



RECEIVED
FEC MAIL CENTER

2008 SEP -2 AM 11:17

August 26, 2008

RE: FEC Form 1 Filing

Federal Elections Commission
999 E Street, NW
Washington, DC 20463

To Whom It May Concern:

Please accept the enclosed Statement of Organization form as our application to establish a Political Action Committee. We appreciate your assistance and feel free to contact me with any questions.

Sincerely,

Conor P. McFadden
Corporate Affairs Coordinator
Sonny's Franchise Company
Email: cmcfadden@sonnysbbq.com
Phone: 407.660.8888

Enclosure (1)

ls

28039823471

Conor P. McFadden
Corporate Affairs Coordinator

Sonny's Franchise Company
2605 Maitland Center Pkwy., Suite C
Maitland, FL 32751-7139

Phone: 407-660-8888
Fax: 407-660-2033
Cell: 407-619-2851
cmcfadden@sonnysbbq.com
www.sonnysbbq.com

Sonny's Franchise Company
2605 Maitland Center Parkway, Suite C
Maitland, FL 32751-7139

Phone: 407-660-8888
Fax: 407-660-9050
www.sonnysbbq.com

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
FEC MAIL CENTER
2008 SEP -2 AM 11:17

Office Use Only

1. NAME OF
COMMITTEE (In full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Sonny's Franchise Company Political Action Committee

ADDRESS (number and street)

2605 Maitland Center Parkway

Suite C

(Check if address
is changed)

Maitland

FL

32751

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

pac@sonnysbbq.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

407 - 660 - 2033

2. DATE

08

25

2008

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

Monique R. Yeager

Signature of Treasurer

Monique Yeager

Date

08

25

2008

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 12/2007)

28039823472

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____
5.	_____	FEC ID number	<input type="checkbox"/> C _____

28039823473

Write or Type Committee Name

Sonny's Franchise Company Political Action Committee

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

Sonny's Franchise Company

Mailing Address 2605 Maitland Center Parkway Suite C Maitland FL 32751 CITY STATE ZIP CODE

Relationship:

Connected Organization Affiliated Committee Leadership PAC Sponsor Joint Fundraising Representative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Conor P. McFadden Mailing Address 2605 Maitland Center Parkway Suite C Maitland FL 32751 CITY STATE ZIP CODE

Title or Position

Custodian of Records Telephone number 407-660-8888

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Monique R. Yeager Mailing Address 2605 Maitland Center Parkway Suite C Maitland FL 32751 CITY STATE ZIP CODE

Title or Position

Treasurer Telephone number 407-660-8888

28039823474

Full Name of Designated Agent

Timothy Murphy

Mailing Address

2605 Maitland Center Parkway

Suite C

Maitland

FL

32751

CITY

STATE

ZIP CODE

Title or Position

Asst. Treasurer

Telephone number

407

660

8888

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SunTrust Bank

Mailing Address

200 South Orange Avenue

Orlando

FL

32801

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

28039823475

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>8/26/08</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jmf
 PREPARER
 (3/2005)

9/12/08
 DATE PREPARED

28039823476