

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)

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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
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 09 01 2009 through 09 30 2009

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 Rick Cowley

Signature of Treasurer Electronically Filed by Rick Cowley Date 10 16 2009

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)

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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		75239.81
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	119145.20									
(c) Total Receipts (from Line 19)	28356.52	95934.21								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	147501.72	171174.02								
7. Total Disbursements (from Line 31)	14263.23	37935.53								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	133238.49	133238.49								
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

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	28250.00	94525.00
(ii) Unitemized	0.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	28250.00	94625.00
(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)	28250.00	94625.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	106.52	1309.21
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	28356.52	95934.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28356.52	95934.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	763.23	2935.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	763.23	2935.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	35000.00
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))..	14263.23	37935.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14263.23	37935.53

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 23

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)	28250.00	94625.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28250.00	94625.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	763.23	2935.53
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	763.23	2935.53

**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 6 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Amir Allison		Date of Receipt
	Mailing Address P.O. Box 3108		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Gillette	WY	82717-3108
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer JJLC, Inc.		Occupation Franchisee	Transaction ID: 90914.C1212
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	Receipt

B.	Full Name (Last, First, Middle Initial) Andrew Bullard		Date of Receipt
	Mailing Address 3 Trinity Dr		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lumberton	NC	28358-8333
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Bullard Restaurant		Occupation Franchisee	Transaction ID: 90914.C1221
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Receipt

C.	Full Name (Last, First, Middle Initial) Diane L. Clayton		Date of Receipt
	Mailing Address 210 Saddle Ridge Suite 312		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Kingsport	TN	37664
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Vanmar, Inc.		Occupation Franchisee	Transaction ID: 90914.C1219
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
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 7 / 23
(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)
Carla B. Cribb

Mailing Address 122 Gregg Ave

City Aiken State SC Zip Code 29801-2710

FEC ID number of contributing federal political committee. C

Name of Employer Stix & Co. Inc. Occupation Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2009

Transaction ID: 91001.C1228

Amount of Each Receipt this Period 500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Stephen W. Dankert

Mailing Address 1055 Freshwater Ln

City Cicero State IN Zip Code 46034-9208

FEC ID number of contributing federal political committee. C

Name of Employer Dankert Associates/High Output Occupation Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2009

Transaction ID: 91001.C1226

Amount of Each Receipt this Period 500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Robert DeLaRosa

Mailing Address 5680 Bellaire Ct

City Greenwood Village State CO Zip Code 80121-2166

FEC ID number of contributing federal political committee. C

Name of Employer Burger Buds, Inc. Occupation Franchisee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2009

Transaction ID: 91001.C1222

Amount of Each Receipt this Period 250.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 23
(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

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

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

A.

Full Name (Last, First, Middle Initial)
Michael C. DiSeveria

Mailing Address 16200 Bellingham Drive

City State Zip Code
Germantown MD 20874

FEC ID number of contributing federal political committee. C

Name of Employer Potomac Foods Company Occupation Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
09 / 01 / 2009

Transaction ID: 90914.C1201

Amount of Each Receipt this Period
5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Ramona Espinosa

Mailing Address PO Box 160669

City State Zip Code
Miami FL 33116-0669

FEC ID number of contributing federal political committee. C

Name of Employer G & R Restaurants Inc. Occupation Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 01 / 2009

Transaction ID: 90914.C1205

Amount of Each Receipt this Period
1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Dawn Force

Mailing Address 3939 Fox

City State Zip Code
Casper WY 82604-4430

FEC ID number of contributing federal political committee. C

Name of Employer Force Group Occupation Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 02 / 2009

Transaction ID: 90914.C1215

Amount of Each Receipt this Period
500.00

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: (check only one)	PAGE 9 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Gary Griger	Date of Receipt MM / DD / YYYY 09 / 28 / 2009
	Mailing Address 1612 N Pienza St	Transaction ID: 91001.C1225
	City State Zip Code Visalia CA 93291-8304	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation HG Foods LLC/R U Hungry Franchisee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) Carl Grimm	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 4395 Ivywood Drive	Transaction ID: 90914.C1207
	City State Zip Code Rock Hill SC 29732	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Carl-Cin Restaurants, Inc. Franchise Owner 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) Mark Haynes	Date of Receipt MM / DD / YYYY 09 / 28 / 2009
	Mailing Address 22820 SW Hampton Ct	Transaction ID: 91001.C1224
	City State Zip Code Blue Springs MO 64015-9624	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation MSH Restaurant Mgmt 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)	3250.00
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 / 23
(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)
Nick Kraft

Mailing Address 5514 Salvia Ct.

