FEC FORM 1

## VIENT OF **ORGANIZATION**

RECEIVED

2011 OCT 28 AM 7: 59

			FFC ONLOUGH ON FINTER
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Sonny's Franch	ise Company Polit	ical Action Comm	nittee
		· · · · · · · · · · · · · · · · · · ·	
ADDRESS (number and street)	2605 Maitland	Center Parkway	
(Check if address is changed)	Suite C		FL 32751 7139
		CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL ADD	RESS (Please provide only one e	-mail address)	
(Check if address	, L <del></del>		
il lis changed)			
COMMITTEE'S WEB PAGE	ADDRESS (URL)		
(Check if address is changed)			
2. DATE 10 '	20	,	•
3. FEC IDENTIFICATION	NUMBER C 0	0454462	
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)	
I certify that I have examine	d this Statement and to the best	t of my knowledge and belief i	t is true, correct and complete.
Type or Print Name of Treas	surer Scott Feldmar	n	
Signature of Treasurer	juil		Date 2.0 / 20 / 20 / /
NOTE: Submission of false, er		may subject the person signing ON SHOULD BE REPORTED V	this Statement to the penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530	

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 Candi							
Candi Party	idate Affiliatio	Office State On Sought: House Senate President District					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Candi							
Part	y Con	nmittee:					
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.					
Polit	ical A	ction Committee (PAC):					
(e)	$\mathbf{x}$	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					
		In addition, this committee is a Lobbyist/Registrant PAC.					
(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 Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint	Fund	raising 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.					
	Com	mittees Participating in Joint Fundraiser					
	1.						
	2.						
	3.	FEC ID number C					
	4.	FEC ID number					

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Write or Type Committee I		i ago o
Sonny's Franc	hise Company Political Action Commit	ttee
6. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Represe	entative, or Leadership PAC Sponsor
Sonny s  Franci	րi <sub> </sub> se Company	
Mailing Address	2605 Maitland Center Parkway, \$	u it e
	Maitland  EITY S	FL 32751 7139 STATE ZIP CODE
Relationship: X Conn	ected Organization Affiliated Committee Joint Fundraising Re	presentative Leadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position	of the person in possession of committee
Full Name Tir	pa, Ann Kuhn Williams	
Mailing Address	2605 Maitland Center Parkway, S	uite C
	Maitland	FL 32751 - 7139
Title or Position	CITY ST	TATE ZIP CODE
Public Rela	tions Coordinator Telephone number	407 660 8888
8. Treasurer: List the nam any designated agent (e	e and address (phone number optional) of the treasurer of the coe.g., assistant treasurer).	mmittee; and the name and address of
Full Name SCO	ott Feldman	
Mailing Address	2605 Maitland Center Parkway, S	uite C
		FL 32751 7139
Title or Position Director of		ATE ZIP CODE

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Full Name of Designated	N/A			1	
Agent				<del></del>	
Mailing Address	<u> </u>				
	لبب	CITY	STATE	ZIP CODE	
Title or Position					
		11111	Telephone number	<u> </u>	
<del></del>				<del></del>	
9. Banks or Othe	Depositories: List alloxes or maintains fund	l banks or other depositories in w	which the committee deposits f	unds, holds accounts, rents	
Name of Bank,		<del>-</del>			
Mailing Address					
			11111111		
	لللل		ليا ليبي	<u> </u>	
		CITY	STATE	ZIP CODE	
Name of Bank, Depository, etc.					
	•				
				<del></del>	
Mailing Address					
	ـــــا				
	ـــــ		ليا ليبي	السلاما-السلام	
		CITY	STATE	ZIP CODE	

(3/2005)

## **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. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail USPS** Registered/Certified **Postmarked USPS** Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** 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 or Postmarked** Other (Specify): **PREPARER** DATE PREPARED