

RECEIVED

2010 OCT 22 AM 7:46

FEC MAIL CENTER

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Sonny's Franchise Company Political Action Committee

ADDRESS (number and street)

2605 Maitland Center Parkway, Ste. C

Check if different than previously reported. (ACC)

Maitland FL 32751-2139

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

000454462

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

(b) Month: Rep: Due:

- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12)
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on [] in the State of []

(d) 30-Day

- POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on [] in the State of []

5. Covering Period

07 01 2010 through 09 30 2010

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

Type or Print Name of Treasurer

Monique Yeager

Signature of Treasurer

Monique Yeager

Date

10 12 2010

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

Office Use Only

FEC FORM 3X Rev. 12/2004

10030470576

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Sonny's Franchise Company Political Action Committee

Report Covering the Period: From:

07 / 01 / 2010

To:

09 / 30 / 2010

December 1,

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

| | | |
|-----------------------------------------------------------------------------------------------------------|-----------------|-----------------|
| 6. (a) Cash on Hand January 1, <u>2009</u> | | <u>159564</u> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <u>450.00</u> | |
| (c) Total Receipts (from Line 19) | <u>5,000.00</u> | <u>5,000.00</u> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | <u>5,450.00</u> | <u>6,595.64</u> |
| 7. Total Disbursements (from Line 31) | <u>706.00</u> | <u>1,844.70</u> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <u>4,750.94</u> | <u>4750.94</u> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | | |



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

10030470577

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Sonny's Franchise Company Political Action Committee

Report Covering the Period: From:

07 ' **09** ' **2010**

To:

09 ' **30** ' **2010**

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees
(i) Itemized (use Schedule A).....

5,000.00

[Empty Box]

(ii) Unitemized
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶

[Empty Box]

[Empty Box]

[Empty Box]

[Empty Box]

(b) Political Party Committees
(c) Other Political Committees (such as PACs).....

[Empty Box]

[Empty Box]

[Empty Box]

[Empty Box]

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶

[Empty Box]

[Empty Box]

12. Transfers From Affiliated/Other Party Committees.....

[Empty Box]

[Empty Box]

[Empty Box]

[Empty Box]

13. All Loans Received.....

[Empty Box]

[Empty Box]

14. Loan Repayments Received.....

[Empty Box]

[Empty Box]

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

[Empty Box]

[Empty Box]

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

[Empty Box]

[Empty Box]

17. Other Federal Receipts (Dividends, Interest, etc.).....

[Empty Box]

[Empty Box]

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

[Empty Box]

[Empty Box]

(b) Levin Funds (from Schedule H5).....

[Empty Box]

[Empty Box]

(c) Total Transfers (add 18(a) and 18(b))..

[Empty Box]

[Empty Box]

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶

5,000.00

[Empty Box]

20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶

[Empty Box]

[Empty Box]

10030470578

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

10030470580

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

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

NAME OF COMMITTEE (In Full)

Sonny's Franchise Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. **Sonny's Franchise Company**

Mailing Address
2605 Maryland Center Pkwy, Ste. C

City **MD** State **FL** Zip Code **32751**

FEC ID number of contributing federal political committee. **N/A** C

Name of Employer **Bob Yarnuth** Occupation **CEO of Sonny's**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5,000.00

Date of Receipt

09 / **21** / **2016**

Amount of Each Receipt this Period

5,000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶

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

10030470581

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

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

NAME OF COMMITTEE (In Full)
Sonny's Franchise Company Political Action Committee

A.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: **09/08/2010**

Mailing Address: **230 South Adams Street**

City: **Tallahassee** State: **FL** Zip Code: **32301**

Purpose of Disbursement: **FL Restaurant & Lodging Association PAC**

Candidate Name: _____

Amount of Each Disbursement this Period: **150.00**

Category/Type: _____

Office Sought: NA House Senate President

Disbursement For: Primary General Other (specify) _____

State: **FL** District: _____

B.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: **09/15/2010**

Mailing Address: **2030 South Douglas Road, suite 105**

City: **Coral Gables** State: **FL** Zip Code: **33134**

Purpose of Disbursement: **MARCO RUBIO**

Candidate Name: **U.S. Senate Seat**

Amount of Each Disbursement this Period: **300.00**

Category/Type: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **FL** District: _____

C.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: **09/22/2010**

Mailing Address: **PO Box 14366**

City: **North Palm Beach, FL** State: **FL** Zip Code: **33408**

Purpose of Disbursement: **JEFF ATWATER**

Candidate Name: **Chief Financial Officer for FL**

Amount of Each Disbursement this Period: **250.00**

Category/Type: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **FL** District: **CFO Campaign**

SUBTOTAL of Disbursements This Page (optional)..... ▶ **700.00**

TOTAL This Period (last page this line number only)..... ▶ **700.00**

10030470582

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
10/14/10

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

ED 10/22/10
 PREPARER DATE PREPARED

10030470583