

# 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 05 01 2006 through 05 31 2006

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 William Harloe

Signature of Treasurer Electronically Filed by William Harloe Date 06 12 2006

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

**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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		82325.90
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	106356.72									
(c) Total Receipts (from Line 19) .....	28487.89	62772.37								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	134844.61	145098.27								
7. Total Disbursements (from Line 31) .....	67459.24	77712.90								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	67385.37	67385.37								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	27918.00	61793.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	225.00	225.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	28143.00	62018.00
(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) .....	28143.00	62018.00
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.) .....	344.89	754.37
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)) .....	28487.89	62772.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	28487.89	62772.37

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	459.24	1212.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	459.24	1212.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	67000.00	75500.00
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	1000.00
(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	1000.00
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))..	67459.24	77712.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	67459.24	77712.90

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	28143.00	62018.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28143.00	61018.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	459.24	1212.90
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	459.24	1212.90

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Gary Andezewski

Mailing Address 1 Wendslow Place

City State Zip Code  
Lutherville Timoni MD 21093

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

Name of Employer Occupation  
PJ Foods, LLC Franchisee

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60612.C536

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
John Barto, Jr.

Mailing Address 439 Woodland Rd.

City State Zip Code  
Walnutport PA 18088

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

Name of Employer Occupation  
Jade Mgmt., Inc. Franchise Owner

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60612.C535

Amount of Each Receipt this Period  
2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Peter Binker

Mailing Address 1825 6th St.

City State Zip Code  
Brookings SD 57006

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

Name of Employer Occupation  
National Franchisee Association Franchisee

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 0 6

Transaction ID: 60612.C523

Amount of Each Receipt this Period  
500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 29
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Mark Bystry</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 1007 Valley Acres Road		<b>Transaction ID: 60612.C540</b>	
City State Zip Code Houston TX 77062	Amount of Each Receipt this Period 834.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Jam-Mary, Inc	Occupation Franchisee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2709.00		

Full Name (Last, First, Middle Initial) <b>B. Michael Callahan, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 3000 Hamilton Blvd.		<b>Transaction ID: 60612.C526</b>	
City State Zip Code Wichita Falls TX 76308	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Macres, Inc.	Occupation Franchise Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Chris Chen</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address P.O. Box 668		<b>Transaction ID: 60612.C537</b>	
City State Zip Code Monrovia CA 91017	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer National Franchisee Association	Occupation Franchisee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1584.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 29
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
Joe Clements, Jr.  
Mailing Address 5422 South Pointer Court  
City State Zip Code  
Baton Rouge LA 70808  
FEC ID number of contributing federal political committee. **C**  
Name of Employer  
Clements Management, LLC  
Occupation  
Franchise Owner  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 0 6  
Transaction ID: 60612.C532  
Amount of Each Receipt this Period  
1250.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Peter J. Cotter  
Mailing Address 5009 Harbour Towne Dr.  
City State Zip Code  
Raleigh NC 27604  
FEC ID number of contributing federal political committee. **C**  
Name of Employer  
TGS Restaurants, Inc.  
Occupation  
Franchise Owner  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 0 6  
Transaction ID: 60612.C528  
Amount of Each Receipt this Period  
250.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Gregory Dolphin  
Mailing Address 3145 Dean Court  
No. 1100  
City State Zip Code  
Minneapolis MN 55416  
FEC ID number of contributing federal political committee. **C**  
Name of Employer  
Dolphin Fast Food, Inc.  
Occupation  
Franchise Owner  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 0 6  
Transaction ID: 60612.C531  
Amount of Each Receipt this Period  
1250.00  
Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Willard Eldred

Mailing Address 6033 S. Zeno Ct.

City Aurora State CO Zip Code 80016

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

Name of Employer Bilikin, 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 5 / 0 2 / 2 0 0 6

Transaction ID: 60612.C530

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
David Forney

Mailing Address 6270 N. 78th St. Unit 329

City Scottsdale State AZ Zip Code 85250

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

Name of Employer JDF Enterprises, Inc. Occupation Franchisee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 0 6

Transaction ID: 60612.C527

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
James Gullo

Mailing Address 977 Escalante Drive

City Saint George State UT Zip Code 84790

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

Name of Employer C & G Management 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 5 / 1 0 / 2 0 0 6

Transaction ID: 60612.C543

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
James D. Harrison

Mailing Address 5590 Piermont Ct.

