05/18/2005 15 : 22

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

NATIONAL FRANCHISEE ASSOCIATION PAC (NFA-PAC)

ADDRESS (Number and Street)

1201 Roberts Boulevard, Suite 100

X (Check if address is changed)

Kennesaw | GA | 30144 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

siming@comerica.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE M M / D D / Y Y Y Y 05 18 2005

3. **FEC IDENTIFICATION NUMBER** **C C00329425**

4. IS THIS STATEMENT X 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 William Harloe

Signature of Treasurer Electronically Filed by William Harloe Date M M / D D / Y Y Y Y 05 18 2005

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 02/2003)

5. TYPE OF COMMITTEE (Check One)

(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

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

(e) X This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

National Franchisee Association

Mailing Address 1201 Roberts Boulevard

Suite 100

Kennesaw GA 30144 -

CITY STATE ZIP CODE

Relationship connected

Type of Connected Organization:

Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization X Trade Association Cooperative

Write or Type Committee Name

NATIONAL FRANCHISEE ASSOCIATION PAC [NFA-PAC]

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: James Hoeberling

Mailing Address: Comerica Bank, PAC Services

P.O. Box 75000, MC 2250

Detroit MI 48275 –

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Recordkeeper

Telephone number 248 – 371 – 7268

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: William Harloe

Mailing Address: 1201 Roberts Boulevard

Suite 100

Kennesaw GA 30144 –

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer

Telephone number 678 – 797 – 5160

Full Name of Designated Agent: Joyce Dunn

Mailing Address: 1201 Roberts Boulevard

Suite 100

Kennesaw GA 30144 –

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer

Telephone number 678 – 797 – 5160

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.

Wachovia Bank

Mailing Address

Cap Department

One Wachovia Center

Chalotte NC 28288 -

CITY STATE ZIP CODE