Candidate Name Category/Type	
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) ▼	BANK SERVICE CHARGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	135.53
<b>TOTAL</b> 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

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)

Full Name (Last, First, Middle Initial) <b>A. Wachovia Securities</b>		<b>Transaction ID:</b> 50929.E258 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 5
Mailing Address Cap Department One Wachovia Center		Amount of Each Disbursement this Period 93.83
City Charlotte State NC Zip Code 28288-1164	Purpose of Disbursement MERCHANT FEES 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) ▼	MERCHANT FEES

Full Name (Last, First, Middle Initial) <b>B. Wachovia Securities</b>		<b>Transaction ID:</b> 60131.E292 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 5
Mailing Address Cap Department One Wachovia Center		Amount of Each Disbursement this Period 161.05
City Charlotte State NC Zip Code 28288-1164	Purpose of Disbursement 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) ▼	MERCHANT FEE

Full Name (Last, First, Middle Initial) <b>C. Wachovia Securities</b>		<b>Transaction ID:</b> 60131.E281 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address Cap Department One Wachovia Center		Amount of Each Disbursement this Period 35.71
City Charlotte State NC Zip Code 28288-1164	Purpose of Disbursement MERCHANT FEES 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) ▼	MERCHANT FEES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	290.59
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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

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)

Full Name (Last, First, Middle Initial) <b>A. Wachovia Securities</b>		<b>Transaction ID:</b> 60131.E283 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5
Mailing Address Cap Department One Wachovia Center		Amount of Each Disbursement this Period 46.61
City Charlotte State NC Zip Code 28288-1164	Purpose of Disbursement ORDER CHECKS	
Candidate Name		Category/Type
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) ▼	ORDER CHECKS

Full Name (Last, First, Middle Initial) <b>B. Wachovia Securities</b>		<b>Transaction ID:</b> 60131.E285 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address Cap Department One Wachovia Center		Amount of Each Disbursement this Period 96.41
City Charlotte State NC Zip Code 28288-1164	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Category/Type
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) ▼	MERCHANT FEES

Full Name (Last, First, Middle Initial) <b>C. Wachovia Securities</b>		<b>Transaction ID:</b> 60131.E287 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 5
Mailing Address Cap Department One Wachovia Center		Amount of Each Disbursement this Period 32.00
City Charlotte State NC Zip Code 28288-1164	Purpose of Disbursement STOP PMT BANK SERVICE CHARGE	
Candidate Name		Category/Type
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) ▼	STOP PMT BANK SERVICE CHARGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	175.02
<b>TOTAL</b> 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

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)

Full Name (Last, First, Middle Initial) <b>A. Wachovia Securities</b>		<b>Transaction ID:</b> 60131.E290 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address Cap Department One Wachovia Center		Amount of Each Disbursement this Period 35.45
City Charlotte State NC Zip Code 28288-1164	Purpose of Disbursement MERCHANT FEE	
Candidate Name		Category/ Type
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) ▼	MERCHANT FEE

Full Name (Last, First, Middle Initial) <b>B. Wachovia Securities (1st Union Natl Bk)</b>		<b>Transaction ID:</b> 60131.E277 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 5
Mailing Address NC8502 P.O. Box 563966		Amount of Each Disbursement this Period 4.50
City Charlotte State NC Zip Code 28262-3966	Purpose of Disbursement AMEX MERCHANT FEE	
Candidate Name		Category/ Type
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) ▼	AMEX MERCHANT FEE

Full Name (Last, First, Middle Initial) <b>C. Wachovia Securities (1st Union Natl Bk)</b>		<b>Transaction ID:</b> 50929.E256 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 5
Mailing Address NC8502 P.O. Box 563966		Amount of Each Disbursement this Period 44.25
City Charlotte State NC Zip Code 28262-3966	Purpose of Disbursement AMEX MERCHANT FEE	
Candidate Name		Category/ Type
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) ▼	AMEX MERCHANT FEE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	84.20
<b>TOTAL</b> 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

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)

