

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER C00329425 3. IS THIS REPORT NEW (N) OR AMENDED (A) 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, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2007 through 12 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Bill Patterson

Signature of Treasurer Electronically Filed by Bill Patterson Date 02 08 2008

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

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		26973.48
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	107809.03									
(c) Total Receipts (from Line 19)	40097.43	139508.62								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	147906.46	166482.10								
7. Total Disbursements (from Line 31)	22296.56	40872.20								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	125609.90	125609.90								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	37675.00	134700.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	1475.00	2500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	39150.00	137200.00
(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)	39150.00	137200.00
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	947.43	1308.62
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))	40097.43	139508.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	40097.43	139508.62

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	796.56	3372.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	796.56	3372.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21500.00	37500.00
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))..	22296.56	40872.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22296.56	40872.20

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	39150.00	137200.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39150.00	137200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	796.56	3372.20
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	796.56	3372.20

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

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

FOR LINE NUMBER: PAGE 6 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Gary Andezejewski

Mailing Address 1 Wendslow Place

City State Zip Code
Lutherville Timoni MD 21093

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

Name of Employer Occupation
PJ Foods, LLC Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2007

Transaction ID: 80131.C833

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Joseph Anghelone

Mailing Address 118 Meirs Rd.

City State Zip Code
Cream Ridge NJ 08514

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

Name of Employer Occupation
GeorgeTowe Group LP Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1875.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2007

Transaction ID: 71128.C790

Amount of Each Receipt this Period
625.00

Receipt

C. Full Name (Last, First, Middle Initial)
Joseph Anghelone

Mailing Address 118 Meirs Rd.

City State Zip Code
Cream Ridge NJ 08514

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

Name of Employer Occupation
GeorgeTowe Group LP Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
12 / 03 / 2007

Transaction ID: 80131.C828

Amount of Each Receipt this Period
625.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (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

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

A.	Full Name (Last, First, Middle Initial) Perry Beaton	Date of Receipt MM / DD / YYYY 10 / 09 / 2007
	Mailing Address 3130 Willowridge Rd. #C	Transaction ID: 71128.C800
	City Marion State IA Zip Code 52302	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Beaton, Inc. Occupation Franchise Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 2000.00	

B.	Full Name (Last, First, Middle Initial) Martin Blount	Date of Receipt MM / DD / YYYY 12 / 18 / 2007
	Mailing Address 2612 Scenic PI	Transaction ID: 80131.C835
	City West Des Moines State IA Zip Code 50265-6426	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Bount Restaurants Mgmt. Occupation Franchisee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) Howard Bowen	Date of Receipt MM / DD / YYYY 12 / 18 / 2007
	Mailing Address 9651 Old National Pike	Transaction ID: 80131.C841
	City Hagerstown State MD Zip Code 21740	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	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) <input type="checkbox"/> Aggregate Year-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Greg R. Brening

Mailing Address PO Box 699

City Penryn State CA Zip Code 95663-0699

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 ▼ 200.00

Date of Receipt 11 / 23 / 2007

Transaction ID: 80131.C815

Amount of Each Receipt this Period 200.00

Receipt

B. Full Name (Last, First, Middle Initial)
Andrew Bullard

Mailing Address 3 Trinity Drive

City Lumberton State NC Zip Code 28358-8333

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 ▼ 250.00

Date of Receipt 10 / 09 / 2007

Transaction ID: 71128.C799

Amount of Each Receipt this Period 250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Mark Bystry

Mailing Address 1007 Valley Acres Rd

City Houston State TX Zip Code 77062-2234

FEC ID number of contributing federal political committee. C

Name of Employer Jam-Mary, Inc Occupation Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 08 / 07 / 2007

Transaction ID: 71128.C775

Amount of Each Receipt this Period 625.00

Receipt

SUBTOTAL of Receipts This Page (optional) 1075.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 43
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Mark Bystry		Date of Receipt MM / DD / YYYY 09 / 14 / 2007
Mailing Address 1007 Valley Acres Rd		Transaction ID: 71128.C791
City Houston	State TX	Zip Code 77062-2234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 625.00
Name of Employer Jam-Mary, Inc	Occupation Franchisee	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1875.00	

B.

