

**STATEMENT OF ORGANIZATION**

|  |  |
|--|--|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)<br><b>National Franchisee Association PAC (NFA-PAC)</b> | 2. DATE<br><b>01-31-00</b>   |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed)<br><b>Post Office Box 14261</b>                         | 3. FEC ID NUMBER<br><b>C00329425</b>   |
| (c) City, State and ZIP Code<br><b>Washington, D.C. 20044-4261</b>   | 4. AMENDMENT?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

5. TYPE OF COMMITTEE (Check one)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This is an authorized, NOT a principal committee (Complete the candidate information below.)

| Name of Candidate | Candidate Party | Office Sought | State/District |
|-------------------|-----------------|---------------|----------------|
|                   |                 |               |                |

(c) This committee supports \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)

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

(e) This committee is a separate segregated fund.

(f) This committee supports more than one Federal candidate and is NOT a fund or party committee

| Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code   | Relationship     |
|--|--|------------------|
| <b>National Franchisee Association Inc.</b>                | <b>3901 Roswell Road N.E., Suite 208<br/>Marietta, Georgia 30052</b> | <b>Connected</b> |

Type of Connected Organization:  Corporation  Corporation w/o Capital Stock

Labor Organization  Membership Organization  Trade Association  Cooperative

7. Custodian of Records: Identify the person in possession of committee books and records.

| Full Name             | Mailing Address  | Title or Position        |
|-----------------------|--|--------------------------|
| <b>Patrick Turner</b> | <b>701 Penn. Avenue N.W., #600, Washington, D.C. 20004</b> | <b>Records Custodian</b> |

8. Treasurer: List the name and address of the committee treasurer and of any assistant treasurer.

| Full Name                  | Mailing Address   | Title or Position      |
|----------------------------|---|------------------------|
| <b>C. Randall Nuckolls</b> | <b>701 Pennsylvania Ave. NW, #600, Washington, D.C. 20004</b> | <b>Treasurer</b>       |
| <b>Larry Baker</b>         | <b>3841 W. Dimond Blvd., Anchorage, AK 99515</b>              | <b>Asst. Treasurer</b> |

9. Banks or Other Depositories: List all in which the committee deposits or maintains funds or accounts.

| Name of Bank, Depository, etc.   | Mailing Address and ZIP Code                                |
|----------------------------------|---|
| <b>First Union National Bank</b> | <b>801 Pennsylvania Avenue N.W., Washington, D.C. 20004</b> |

I certify that I have examined this Statement and to the best of my knowledge it is correct and complete.

| TYPE OR PRINT NAME OF TREASURER | SIGNATURE OF TREASURER | DATE            |
|---------------------------------|------------------------|-----------------|
| <b>C. Randall Nuckolls</b>      |                        | <b>01-31-00</b> |

NOTE: Submission of false, erroneous, or incomplete information may subject signer to penalties.  
 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

|   |                                      |
|---|--------------------------------------|
| <input checked="" type="checkbox"/> Hand Delivered                                  | Date of Receipt<br>1/31/00           |
| <input type="checkbox"/> First Class Mail   | POSTMARKED                           |
| <input type="checkbox"/> Registered/Certified Mail                                  | POSTMARKED                           |
| <input type="checkbox"/> No Postmark  |                                      |
| <input type="checkbox"/> Postmark Illegible   |                                      |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt                      |
| <input type="checkbox"/> Received from the Senate Office of Public Records          | Date of Receipt                      |
| <input type="checkbox"/> Other ( Specify):  | Postmarked<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing  |                                      |
| SA  | 1/31/00                              |
| PREPARER  | DATE PREPARED                        |