Full Name (Last, First, Middle Initial) <b>A. Wachovia Securities (1st Union Natl Bk)</b>		<b>Transaction ID: 50929.E259</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 5
Mailing Address NC8502 P.O. Box 563966		Amount of Each Disbursement this Period 4.50
City Charlotte State NC Zip Code 28262-3966	AMEX MERCHANT FEE	
Purpose of Disbursement AMEX MERCHANT FEE Candidate Name		Category/Type
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) ▼

Full Name (Last, First, Middle Initial) <b>B. Wachovia Securities (1st Union Natl Bk)</b>		<b>Transaction ID: 50929.E260</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 5
Mailing Address NC8502 P.O. Box 563966		Amount of Each Disbursement this Period 36.88
City Charlotte State NC Zip Code 28262-3966	AMEX MERCHANT FEE	
Purpose of Disbursement AMEX MERCHANT FEE Candidate Name		Category/Type
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) ▼

Full Name (Last, First, Middle Initial) <b>C. Wachovia Securities (1st Union Natl Bk)</b>		<b>Transaction ID: 50929.E261</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 5
Mailing Address NC8502 P.O. Box 563966		Amount of Each Disbursement this Period 14.75
City Charlotte State NC Zip Code 28262-3966	AMEX MERCHANT FEE	
Purpose of Disbursement AMEX MERCHANT FEE Candidate Name		Category/Type
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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	56.13
<b>TOTAL</b> 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

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)

Full Name (Last, First, Middle Initial) <b>A. Wachovia Securities (1st Union Natl Bk)</b>		<b>Transaction ID:</b> 60131.E278 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 5
Mailing Address NC8502 P.O. Box 563966		Amount of Each Disbursement this Period 4.50
City Charlotte State NC Zip Code 28262-3966		
Purpose of Disbursement AMEX MERCHANT FEE	Category/ Type	AMEX MERCHANT FEE
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wachovia Securities (1st Union Natl Bk)</b>		<b>Transaction ID:</b> 60131.E279 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 5
Mailing Address NC8502 P.O. Box 563966		Amount of Each Disbursement this Period 73.75
City Charlotte State NC Zip Code 28262-3966		
Purpose of Disbursement AMEX MERCHANT FEE	Category/ Type	AMEX MERCHANT FEE
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Wachovia Securities (1st Union Natl Bk)</b>		<b>Transaction ID:</b> 60131.E280 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address NC8502 P.O. Box 563966		Amount of Each Disbursement this Period 4.50
City Charlotte State NC Zip Code 28262-3966		
Purpose of Disbursement AMEX MERCHANT FEES	Category/ Type	AMEX MERCHANT FEES
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	82.75
<b>TOTAL</b> 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 34 / 43

<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)

Full Name (Last, First, Middle Initial) <b>A. Wachovia Securities (1st Union Natl Bk)</b>		<b>Transaction ID:</b> 60131.E282 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5
Mailing Address NC8502 P.O. Box 563966		Amount of Each Disbursement this Period 108.42
City Charlotte State NC Zip Code 28262-3966		
Purpose of Disbursement AMEX MERCHANT FEES Candidate Name		AMEX MERCHANT FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wachovia Securities (1st Union Natl Bk)</b>		<b>Transaction ID:</b> 60131.E284 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address NC8502 P.O. Box 563966		Amount of Each Disbursement this Period 4.50
City Charlotte State NC Zip Code 28262-3966		
Purpose of Disbursement AMEX MERCHANT FEES Candidate Name		AMEX MERCHANT FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Wachovia Securities (1st Union Natl Bk)</b>		<b>Transaction ID:</b> 60131.E286 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address NC8502 P.O. Box 563966		Amount of Each Disbursement this Period 18.44
City Charlotte State NC Zip Code 28262-3966		
Purpose of Disbursement AMEX MERCHANT FEES Candidate Name		AMEX MERCHANT FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	131.36
<b>TOTAL</b> 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 35 / 43

<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)

Full Name (Last, First, Middle Initial) <b>A. Wachovia Securities (1st Union Natl Bk)</b>		<b>Transaction ID: 60131.E288</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 5
Mailing Address NC8502 P.O. Box 563966		Amount of Each Disbursement this Period 36.88
City Charlotte State NC Zip Code 28262-3966	AMEX MERCHANT FEE	
Purpose of Disbursement AMEX MERCHANT FEE Candidate Name		Category/Type
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) ▼