City State Zip Code  
Westerville OH 43082

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

Name of Employer Occupation  
Harrison Restaurants, Inc. Franchise Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2006

Transaction ID: 60612.C541

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Mike & Nina Heflin

Mailing Address P.O. Box 1219

City State Zip Code  
Kayenta AZ 86033

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

Name of Employer Occupation  
RMH Enterprise Franchisee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2006

Transaction ID: 60612.C534

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Lawrence W. Laxton, Jr.

Mailing Address 8 Steam Gun Place

City State Zip Code  
Hilton Head Island SC 29928

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

Name of Employer Occupation  
Lawrence Laxton Restaurants, Inc. Franchise Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2006

Transaction ID: 60612.C542

Amount of Each Receipt this Period  
500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 29
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
William H & Linda M Lee

Mailing Address 1819 Baldwin Farms Dr.

City	State	Zip Code
Marietta	GA	30068

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

Name of Employer L & L Management, 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	5	/	2	2	/	2	0	0	6

Transaction ID: 60612.C547

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address 5967 Vintage Oaks Circle

City	State	Zip Code
Delray Beach	FL	33484

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 ▼  
834.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	2	/	2	0	0	6

Transaction ID: 60612.C524

Amount of Each Receipt this Period  
834.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Herman Li

Mailing Address 11819 Norfield Ct.

City	State	Zip Code
Los Angeles	CA	90097

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

Name of Employer C & L Restaurant Group	Occupation C & L Restaurant Group
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	2	/	2	0	0	6

Transaction ID: 60612.C529

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2834.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Roland H. Marshall

Mailing Address 3590 Ponderosa Dr.

City State Zip Code  
Okemos MI 48864

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

Name of Employer Occupation  
Marshal & Marshall Mgmt. Franchisee  
Corp.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 0 6

Transaction ID: 60612.C522

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Ray Meeks

Mailing Address 321 Forest Dr.

City State Zip Code  
Henderson NC 27536

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

Name of Employer Occupation  
Carolina Quality Inc. Franchisee

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 0 6

Transaction ID: 60612.C525

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Joseph Mirabile

Mailing Address 2830 Forest Hill Irene

City State Zip Code  
Germantown TN 38139

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

Name of Employer Occupation  
Mirabile Investment Corpor- Franchisee  
ation

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 6

Transaction ID: 60612.C545

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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)  
Eric Oppenheim

Mailing Address 1017 Curtis Pl.

City State Zip Code  
Gastonia NC 28052

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

Name of Employer Occupation  
Republic Foods Franchisee

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2006

Transaction ID: 60612.C539

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Stafford Rastall

Mailing Address P.O. Box 680600

City State Zip Code  
Fort Payne AL 35968

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

Name of Employer Occupation  
Kristie Co. Franchisee

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2006

Transaction ID: 60612.C533

Amount of Each Receipt this Period  
1250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Bob Reardon

Mailing Address 3003 Wolf Trap Dr.

City State Zip Code  
Wilson NC 27893

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

Name of Employer Occupation  
Spinlar Enterprises Franchisee

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2006

Transaction ID: 60612.C549

Amount of Each Receipt this Period  
250.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 29
	(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

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

**A.** Full Name (Last, First, Middle Initial)  
Thomas Walsh, Sr.

Mailing Address 15 Riverview Hts.

City State Zip Code  
Sioux Falls SD 57105

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

Name of Employer Occupation  
Dakota King, Inc. Franchise Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2006

Transaction ID: 60612.C521

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Thomas D. White

Mailing Address 113 Woodstream Rd.