Full Name (Last, First, Middle Initial) Mark Bystry		Date of Receipt MM / DD / YYYY 11 / 26 / 2007
Mailing Address 1007 Valley Acres Rd		Transaction ID: 80208.C862
City Houston	State TX	Zip Code 77062-2234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Jam-Mary, Inc	Occupation Franchisee	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1975.00	

C.

Full Name (Last, First, Middle Initial) Mark Bystry		Date of Receipt MM / DD / YYYY 12 / 24 / 2007
Mailing Address 1007 Valley Acres Rd		Transaction ID: 80131.C850
City Houston	State TX	Zip Code 77062-2234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 625.00
Name of Employer Jam-Mary, Inc	Occupation Franchisee	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 43

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Joseph Chong

Mailing Address 71 Glenmoor Dr

City State Zip Code
Englewood CO 80113-7116

FEC ID number of contributing federal political committee. C

Name of Employer
Your Way Enterprises, Inc.

Occupation
Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80131.C842

Amount of Each Receipt this Period
2500.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Walter Chuda

Mailing Address 14750 Truitt Farm Dr.

City State Zip Code
Centreville VA 20120

FEC ID number of contributing federal political committee. C

Name of Employer
Burgers of Columbia Pike, Inc.

Occupation
Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: 80208.C861

Amount of Each Receipt this Period
50.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Thomas J. Clarke

Mailing Address 73 Brookville Rd.

City State Zip Code
Brookville NY 11545-3021

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: 80131.C847

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	3050.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mike Clayton

Mailing Address 105 Ford Ave

City Kingsport State TN Zip Code 37663-2375

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

Name of Employer Aaron Enterprises, Inc. Occupation Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 10 / 2007

Transaction ID: 80131.C832

Amount of Each Receipt this Period 450.00

Receipt

B. Full Name (Last, First, Middle Initial)
Joe Clements, Jr.

Mailing Address PO Box 14477

City Baton Rouge State LA Zip Code 70898-4477

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

Name of Employer Clements Management, LLC Occupation Franchise Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 11 / 26 / 2007

Transaction ID: 80208.C859

Amount of Each Receipt this Period 50.00

Receipt

C. 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 Restaurants LLC Occupation Franchise Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2007

Transaction ID: 80131.C823

Amount of Each Receipt this Period 50.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Byron Crossen
Mailing Address 382 Brookside Drive
City Chico State CA Zip Code 95928
FEC ID number of contributing federal political committee. **C**
Name of Employer River Valley Enterprises, Inc. Occupation Franchisee
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 13 / 2007
Transaction ID: 71128.C789
Amount of Each Receipt this Period 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Carlos De LaRosa
Mailing Address 5300 Preserve Dr
City Greenwood Village State CO Zip Code 80121-2109
FEC ID number of contributing federal political committee. **C**
Name of Employer Jardel Enterprises, Inc. Occupation Franchisee
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 11 / 2007
Transaction ID: 71128.C786
Amount of Each Receipt this Period 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Carlos De LaRosa
Mailing Address 5300 Preserve Dr
City Greenwood Village State CO Zip Code 80121-2109
FEC ID number of contributing federal political committee. **C**
Name of Employer Jardel Enterprises, Inc. Occupation Franchisee
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 11 / 09 / 2007
Transaction ID: 80131.C809
Amount of Each Receipt this Period 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 1250.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3145 Dean Court
No. 1100

City State Zip Code
Minneapolis MN 55416

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt: MM / DD / YYYY
09 / 11 / 2007

Transaction ID: 71128.C784

Amount of Each Receipt this Period: 1250.00

Receipt

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

Mailing Address 3145 Dean Court
No. 1100

City State Zip Code
Minneapolis MN 55416

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3800.00

Date of Receipt: MM / DD / YYYY
11 / 23 / 2007

Transaction ID: 80131.C817

Amount of Each Receipt this Period: 50.00

Receipt

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

Mailing Address 3145 Dean Court
No. 1100

City State Zip Code
Minneapolis MN 55416

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5050.00

Date of Receipt: MM / DD / YYYY
12 / 21 / 2007

Transaction ID: 80131.C843

Amount of Each Receipt this Period: 1250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 2550.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1311 Cambridge Road

City State Zip Code
Quincy IL 62301

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

Name of Employer LAC Corporation Occupation Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	3	/	2	0	0	7