City State Zip Code
Golden CO 80403

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

Name of Employer Rob Craft, 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
0	9	/	0	1	/	2	0	0	9

Transaction ID: 90914.C1208

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Michael Lackey

Mailing Address 295 Ben Cook Rd

City State Zip Code
Sylva NC 28779-6952

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

Name of Employer Carolina Mountain Food, Inc. Occupation Franchisee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	0	9

Transaction ID: 91001.C1223

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address 5967 Vintage Oaks Circle

City State Zip Code
West Delray Beach FL 33484-6427

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

Name of Employer Phoenix Organization Occupation Franchise Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 90914.C1204

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) ►

**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 11 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Edith Middleton	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 1902 Tara Place	Transaction ID: 90914.C1203
	City State Zip Code Dalton GA 30720	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: National Franchisee Association Occupation: Burger King Franchise Owner 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) Gerald E. Mitchell, Jr.	Date of Receipt MM / DD / YYYY 09 / 02 / 2009
	Mailing Address 1810 Pear Ct	Transaction ID: 90914.C1213
	City State Zip Code Fogelsville PA 18051-1520	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: Twoton Incorporated 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) John Newcomb	Date of Receipt MM / DD / YYYY 09 / 02 / 2009
	Mailing Address 110 Farmingdale Ln	Transaction ID: 90914.C1214
	City State Zip Code Blacksburg VA 24060-8307	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: JNE Inc. Occupation: Franchisee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 2500.00	

SUBTOTAL of Receipts This Page (optional)	3250.00
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 12 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Bill Oldershaw	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 613 Cliffgate Ln	Transaction ID: 90914.C1202
	City State Zip Code Castle Rock CO 80108-8395	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Oldershaw Enterprises LLC Franchisee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Nick Patronas	Date of Receipt MM / DD / YYYY 09 / 02 / 2009
	Mailing Address 220 W Superior St.	Transaction ID: 90914.C1218
	City State Zip Code Duluth MN 55802	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Duluth King, Inc. Franchisee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Bob Reardon	Date of Receipt MM / DD / YYYY 09 / 02 / 2009
	Mailing Address 3006 Wolf Trap Dr NW	Transaction ID: 90914.C1216
	City State Zip Code Wilson NC 27896-9646	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Spinlar Enterprises Franchisee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 13 / 23
(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 W. Robison

Mailing Address 6827 Raspberry Run

City State Zip Code
Littleton CO 80125

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

Name of Employer Rob-Kraft, 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
0 9 / 0 2 / 2 0 0 9

Transaction ID: 90914.C1217

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Shelby Scarbrough

Mailing Address 613 South Royal Street

City State Zip Code
Alexandria VA 22314

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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 90914.C1211

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Todd Schuster

Mailing Address 64 Holland Road

City State Zip Code
Cataula Road GA 31604

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

Name of Employer National Franchisee Association Occupation Burger King Franchise Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 91001.C1229

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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 / 23
(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

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)
Elizabeth Westfall

Mailing Address 389 Auburn Trivette Road

City State Zip Code
Sugar Grove NC 28679

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

Name of Employer Occupation
Ridge Runner Fast Foods, Inc. Burger King Franchise Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2009

Transaction ID: 90914.C1206

Amount of Each Receipt this Period
500.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Michael White

Mailing Address PO Box 987

City State Zip Code
Statesville NC 28687-0987

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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2009

Transaction ID: 90914.C1200

Amount of Each Receipt this Period
500.00

Receipt

C.