City State Zip Code  
Mooreville NC 28117

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  
MM / DD / YYYY  
05 / 31 / 2006

Transaction ID: 60612.C548

Amount of Each Receipt this Period  
500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	27918.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 29	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Wachovia Securities (1st Union Natl B

Mailing Address NC8502  
P.O. Box 563966

City State Zip Code  
Charlotte NC 28262-3966

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
593.46

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	0	6

Transaction ID: 60612.C550

Amount of Each Receipt this Period  
183.98

Interest Received

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	183.98
<b>TOTAL</b> This Period (last page this line number only) .....	▶	183.98

**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)

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<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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> 60612.E356 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 2878		Amount of Each Disbursement this Period 382.29
City Omaha State NE Zip Code 68103-2878	CREDIT CARD FEES	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> 60612.E357 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 2878		Amount of Each Disbursement this Period 29.50
City Omaha State NE Zip Code 68103-2878	CREDIT CARD FEE	
Purpose of Disbursement CREDIT CARD FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. NOVA</b>		<b>Transaction ID:</b> 60612.E355 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address MSI Merchant Services 890 Mountain Avenue		Amount of Each Disbursement this Period 47.45
City New Providence State NJ Zip Code 07974-	MONTHLY MERCHANT FEE	
Purpose of Disbursement MONTHLY MERCHANT FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	459.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	459.24

# 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

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

Full Name (Last, First, Middle Initial) <b>A. Pete Pac</b>		<b>Transaction ID: 60612.E341</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address 7804 Evening Street		Amount of Each Disbursement this Period 5000.00	
City Alexandria State VA Zip Code 22306-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	DIRECT CONTRIBUTION	

Full Name (Last, First, Middle Initial) <b>B. National Republican Congressional Cmte</b>		<b>Transaction ID: 60612.E363</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 320 First Street, Se		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20003-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	DIRECT CONTRIBUTION	

Full Name (Last, First, Middle Initial) <b>C. 21st Century Pac</b>		<b>Transaction ID: 60612.E330</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address P.O. Box 222452		Amount of Each Disbursement this Period 2000.00	
City Chantilly State VA Zip Code 20153-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	DIRECT CONTRIBUTION	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12000.00
<b>TOTAL</b> 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)

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<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

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

Full Name (Last, First, Middle Initial) <b>A. ERIC PAC</b>		<b>Transaction ID:</b> 60612.E328 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 209 Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20003-	DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER

Full Name (Last, First, Middle Initial) <b>B. Longhorn PAC</b>		<b>Transaction ID:</b> 60612.E334 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address c/o Epiphany Productions, Inc. 104 Hume Ave.		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22301-	DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER

Full Name (Last, First, Middle Initial) <b>C. Straight Talk America</b>		<b>Transaction ID:</b> 60612.E324 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 3927 Elm Avenue		Amount of Each Disbursement this Period 2000.00
City Long Beach State CA Zip Code 90807-	DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> 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)

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<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

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

Full Name (Last, First, Middle Initial) <b>A. Red PAC</b>		Transaction ID: 60612.E340 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 104 Hume Street		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22301-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION
State: District:	ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) <b>B. CAMPAC</b>		Transaction ID: 60612.E345 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 5915 Eastman Avenue Suite 100		Amount of Each Disbursement this Period 1000.00
City Midland State MI Zip Code 48640-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION
State: District:	ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) <b>C. COLE PAC</b>		Transaction ID: 60612.E347 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 12176 Chancery Station Circle		Amount of Each Disbursement this Period 4000.00
City Reston State VA Zip Code 20190-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION
State: District:	ANNUAL/OTHER	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

**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 / 29

<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

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

Full Name (Last, First, Middle Initial) <b>A. Freshman PAC</b>		Transaction ID: 60612.E349 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 1635		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22313-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION
State: District:	ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) <b>B. Friends of George Allen</b>		Transaction ID: 60612.E350 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 6859		Amount of Each Disbursement this Period 2000.00
City Arlington State VA Zip Code 22206-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name GEORGE ALLEN		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION
State: VA District: 00		

Full Name (Last, First, Middle Initial) <b>C. Bilirakis for Congress</b>		Transaction ID: 60612.E344 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 610 South Boulevard		Amount of Each Disbursement this Period 1000.00
City Tampa State FL Zip Code 33606-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name GUS MICHAEL BILIRAKIS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION
State: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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