Transaction ID: 71128.C788

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 12519 Cliffcreek Dr

City State Zip Code
Huntersville NC 28078-9110

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

Name of Employer Prospect Foods LLC 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
0	8	/	2	2	/	2	0	0	7

Transaction ID: 71128.C777

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 6270 N. 78th St.
Unit 329

City State Zip Code
Scottsdale AZ 85250

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

Name of Employer JDF Enterprises, Inc. Occupation Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	0	7

Transaction ID: 80131.C822

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
James Froio
Mailing Address 142 Shaw Farm Road
City Canyon State MA Zip Code 02021
FEC ID number of contributing federal political committee. **C**
Name of Employer Froio Management Group, Inc. Occupation Franchisee
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2600.00
Date of Receipt 11 / 26 / 2007
Transaction ID: 80208.C855
Amount of Each Receipt this Period 100.00
Receipt

B. Full Name (Last, First, Middle Initial)
Stephen Gans
Mailing Address 109 Brook Run
City Hockessin State DE Zip Code 19707-2405
FEC ID number of contributing federal political committee. **C**
Name of Employer Interstate Equities Occupation Franchisee
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 12 / 24 / 2007
Transaction ID: 80131.C848
Amount of Each Receipt this Period 1000.00
Receipt

C. Full Name (Last, First, Middle Initial)
Todd Gilbertson
Mailing Address 5812 Trailridge Drive
City Parkville State MO Zip Code 64152
FEC ID number of contributing federal political committee. **C**
Name of Employer Gilbertson Restaurants LLC Occupation Franchisee
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 19 / 2007
Transaction ID: 71128.C801
Amount of Each Receipt this Period 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 1350.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 43
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
David Harper

Mailing Address 1638 Degiorgio St

City State Zip Code
Ogden UT 84401-9802

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

Name of Employer Meridian Restaurants 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
1 2 / 1 7 / 2 0 0 7

Transaction ID: 80131.C834

Amount of Each Receipt this Period
500.00

Receipt

B.

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

Mailing Address 8714 N. 58 Place

City State Zip Code
Paradise Valley AZ 85253

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

Name of Employer Del-Mel 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
1 0 / 1 9 / 2 0 0 7

Transaction ID: 71128.C802

Amount of Each Receipt this Period
1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Nina Hefin

Mailing Address P.O. Box 1219

City State Zip Code
Kayenta AZ 86033

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

Name of Employer RMH Enterprisés Occupation Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: 71128.C804

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **6500.00**

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

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

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

FOR LINE NUMBER: PAGE 17 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address PO Box 650728

City State Zip Code
Sterling VA 20165-0728

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

Name of Employer Northern Virginia Group, Inc. Occupation Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
11 / 29 / 2007

Transaction ID: 80131.C825

Amount of Each Receipt this Period
1250.00

Receipt

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

Mailing Address P.O. Box 650728

City State Zip Code
Sterling VA 20165

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

Name of Employer Northern Virginia Group, Inc. Occupation Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2575.00

Date of Receipt
MM / DD / YYYY
11 / 23 / 2007

Transaction ID: 80131.C816

Amount of Each Receipt this Period
75.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ben Jarrett

Mailing Address PO Box 650728

City State Zip Code
Sterling VA 20165-0728

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

Name of Employer Northern VA Group, Inc. Occupation Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2007

Transaction ID: 71128.C785

Amount of Each Receipt this Period
1250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 2575.00