Full Name (Last, First, Middle Initial) <b>B. Wachovia Securities (1st Union Natl Bk)</b>		<b>Transaction ID: 60131.E289</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address NC8502 P.O. Box 563966		Amount of Each Disbursement this Period 4.50
City Charlotte State NC Zip Code 28262-3966	AMEX MERCHANT FEE	
Purpose of Disbursement AMEX MERCHANT FEE Candidate Name		Category/Type
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) ▼

Full Name (Last, First, Middle Initial) <b>C. Wachovia Securities (1st Union Natl Bk)</b>		<b>Transaction ID: 60131.E291</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address NC8502 P.O. Box 563966		Amount of Each Disbursement this Period 64.17
City Charlotte State NC Zip Code 28262-3966	AMEX MERCHANT FEE	
Purpose of Disbursement AMEX MERCHANT FEE Candidate Name		Category/Type
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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	105.55
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	1061.13

# 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 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

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)

Full Name (Last, First, Middle Initial) <b>A. Prosperity PAC</b>		<b>Transaction ID:</b> 60131.E271 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 5
Mailing Address 1150 17th Street, NW Suite 601		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20036-	DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ PAC Annual/Other	

Full Name (Last, First, Middle Initial) <b>B. Changint Tide Committee</b>		<b>Transaction ID:</b> 50929.E249 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 5
Mailing Address 507 Capitol Court NE #100		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002-	DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ PAC Annual/Other	

Full Name (Last, First, Middle Initial) <b>C. Longhorn PAC</b>		<b>Transaction ID:</b> 50929.E265 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 5
Mailing Address c/o Epiphany Productions, Inc. 104 Hume Ave.		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22301-	DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ PAC Annual/Other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> 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 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

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)

Full Name (Last, First, Middle Initial) <b>A. Friends of George Allen</b>		<b>Transaction ID: 60131.E273</b> Date of Disbursement 10 / 26 / 2005
Mailing Address P.O. Box 6859		Amount of Each Disbursement this Period 1000.00
City Arlington State VA Zip Code 22206-	Category/ Type	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name GEORGE ALLEN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. Boustany for Congress</b>		<b>Transaction ID: 50929.E267</b> Date of Disbursement 09 / 23 / 2005
Mailing Address 616 E Street, NW #802		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20004-	Category/ Type	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name CHARLES W. JR BOUSTANY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. Burton for Congress Committee</b>		<b>Transaction ID: 50929.E248</b> Date of Disbursement 07 / 13 / 2005
Mailing Address P.O. Box 50593		Amount of Each Disbursement this Period 1000.00
City Indianapolis State IN Zip Code 46205-	Category/ Type	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name DANNY L BURTON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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 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

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)

Full Name (Last, First, Middle Initial) <b>A. Mac Collins for Congress</b>		Transaction ID: 50929.E257 Date of Disbursement 07 / 25 / 2005	
Mailing Address P.O. Box 962		Amount of Each Disbursement this Period 1000.00	
City Jackson State GA Zip Code 30233-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name MICHAEL ALLEN (MAC) COLLINS		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08	DIRECT CONTRIBUTION		

Full Name (Last, First, Middle Initial) <b>B. Friends of Mark Foley</b>		Transaction ID: 50929.E250 Date of Disbursement 07 / 13 / 2005	
Mailing Address P.O. Box 30505		Amount of Each Disbursement this Period 1000.00	
City West Palm Beach State FL Zip Code 33420-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name MARK FOLEY		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	DIRECT CONTRIBUTION		

Full Name (Last, First, Middle Initial) <b>C. Keller for Congress</b>		Transaction ID: 50929.E247 Date of Disbursement 07 / 04 / 2005	
Mailing Address P.O. Box 16021		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22302-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name RICHARD ANTHONY KELLER		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08	DIRECT CONTRIBUTION		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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 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

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)

<b>A. Keller for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 16021 City Alexandria State VA Zip Code 22302-		<b>Transaction ID:</b> 60131.E275 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Purpose of Disbursement DIRECT CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name RICHARD ANTHONY KELLER		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