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
M M / D D / Y Y Y Y Y
09 / 28 / 2009

Transaction ID: 91001.C1227

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	28250.00

**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 15 / 23

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

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

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

<p>A. 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 Fees</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: 91016.E742 Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 7.38</p> <p>CREDIT CARD FEES</p>
<p>B. Full Name (Last, First, Middle Initial) First Citizens Bank</p> <p>Mailing Address 3300 Cumberland Blvd SE</p> <p>City Atlanta State GA Zip Code 30339-8103</p> <p>Purpose of Disbursement Monthly Merchant 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: 91016.E740 Date of Disbursement 09 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 511.26</p> <p>MONTHLY MERCHANT FEE</p>
<p>C. Full Name (Last, First, Middle Initial) First Citizens Bank</p> <p>Mailing Address 3300 Cumberland Blvd SE</p> <p>City Atlanta State GA Zip Code 30339-8103</p> <p>Purpose of Disbursement Outgoing Wire 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: 91016.E741 Date of Disbursement 09 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>OUTGOING WIRE FEE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

543.64

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)

PAGE 16 / 23

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

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

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

A.

Full Name (Last, First, Middle Initial)
SunTrust Bank

Mailing Address 1184 Ernest W Barrett Pkwy NW

City Kennesaw State GA Zip Code 30144-4534

Purpose of Disbursement
Bank Service Charges

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 91016.E743

Date of Disbursement

09 / 24 / 2009

Amount of Each Disbursement this Period

219.59

BANK SERVICE CHARGES

SUBTOTAL of Disbursements This Page (optional)

219.59

TOTAL This Period (last page this line number only)

763.23

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Steve Austria for Congress</p> <p>Mailing Address 20 S Limestone St Suite 390</p> <p>City Springfield State OH Zip Code 45502-1291</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name STEVE C AUSTRIA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90914.E725 Date of Disbursement 09 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Bachmann for Congress</p> <p>Mailing Address PO Box 25950</p> <p>City Woodbury State MN Zip Code 55125-0950</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name MICHELE BACHMANN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90914.E717 Date of Disbursement 09 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Bachmann for Congress</p> <p>Mailing Address PO Box 25950</p> <p>City Woodbury State MN Zip Code 55125-0950</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name MICHELE BACHMANN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91013.E739 Date of Disbursement 09 / 30 / 2009</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) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Bachmann for Congress</p> <p>Mailing Address PO Box 25950</p> <p>City Woodbury State MN Zip Code 55125-0950</p> <p>Purpose of Disbursement VOIDED CHECK</p> <p>Candidate Name MICHELE BACHMANN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91013.E735 Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>VOIDED CHECK</p>
<p>B. Full Name (Last, First, Middle Initial) Jim Demint Senate Committee Inc.</p> <p>Mailing Address P.O. Box 12425</p> <p>City Columbia State SC Zip Code 29211-2425</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name JAMES W DEMINT</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90914.E719 Date of Disbursement 09 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Enzi for US Senate</p> <p>Mailing Address PO Box 2775</p> <p>City Cody State WY Zip Code 82414-2775</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name MICHAEL B ENZI</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90914.E721 Date of Disbursement 09 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>DIRECT CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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 19 / 23

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

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

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

A. Full Name (Last, First, Middle Initial) Gingrey for Congress <hr/> Mailing Address P.O. Box U <hr/> City Marietta State GA Zip Code 30060- <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name PHILLIP J. GINGREY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 11	Transaction ID: 90914.E723 Date of Disbursement 09 / 04 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type DIRECT CONTRIBUTION
	Category/ Type DIRECT CONTRIBUTION
B. Full Name (Last, First, Middle Initial) Gingrey for Congress <hr/> Mailing Address P.O. Box U <hr/> City Marietta State GA Zip Code 30060- <hr/> Purpose of Disbursement VOIDED CHECK <hr/> Candidate Name PHILLIP J. GINGREY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 11	Transaction ID: 91013.E737 Date of Disbursement 09 / 30 / 2009
	Amount of Each Disbursement this Period -1000.00
	Category/ Type VOIDED CHECK
	Category/ Type VOIDED CHECK
C. Full Name (Last, First, Middle Initial) Kline for Congress <hr/> Mailing Address 101 W Burnsville Pkwy Suite 104 <hr/> City Burnsville State MN Zip Code 55337-2571 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name JOHN P. KLINE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 02	Transaction ID: 90914.E724 Date of Disbursement 09 / 04 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type DIRECT CONTRIBUTION
	Category/ Type DIRECT CONTRIBUTION