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Bill Keller	Date of Receipt MM / DD / YYYY 12 / 21 / 2007
	Mailing Address 105 Riveria Drive	Transaction ID: 80131.C845
	City State Zip Code Georgetown KY 40324	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation BMT of Kentucky, Inc. Franchisee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dava & Laura Laslow	Date of Receipt MM / DD / YYYY 07 / 24 / 2007
	Mailing Address 17900 Boerger Rd.	Transaction ID: 71128.C773
	City State Zip Code Marysville OH 43040	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Monarch Restaurant Group, Inc. Franchisee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dava & Laura Laslow	Date of Receipt MM / DD / YYYY 10 / 30 / 2007
	Mailing Address 17900 Boerger Rd.	Transaction ID: 71128.C805
	City State Zip Code Marysville OH 43040	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Monarch Restaurant Group, Inc. Franchisee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 19 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Alan Martinson
 Mailing Address 13910 Tomahawk Lane So.
 City Afton State MN Zip Code 55001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALM, Inc. Occupation Franchisee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00
 Date of Receipt 09 / 11 / 2007
Transaction ID: 71128.C782
 Amount of Each Receipt this Period 150.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Michael Olander
 Mailing Address P.O. Box 20123
 City Raleigh State NC Zip Code 27619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KIN Restaurant LLC Occupation Franchisee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 09 / 28 / 2007
Transaction ID: 71128.C795
 Amount of Each Receipt this Period 1000.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Bill Oldershaw
 Mailing Address 613 Cliffgate Ln
 City Castle Rock State CO Zip Code 80108-8395
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TWSR Limited Liability Company Occupation Franchisee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00
 Date of Receipt 11 / 14 / 2007
Transaction ID: 80131.C810
 Amount of Each Receipt this Period 200.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 1350.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 20 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Eric Oppenheim
Mailing Address 1017 Curtis Pl.
City State Zip Code
Gastonia NC 28052
FEC ID number of contributing federal political committee. **C**
Name of Employer Republic Foods Occupation Franchisee
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 575.00
Date of Receipt 11 / 26 / 2007
Transaction ID: 80208.C853
Amount of Each Receipt this Period 75.00
Receipt

B. Full Name (Last, First, Middle Initial)
Nick Patronas
Mailing Address 220 W Superior St.
City State Zip Code
Duluth MN 55802
FEC ID number of contributing federal political committee. **C**
Name of Employer Duluth King, Inc. Occupation Franchisee
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 28 / 2007
Transaction ID: 71128.C794
Amount of Each Receipt this Period 250.00
Receipt

C. Full Name (Last, First, Middle Initial)
Bruce Pavlikowski
Mailing Address 3710 E Finch Ln
City State Zip Code
Flagstaff AZ 86004-7705
FEC ID number of contributing federal political committee. **C**
Name of Employer Sheehy Ent. Inc. Occupation Franchisee
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00
Date of Receipt 11 / 23 / 2007
Transaction ID: 80131.C820
Amount of Each Receipt this Period 100.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 425.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 43

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Thomas Plantulli

Mailing Address 315 Hickory Ct

City State Zip Code
Medford NJ 08055-8720

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

Name of Employer Occupation
Plantulli Rests. Inc. Franchisee

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 7

Transaction ID: 80131.C830

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Susan Rachor

Mailing Address 9536 Pumice Lane

City State Zip Code
Central Point OR 97502

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

Name of Employer Occupation
Applegate Restaurants, Inc. Franchisee

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 0 / 2 0 0 7

Transaction ID: 80131.C812

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Bob Reardon

Mailing Address 2520 Ward Blvd

City State Zip Code
Wilson NC 27893-1600

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

Name of Employer Occupation
Spinlar Enterprises Franchisee

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: 80131.C839

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Patricia Rogers

Mailing Address 5520 Orchard Pond Dr

City Raleigh State NC Zip Code 27616-6180

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

Name of Employer Lenpat Foods Occupation Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 20 / 2007

Transaction ID: 80131.C813

Amount of Each Receipt this Period 200.00

Receipt

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

Mailing Address 5588 Airport Rd.

City Anderson State SC Zip Code 29626

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

Name of Employer West Wind Inc. Occupation Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 18 / 2007

Transaction ID: 80131.C838

Amount of Each Receipt this Period 500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Vance Rossell

Mailing Address 12655 Kernan Forest Blvd.

City Jacksonville State FL Zip Code 32225

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

Name of Employer South Coast Enterprises, LLC Occupation Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 12 / 18 / 2007

Transaction ID: 80131.C837

Amount of Each Receipt this Period 100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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	

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

A.	Full Name (Last, First, Middle Initial) Mike Royal		Date of Receipt
	Mailing Address 129 Via Mari Posa		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Belle Glade	FL	33430
	FEC ID number of contributing federal political committee. C		Transaction ID: 80131.C844
Name of Employer Southern Management Corp.		Occupation Franchisee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1500.00"/>	Receipt

B.	Full Name (Last, First, Middle Initial) Shelby Scarbrough		Date of Receipt
	Mailing Address 613 South Royal Street		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Alexandria	VA	22314
	FEC ID number of contributing federal political committee. C		Transaction ID: 80131.C824
Name of Employer Northern Virginia Group, Inc.		Occupation Franchisee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Receipt