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

Full Name (Last, First, Middle Initial) <b>A. Boustany for Congress</b>		<b>Transaction ID:</b> 60612.E326 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 616 E Street, NW #802		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20004-	DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		Category/ Type
Candidate Name CHARLES W. JR BOUSTANY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hoosiers Supporting Buyer for Congress</b>		<b>Transaction ID:</b> 60612.E358 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 200 North Main Street P.O. Box 712		Amount of Each Disbursement this Period 1000.00
City Monticello State IN Zip Code 47960-	DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		Category/ Type
Candidate Name STEVE CONGRESSMAN BUYER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Carper for Senate</b>		<b>Transaction ID:</b> 60612.E338 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 2882		Amount of Each Disbursement this Period 1000.00
City Wilmington State DE Zip Code 19805-	DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		Category/ Type
Candidate Name THOMAS R CARPER		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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 22 / 29

<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

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

Full Name (Last, First, Middle Initial) <b>A. Steve Chabot for Congress</b>		<b>Transaction ID: 60612.E361</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 3014 Harrison Ave.		Amount of Each Disbursement this Period 1000.00
City Cincinnati State OH Zip Code 45211-	Category/ Type  DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name STEVEN J CHABOT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Chris Chocola for Congress, Inc.</b>		<b>Transaction ID: 60612.E346</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 6728		Amount of Each Disbursement this Period 1000.00
City Siyth Bend State IN Zip Code 46660-	Category/ Type  DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name J CHRISTOPHER CHOCOLA		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Kent Conrad</b>		<b>Transaction ID: 60612.E342</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 122 Maryland Ave., NE		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20002-	Category/ Type  DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name KENT CONRAD		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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

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

Full Name (Last, First, Middle Initial) <b>A. Geoff Davis for Congress</b>		<b>Transaction ID:</b> 60612.E331 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 17192		Amount of Each Disbursement this Period 2000.00
City Ft Mitchell      State KY      Zip Code 41017-	Category/ Type  DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name GEOFFREY C DAVIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY      District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ensign for Senate</b>		<b>Transaction ID:</b> 60612.E348 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 26568		Amount of Each Disbursement this Period 2000.00
City Las Vegas      State NV      Zip Code 89126-	Category/ Type  DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name JOHN ERIC ENSIGN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV      District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Gallegly for Congress</b>		<b>Transaction ID:</b> 60612.E352 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 940001		Amount of Each Disbursement this Period 1000.00
City Simi Valley      State CA      Zip Code 93094-	Category/ Type  DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name ELTON GALLEGLY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA      District: 24	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> 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)

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<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

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

Full Name (Last, First, Middle Initial) <b>A. Gard for Congress</b>		Transaction ID: 60612.E339 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address P.O. Box 277		Amount of Each Disbursement this Period 1000.00	
City Green Bay State WI Zip Code 54305-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name JOHN G. GARD	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	DIRECT CONTRIBUTION		

Full Name (Last, First, Middle Initial) <b>B. Hayes for Congress</b>		Transaction ID: 60612.E353 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address P.O. Box 2000		Amount of Each Disbursement this Period 1000.00	
City Concord State NC Zip Code 28026-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name ROBERT CANNON HAYES	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08	DIRECT CONTRIBUTION		

Full Name (Last, First, Middle Initial) <b>C. Hobson for Congress</b>		Transaction ID: 60612.E354 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 82 West Columbia		Amount of Each Disbursement this Period 1000.00	
City Springfield State OH Zip Code 45503-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name DAVID LEE HOBSON	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07	DIRECT CONTRIBUTION		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

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<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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Congressman Tim Holden</b>		Transaction ID: 60612.E332 Date of Disbursement 05 / 24 / 2006
Mailing Address 18 North 2nd Street		Amount of Each Disbursement this Period 1000.00
City Saint Clair State PA Zip Code 17970-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name T. TIMOTHY HOLDEN		DIRECT CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Bobby Jindal, Inc.</b>		Transaction ID: 60612.E333 Date of Disbursement 05 / 24 / 2006
Mailing Address P.O. Box 8628		Amount of Each Disbursement this Period 1000.00
City Metairie State LA Zip Code 70011-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name BOBBY JINDAL		DIRECT CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mark Kennedy for Congress</b>		Transaction ID: 60612.E359 Date of Disbursement 05 / 31 / 2006
Mailing Address P.O. Box 49333		Amount of Each Disbursement this Period 2000.00
City Blaine State MN Zip Code 55449-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name MARK RAYMOND KENNEDY		DIRECT CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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)