<b>B. Jon Kyl for U.S. Senate</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 10246 City Phoenix State AZ Zip Code 85064-0246		<b>Transaction ID:</b> 60131.E268 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 5
Purpose of Disbursement DIRECT CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name JON L KYL		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

<b>C. LaTourette for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 516 City Painesville State OH Zip Code 44077-		<b>Transaction ID:</b> 50929.E264 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 5
Purpose of Disbursement DIRECT CONTRIBUTION		Amount of Each Disbursement this Period 2000.00
Candidate Name STEVEN C LATOURETTE		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 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

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)

Full Name (Last, First, Middle Initial) <b>A. Buck McKeon for Congress</b>		<b>Transaction ID: 50929.E263</b> Date of Disbursement 09 / 19 / 2005
Mailing Address 24265 San Fernando Road		Amount of Each Disbursement this Period 1000.00
City Newhall State CA Zip Code 91321-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name HOWARD P MCKEON		DIRECT CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ben Nelson for U.S. Senate</b>		<b>Transaction ID: 60131.E269</b> Date of Disbursement 09 / 29 / 2005
Mailing Address 420 C Street, NE		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20002-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name E BENJAMIN NELSON		DIRECT CONTRIBUTION
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Putnam for Congress</b>		<b>Transaction ID: 60131.E270</b> Date of Disbursement 09 / 29 / 2005
Mailing Address P.O. Box 2257		Amount of Each Disbursement this Period 1000.00
City Bartow State FL Zip Code 33831-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name ADAM H PUTNAM		DIRECT CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> 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 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

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)

Full Name (Last, First, Middle Initial) <b>A. Rick Renzi For Congress</b>		Transaction ID: 60131.E272 Date of Disbursement 10 / 20 / 2005
Mailing Address P.O. Box 2601		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22301-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name RICHARD G. RENZI	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. Friends of Mike Sodrel</b>		Transaction ID: 60216.E294 Date of Disbursement 11 / 10 / 2005
Mailing Address P.O. Box 1505 Suite 500		Amount of Each Disbursement this Period -1000.00
City Jeffersonville State IN Zip Code 47130-	Purpose of Disbursement STOP PAYMENT	
Candidate Name MICHAEL E. SODREL	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

STOP PAYMENT

Full Name (Last, First, Middle Initial) <b>C. Friends of Mike Sodrel</b>		Transaction ID: 60216.E295 Date of Disbursement 10 / 14 / 2005
Mailing Address P.O. Box 1505 Suite 500		Amount of Each Disbursement this Period 1000.00
City Jeffersonville State IN Zip Code 47130-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name MICHAEL E. SODREL	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

DIRECT CONTRIBUTION

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 42 / 43

<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

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)

Full Name (Last, First, Middle Initial) <b>A. Michael Steele Exploratory Committee</b>		Transaction ID: 50929.E251 Date of Disbursement 07 / 13 / 2005	
Mailing Address P.O. Box 347		Amount of Each Disbursement this Period 1000.00	
City Annapolis State MD Zip Code 21401-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Steele for Maryland, Inc.</b>		Transaction ID: 60131.E274 Date of Disbursement 11 / 10 / 2005	
Mailing Address P.O. Box 347		Amount of Each Disbursement this Period 1000.00	
City Annapolis State MD Zip Code 21401-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION	
State: MD District: 03			

Full Name (Last, First, Middle Initial) <b>C. Talent for Senate</b>		Transaction ID: 50929.E262 Date of Disbursement 08 / 31 / 2005	
Mailing Address 507 Capitol Court, NE #100		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20002-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION	
State: MO District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 43 / 43

<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

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)

Full Name (Last, First, Middle Initial) <b>A. Tiberi for Congress</b>		Transaction ID: 50929.E266 Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2005	
Mailing Address 2021 E. Dublin Granville Road Suite 2000		Amount of Each Disbursement this Period 5000.00	
City Columbus State OH Zip Code 43229-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type DIRECT CONTRIBUTION	
Candidate Name PATRICK J TIBERI	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	36000.00