C.	Full Name (Last, First, Middle Initial) James Schory		Date of Receipt
	Mailing Address 3230 Shepherdsville Rd.		<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Zanesville	OH	43701
	FEC ID number of contributing federal political committee. C		Transaction ID: 80131.C840
Name of Employer JPL Management Inc.		Occupation Franchise Owner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	Receipt

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

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

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

FOR LINE NUMBER: PAGE 24 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Rastall Stafford

Mailing Address 4130 Litadell Rock Rd. NE

City Ryland State AL Zip Code 35767

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

Name of Employer Kristie Co. Occupation Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 04 / 2007
Transaction ID: 71128.C797
Amount of Each Receipt this Period: 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Rastall Stafford

Mailing Address 4130 Litadell Rock Rd. NE

City Ryland State AL Zip Code 35767

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

Name of Employer Kristie Co. Occupation Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 02 / 2007
Transaction ID: 80131.C808
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Rastall Stafford

Mailing Address 4130 Litadell Rock Rd. NE

City Ryland State AL Zip Code 35767

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

Name of Employer Kristie Co. Occupation Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 12 / 03 / 2007
Transaction ID: 80131.C829
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Rastall Stafford	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 4 / 2 0 0 7
	Mailing Address 4130 Litadell Rock Rd. NE	Transaction ID: 80131.C849
	City Ryland State AL Zip Code 35767	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Kristie Co. Occupation Franchisee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) Lawrence Stokes	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7
	Mailing Address 55 The Cliffs Parkway	Transaction ID: 71128.C803
	City Landrum State SC Zip Code 29356	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer SMS, Inc. Occupation Franchisee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Jean Wessel Templeton	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 7
	Mailing Address 612 Adams St.	Transaction ID: 80131.C836
	City Huntsville State AL Zip Code 35801	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Wesfam Restaurants, 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	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 26 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 656 Meadow Ln

City State Zip Code
Albert Lea MN 56007-4301

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

Name of Employer Occupation
Fieldstone Restaurant Corp 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
09 / 11 / 2007

Transaction ID: 71128.C780

Amount of Each Receipt this Period
500.00

Receipt

B. 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 Occupation
Waltco Foods, Inc. Franchise Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 06 / 2007

Transaction ID: 80131.C831

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address 4450 Black Oak Ln

City State Zip Code
Mason OH 45040-8437

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

Name of Employer Occupation
Restaurant Assoc of Cincinnati Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 08 / 2007

Transaction ID: 71128.C776

Amount of Each Receipt this Period
250.00

Receipt

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 43
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Thomas D. White

Mailing Address 113 Woodstream Rd.

City State Zip Code
Mooreville NC 28117

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

Name of Employer Occupation
MIKAW Corp Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2007

Transaction ID: 80131.C846

Amount of Each Receipt this Period
250.00

Receipt

B.

Full Name (Last, First, Middle Initial)
David Williams

Mailing Address 10238 So. Weeping Willow Dr.

City State Zip Code
Sandy UT 84070

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

Name of Employer Occupation
HB Boys, LC Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2007

Transaction ID: 71128.C783

Amount of Each Receipt this Period
1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Sally Wilson

Mailing Address 1052 Lakemont Dr

City State Zip Code
Gainesville GA 30501-2706

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

Name of Employer Occupation
S&B Wilson, Inc. Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
12 / 26 / 2007

Transaction ID: 80131.C851

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	37675.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 43

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Wachovia Securities (1st Union Natl B

Mailing Address NC8502
P.O. Box 563966

City State Zip Code
Charlotte NC 28262-3966

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.18

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2007

Transaction ID: 71128.C774

Amount of Each Receipt this Period

100.99

Interest Received

B.

Full Name (Last, First, Middle Initial)
Wachovia Securities (1st Union Natl B

Mailing Address NC8502
P.O. Box 563966

City State Zip Code
Charlotte NC 28262-3966

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.38

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2007

Transaction ID: 71128.C779

Amount of Each Receipt this Period

98.20

Interest Received

C.