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)

PAGE 20 / 23

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

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

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

A.	Full Name (Last, First, Middle Initial) Buck McKeon for Congress <hr/> Mailing Address 23942 Lyons Ave, Suite 105 <hr/> City Newhall State CA Zip Code 91321-2428 <hr/> Purpose of Disbursement VOIDED CHECK <hr/> Candidate Name HOWARD P MCKEON <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91013.E736 Date of Disbursement 09 / 30 / 2009 <hr/> Amount of Each Disbursement this Period -1000.00 <hr/> VOIDED CHECK
B.	Full Name (Last, First, Middle Initial) Buck McKeon for Congress <hr/> Mailing Address 23942 Lyons Ave, Suite 105 <hr/> City Newhall State CA Zip Code 91321-2428 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name HOWARD P MCKEON <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90914.E718 Date of Disbursement 09 / 04 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> DIRECT CONTRIBUTION
C.	Full Name (Last, First, Middle Initial) Erik Paulsen for Congress <hr/> Mailing Address P.O. Box 44369 <hr/> City Eden Prairie State MN Zip Code 55344-1369 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name ERIK PAULSEN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90914.E722 Date of Disbursement 09 / 04 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> DIRECT CONTRIBUTION

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

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)

<p>A. Full Name (Last, First, Middle Initial) Tom Price for Congress</p> <p>Mailing Address PO Box 425</p> <p>City Roswell State GA Zip Code 30077-0425</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name THOMAS EDMUNDS PRICE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90914.E728 Date of Disbursement 09 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Dutch for Congress Committee</p> <p>Mailing Address 22 W Padonia Rd Suite C-141</p> <p>City Lutherville Timoni State MD Zip Code 21093-2238</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name DUTCH RUPPERSBERGER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90914.E720 Date of Disbursement 09 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Volunteers for Shimkus</p> <p>Mailing Address PO Box 5458</p> <p>City Springfield State IL Zip Code 62705-5458</p> <p>Purpose of Disbursement VOIDED CHECK</p> <p>Candidate Name JOHN M SHIMKUS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91013.E738 Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>VOIDED CHECK</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

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)
Volunteers for Shimkus

Transaction ID: 90914.E730
Date of Disbursement

Mailing Address PO Box 5458

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	9

City Springfield State IL Zip Code 62705-5458

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/ Type

Candidate Name
JOHN M SHIMKUS

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

DIRECT CONTRIBUTION

State: IL District: 19

B.

Full Name (Last, First, Middle Initial)
Friends of John Thune

Transaction ID: 90914.E726
Date of Disbursement

Mailing Address PO Box 841

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	9

City Sioux Falls State SD Zip Code 57101-0841

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/ Type

Candidate Name
JOHN THUNE

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

DIRECT CONTRIBUTION

State: SD District: 00

C.

Full Name (Last, First, Middle Initial)
Tiberi for Congress

Transaction ID: 90914.E727
Date of Disbursement

Mailing Address 2931 E Dublin Granville Rd
Suite 190

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	9

City Columbus State OH Zip Code 43231-2098

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/ Type

Candidate Name
PATRICK J TIBERI

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

DIRECT CONTRIBUTION

State: OH District: 12

SUBTOTAL of Disbursements This Page (optional)

3500.00

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 23 / 23

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

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

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

A.

Full Name (Last, First, Middle Initial)
David Vitter for U.S. Senate

Transaction ID: 90914.E729

Date of Disbursement

Mailing Address P.o. Box 8175

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	9

City State Zip Code
Metairie LA 70011-

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/
Type

Candidate Name
DAVID VITTER

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: LA District: 00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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

13500.00