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<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

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

Full Name (Last, First, Middle Initial) <b>A. King for Congress</b>		Transaction ID: 60612.E335 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address P.O. Box 576		Amount of Each Disbursement this Period 1000.00	
City Odebolt State IA Zip Code 51458-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name STEVEN A KING		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 05	DIRECT CONTRIBUTION		

Full Name (Last, First, Middle Initial) <b>B. Ron Lewis for Congress</b>		Transaction ID: 60612.E322 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address P.O. Box 307		Amount of Each Disbursement this Period 1000.00	
City Elizabethtown State KY Zip Code 42702-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name RON LEWIS		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	DIRECT CONTRIBUTION		

Full Name (Last, First, Middle Initial) <b>C. Trent Lott for Mississippi</b>		Transaction ID: 60612.E343 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address P.O. Box 22824		Amount of Each Disbursement this Period 2000.00	
City Jackson State MS Zip Code 39225-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name TRENT LOTT		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00	DIRECT CONTRIBUTION		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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

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

Full Name (Last, First, Middle Initial) <b>A. McCrery For Congress</b>		Transaction ID: 60612.E329 Date of Disbursement 05 / 24 / 2006	
Mailing Address P.O. Box 4650		Amount of Each Disbursement this Period 2000.00	
City Shreveport State LA Zip Code 71134-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name JAMES OTIS III MCCRERY		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	DIRECT CONTRIBUTION		

Full Name (Last, First, Middle Initial) <b>B. Ben Nelson for U.S. Senate</b>		Transaction ID: 60612.E325 Date of Disbursement 05 / 24 / 2006	
Mailing Address 420 C Street, NE		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name E BENJAMIN NELSON		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00	DIRECT CONTRIBUTION		

Full Name (Last, First, Middle Initial) <b>C. Porter for Congress</b>		Transaction ID: 60612.E351 Date of Disbursement 05 / 31 / 2006	
Mailing Address 5851 W. Charleston Blvd.		Amount of Each Disbursement this Period 2000.00	
City Las Vegas State NV Zip Code 89146-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name JON SR PORTER		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	DIRECT CONTRIBUTION		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> 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)

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<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

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

Full Name (Last, First, Middle Initial) <b>A. Santorum 2006</b>		Transaction ID: 60612.E360 Date of Disbursement 05 / 31 / 2006
Mailing Address 1 Tower Bridge Suite 1440		Amount of Each Disbursement this Period 5000.00
City Conshohocken State PA Zip Code 19428-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name RICHARD J SANTORUM		DIRECT CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Clay Shaw</b>		Transaction ID: 60612.E321 Date of Disbursement 05 / 02 / 2006
Mailing Address P.O. Box 32579		Amount of Each Disbursement this Period 2000.00
City Palm Beach Gardens State FL Zip Code 33420-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name CLAY SHAW		DIRECT CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Mike Sodrel</b>		Transaction ID: 60612.E336 Date of Disbursement 05 / 24 / 2006
Mailing Address P.O. Box 1505 Suite 500		Amount of Each Disbursement this Period 1000.00
City Jeffersonville State IN Zip Code 47130-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name MICHAEL E. SODREL		DIRECT CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> 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)

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<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

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

Full Name (Last, First, Middle Initial) <b>A. Steele for Maryland, Inc.</b>		Transaction ID: 60612.E323 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 347		Amount of Each Disbursement this Period 1000.00
City Annapolis State MD Zip Code 21401-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name MICHAEL STEELE		Category/ Type DIRECT CONTRIBUTION
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Westmoreland for Congress</b>		Transaction ID: 60612.E362 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 458		Amount of Each Disbursement this Period 1000.00
City Sharpsburg State GA Zip Code 30277-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name LYNN ACTON WESTMORELAND		Category/ Type DIRECT CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Whalen for Congress</b>		Transaction ID: 60612.E337 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 750		Amount of Each Disbursement this Period 2000.00
City Bettendorf State IA Zip Code 52722-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name MICHAEL LOUIS WHALEN		Category/ Type DIRECT CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	67000.00