Full Name (Last, First, Middle Initial)
Wachovia Securities (1st Union Natl B

Mailing Address NC8502
P.O. Box 563966

City State Zip Code
Charlotte NC 28262-3966

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.71

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 71128.C796

Amount of Each Receipt this Period

90.33

Interest Received

SUBTOTAL of Receipts This Page (optional) ▶

289.52

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 43
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Wachovia Securities (1st Union Natl B)

Mailing Address NC8502
P.O. Box 563966

City State Zip Code
Charlotte NC 28262-3966

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
822.95

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: 71128.C806

Amount of Each Receipt this Period
172.24

Interest Received

B.

Full Name (Last, First, Middle Initial)
Wachovia Securities (1st Union Natl B)

Mailing Address NC8502
P.O. Box 563966

City State Zip Code
Charlotte NC 28262-3966

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1059.49

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 80131.C827

Amount of Each Receipt this Period
236.54

Interest Received

C.

Full Name (Last, First, Middle Initial)
Wachovia Securities (1st Union Natl B)

Mailing Address NC8502
P.O. Box 563966

City State Zip Code
Charlotte NC 28262-3966

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1308.62

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: 80131.C852

Amount of Each Receipt this Period
249.13

Interest Received

SUBTOTAL of Receipts This Page (optional)	657.91
TOTAL This Period (last page this line number only)	947.43

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 71128.E487 Date of Disbursement MM / DD / YYYY 08 / 07 / 2007
	Mailing Address P.O. Box 2878	Amount of Each Disbursement this Period 18.44
	City Omaha State NE Zip Code 68103-2878	
	Purpose of Disbursement Credit Card Fee	Category/ Type
	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) ▼
		CREDIT CARD FEE

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 71128.E491 Date of Disbursement MM / DD / YYYY 09 / 04 / 2007
	Mailing Address P.O. Box 2878	Amount of Each Disbursement this Period 4.50
	City Omaha State NE Zip Code 68103-2878	
	Purpose of Disbursement Credit Card Fee	Category/ Type
	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) ▼
		CREDIT CARD FEE

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 71128.E493 Date of Disbursement MM / DD / YYYY 09 / 14 / 2007
	Mailing Address P.O. Box 2878	Amount of Each Disbursement this Period 39.83
	City Omaha State NE Zip Code 68103-2878	
	Purpose of Disbursement Credit Card Fee	Category/ Type
	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) ▼
		CREDIT CARD FEE

SUBTOTAL of Disbursements This Page (optional)	▶	62.77
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 2878 City Omaha State NE Zip Code 68103-2878 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71128.E497 Date of Disbursement 10 / 02 / 2007
	Amount of Each Disbursement this Period 4.50 Category/Type CREDIT CARD FEE

B. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 2878 City Omaha State NE Zip Code 68103-2878 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71128.E499 Date of Disbursement 10 / 04 / 2007
	Amount of Each Disbursement this Period 14.75 Category/Type CREDIT CARD FEE

C. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 2878 City Omaha State NE Zip Code 68103-2878 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80131.E513 Date of Disbursement 11 / 02 / 2007
	Amount of Each Disbursement this Period 14.75 Category/Type CREDIT CARD FEE

SUBTOTAL of Disbursements This Page (optional) ▶	34.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 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

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

A. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 2878 City Omaha State NE Zip Code 68103-2878 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80131.E515 Date of Disbursement 11 / 19 / 2007
	Amount of Each Disbursement this Period 4.43 Category/Type CREDIT CARD FEE

B. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 2878 City Omaha State NE Zip Code 68103-2878 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80208.E526 Date of Disbursement 11 / 26 / 2007
	Amount of Each Disbursement this Period 21.39 Category/Type CREDIT CARD FEE

C. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 2878 City Omaha State NE Zip Code 68103-2878 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80131.E519 Date of Disbursement 12 / 03 / 2007
	Amount of Each Disbursement this Period 33.19 Category/Type CREDIT CARD FEE

SUBTOTAL of Disbursements This Page (optional) ▶	59.01
TOTAL 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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 2878</p> <p>City Omaha State NE Zip Code 68103-2878</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80131.E522</p> <p>Date of Disbursement 12 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 7.38</p> <p>CREDIT CARD FEE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 2878</p> <p>City Omaha State NE Zip Code 68103-2878</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80131.E523</p> <p>Date of Disbursement 12 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 29.50</p> <p>CREDIT CARD FEE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 2878</p> <p>City Omaha State NE Zip Code 68103-2878</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80131.E524</p> <p>Date of Disbursement 12 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 14.75</p> <p>CREDIT CARD FEE</p>

SUBTOTAL of Disbursements This Page (optional)	51.63
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 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

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

A. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 2878 City Omaha State NE Zip Code 68103-2878 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80131.E525 Date of Disbursement 12 / 24 / 2007
	Amount of Each Disbursement this Period 77.44 Category/Type CREIDT CARD FEE

B. Full Name (Last, First, Middle Initial) NOVA Mailing Address MSI Merchant Services 890 Mountain Avenue City New Providence State NJ Zip Code 07974- Purpose of Disbursement Monthly Merchant Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71128.E485 Date of Disbursement 07 / 02 / 2007
	Amount of Each Disbursement this Period 88.20 Category/Type MONTHLY MERCHANT FEE

C. Full Name (Last, First, Middle Initial) NOVA Mailing Address MSI Merchant Services 890 Mountain Avenue City New Providence State NJ Zip Code 07974- Purpose of Disbursement Monthly Merchant Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71128.E488 Date of Disbursement 08 / 01 / 2007
	Amount of Each Disbursement this Period 40.00 Category/Type MONTHLY MERCHANT FEE

SUBTOTAL of Disbursements This Page (optional) ▶	205.64
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) NOVA	Transaction ID: 71128.E490 Date of Disbursement 09 / 04 / 2007
	Mailing Address MSI Merchant Services 890 Mountain Avenue	Amount of Each Disbursement this Period 40.15
	City New Providence State NJ Zip Code 07974-	
	Purpose of Disbursement Monthly 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) ▼
		MONTHLY MERCHANT FEE

B.	Full Name (Last, First, Middle Initial) NOVA	Transaction ID: 71128.E496 Date of Disbursement 10 / 01 / 2007
	Mailing Address MSI Merchant Services 890 Mountain Avenue	Amount of Each Disbursement this Period 202.27
	City New Providence State NJ Zip Code 07974-	
	Purpose of Disbursement Monthly 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) ▼
		MONTHLY MERCHANT FEE

C.	Full Name (Last, First, Middle Initial) NOVA	Transaction ID: 80131.E512 Date of Disbursement 11 / 01 / 2007
	Mailing Address MSI Merchant Services 890 Mountain Avenue	Amount of Each Disbursement this Period 47.62
	City New Providence State NJ Zip Code 07974-	
	Purpose of Disbursement Monthly 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) ▼
		MONTHLY MERCHANT FEE

SUBTOTAL of Disbursements This Page (optional)	▶	290.04
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
NOVA

Transaction ID: 80131.E521

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	7

Mailing Address MSI Merchant Services
890 Mountain Avenue

City State Zip Code
New Providence NJ 07974-

Amount of Each Disbursement this Period

93.47

Purpose of Disbursement
Monthly Merchant Fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

MONTHLY MERCHANT FEE

State: District:

SUBTOTAL of Disbursements This Page (optional)

93.47

TOTAL This Period (last page this line number only)

796.56

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) 21st Century Pac	Transaction ID: 71128.E505 Date of Disbursement 10 / 10 / 2007
	Mailing Address 2052 Lake Audobon Court	Amount of Each Disbursement this Period 2500.00
	City Reston State VA Zip Code 20191-	
	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: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER
		DIRECT CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) 21st Century Pac	Transaction ID: 71128.E498 Date of Disbursement 10 / 02 / 2007
	Mailing Address 2052 Lake Audobon Court	Amount of Each Disbursement this Period 1000.00
	City Reston State VA Zip Code 20191-	
	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: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER
		DIRECT CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) ERIC PAC	Transaction ID: 71128.E511 Date of Disbursement 11 / 02 / 2007
	Mailing Address 209 Pennsylvania Avenue, SE	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003-	
	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: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER
		DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ► **6000.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Bachman for Congress Mailing Address P.O. Box 49756 City Minneapolis State MN Zip Code 55449- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name MICHELE M BACHMANN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71128.E500 Date of Disbursement 10 / 10 / 2007
	Amount of Each Disbursement this Period 1000.00 Category/Type DIRECT CONTRIBUTION

B. Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer for Congress Mailing Address 200 North Main Street P.O. Box 712 City Monticello State IN Zip Code 47960- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name STEVE CONGRESSMAN BUYER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71128.E486 Date of Disbursement 07 / 30 / 2007
	Amount of Each Disbursement this Period 1000.00 Category/Type DIRECT CONTRIBUTION

C. Full Name (Last, First, Middle Initial) Cole for Congress Mailing Address P.O. Box 722256 City Norman State OK Zip Code 73070- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name TOM COLE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71128.E506 Date of Disbursement 10 / 10 / 2007
	Amount of Each Disbursement this Period 1000.00 Category/Type DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ► 3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Virginia Foxx for Congress</p> <p>Mailing Address PO Box 1100</p> <p>City Clemmons State NC Zip Code 27012-1100</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name VIRGINIA FOXX</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71128.E489</p> <p>Date of Disbursement 08 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Hayes for Congress</p> <p>Mailing Address P.O. Box 2000</p> <p>City Concord State NC Zip Code 28026-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name ROBERT CANNON HAYES</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71128.E501</p> <p>Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Issa for Congress</p> <p>Mailing Address P.O. Box 760</p> <p>City Vista State CA Zip Code 92085-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name DARRELL EDWARD ISSA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 49</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71128.E502</p> <p>Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Keller for Congress</p> <p>Mailing Address PO Box 1453</p> <p>City Orlando State FL Zip Code 32802-1453</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name RICHARD A KELLER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80131.E518</p> <p>Date of Disbursement 12 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Keller for Congress</p> <p>Mailing Address PO Box 1453</p> <p>City Orlando State FL Zip Code 32802-1453</p> <p>Purpose of Disbursement VOID</p> <p>Candidate Name RICHARD A KELLER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80131.E517</p> <p>Date of Disbursement 12 / 10 / 2007</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>VOID</p>
<p>C. Full Name (Last, First, Middle Initial) Keller for Congress</p> <p>Mailing Address PO Box 1453</p> <p>City Orlando State FL Zip Code 32802-1453</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name RICHARD A KELLER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71128.E509</p> <p>Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) King for Congress</p> <p>Mailing Address 126 Des Moines Street Box 576</p> <p>City Odebolt State IA Zip Code 51458-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name STEVEN A KING</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71128.E495 Date of Disbursement: 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Kendrick Meek Campaign for Congress</p> <p>Mailing Address 111 NW 183rd St Ste 325 Suite 325</p> <p>City Miami State FL Zip Code 33169-4538</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name KENDRICK B MEEK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80131.E516 Date of Disbursement: 12 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Kendrick Meek Campaign for Congress</p> <p>Mailing Address 111 NW 183rd St Ste 325 Suite 325</p> <p>City Miami State FL Zip Code 33169-4538</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name KENDRICK B MEEK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71128.E494 Date of Disbursement: 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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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

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

A.	Full Name (Last, First, Middle Initial) Putnam for Congress	Transaction ID: 71128.E507 Date of Disbursement 10 / 10 / 2007
	Mailing Address P.O. Box 2257	Amount of Each Disbursement this Period 2500.00
	City Bartow State FL Zip Code 33831-	
	Purpose of Disbursement DIRECCT CONTRIBUTION	Category/ Type
	Candidate Name ADAM H PUTNAM	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DIRECCT CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) Pete Sessions	Transaction ID: 71128.E508 Date of Disbursement 10 / 10 / 2007
	Mailing Address P.O. Box 38585	Amount of Each Disbursement this Period 1000.00
	City Dallas State TX Zip Code 75238-	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name PETE SESSIONS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DIRECT CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) Bill Shuster for Congress	Transaction ID: 71128.E503 Date of Disbursement 10 / 10 / 2007
	Mailing Address P.O. Box 27	Amount of Each Disbursement this Period 1000.00
	City Hollidaysburg State PA Zip Code 16648-	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name WILLIAM FRANKLIN SHUSTER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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

A.

Full Name (Last, First, Middle Initial)
Adrian Smith for Congress

Transaction ID: 71128.E504

Date of Disbursement

Mailing Address 3321 Avenue I
Suite 6

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	7

City State Zip Code
Scottsbluff NE 69361-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/
Type

Candidate Name
ADRIAN SMITH

Office Sought: House
 Senate
 President
State: NE District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

21500.00