

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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 Year-End 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 (12S)  
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  06 / 01 / 2014 through  06 / 30 / 2014

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 Mr. Steve Caldeira

Signature of Treasurer Mr. Steve Caldeira [Electronically Filed] Date  07 / 18 / 2014

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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2014"/>  | <input type="text" value="287446.16"/> | <input type="text" value="287446.16"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="142655.19"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="71641.49"/>  | <input type="text" value="189952.16"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="214296.68"/> | <input type="text" value="477398.32"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="108748.29"/> | <input type="text" value="371849.93"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="105548.39"/> | <input type="text" value="105548.39"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="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

**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

Report Covering the Period: From:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 70847.63                      | 184715.83                         |
| (ii) Unitemized .....   | 793.86                        | 2236.33                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 71641.49                      | 186952.16                         |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 1000.00                           |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 71641.49                      | 187952.16                         |
| 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                          | 2000.00                           |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 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 Transfers (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))..... ▶                        | 71641.49                      | 189952.16                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 71641.49                      | 189952.16                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated 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 .....   | 33748.29                      | 55849.93                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 33748.29                      | 55849.93                          |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 75000.00                      | 306000.00                         |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (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                          | 10000.00                          |
| (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                          | 10000.00                          |
| 29. Other Disbursements .....  | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated 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)) ..      | 108748.29                     | 371849.93                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 108748.29                     | 371849.93                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 71641.49                      | 187952.16                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 10000.00                          |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 71641.49                      | 177952.16                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 33748.29                      | 55849.93                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 33748.29                      | 55849.93                          |

**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 OF 36  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. William Grubb</b> |  | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2014<br><b>Transaction ID : 4055942</b>  |
| Mailing Address 1501 K Street NW<br>Suite 350                      |  | Amount of Each Receipt this Period<br>416.66  |
| City<br>Washington   | State<br>DC  |   |
| Zip Code<br>20005-1412   |  | Aggregate Year-to-Date ▼<br>2499.96   |
| FEC ID number of contributing federal political committee.<br>C    |  |   |
| Name of Employer<br>International Franchise Association            | Occupation<br>SVP, Finance, Administration, Conferen | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                       |   |
|--|-----------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Michael M Isakson</b> |                       | Date of Receipt<br>MM / DD / YYYY<br>06 / 19 / 2014<br><b>Transaction ID : 9615029</b>  |
| Mailing Address 7716 Chapel Creek Parkway N                                |                       | Amount of Each Receipt this Period<br>2500.00   |
| City<br>Cordova  | State<br>TN           |   |
| Zip Code<br>38016-2849   |                       | Aggregate Year-to-Date ▼<br>5000.00   |
| FEC ID number of contributing federal political committee.<br>C            |                       |   |
| Name of Employer<br>ServiceMaster Company                                  | Occupation<br>Partner | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|   |                          |   |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Ms. Melanie Bergeron CFE</b> |                          | Date of Receipt<br>MM / DD / YYYY<br>06 / 19 / 2014<br><b>Transaction ID : 9615030</b>  |
| Mailing Address 1465 Willoughby Rd  |                          | Amount of Each Receipt this Period<br>1115.00   |
| City<br>Mason   | State<br>MI              |   |
| Zip Code<br>48854-9434  |                          | Aggregate Year-to-Date ▼<br>2500.00   |
| FEC ID number of contributing federal political committee.<br>C               |                          |   |
| Name of Employer<br>Two Men And A Truck International, Inc                    | Occupation<br>Chairwoman | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 4031.66 |
| <b>TOTAL</b> 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 7 OF 36                 |
|   | <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)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Amy Cheng**

Mailing Address 311 North Aberdeen Street, #400

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Chicago | IL    | 60607-1298 |

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
| Cheng Cohen LLC  | Partner    |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 19    | / | 2014        |

**Transaction ID : 9615031**

Amount of Each Receipt this Period  

|         |
|---------|
| 1250.00 |
|---------|

Full Name (Last, First, Middle Initial)  
**B. Mrs. Dina Dwyer-Owens CFE**

Mailing Address 1015 Joy Drive

|      |       |            |
|------|-------|------------|
| City | State | Zip Code   |
| Waco | TX    | 76708-9770 |

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

|                  |                  |
|------------------|------------------|
| Name of Employer | Occupation       |
| The Dwyer Group  | Chairwoman & CEO |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 19    | / | 2014        |

**Transaction ID : 9615032**

Amount of Each Receipt this Period  

|         |
|---------|
| 1250.00 |
|---------|

Full Name (Last, First, Middle Initial)  
**C. Mr. Tim Evankovich**

Mailing Address 7230 Lee DeForest Drive, #200

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Columbia | MD    | 21046-3249 |

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

|                        |                    |
|------------------------|--------------------|
| Name of Employer       | Occupation         |
| The Cleaning Authority | President, Founder |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 19    | / | 2014        |

**Transaction ID : 9615033**

Amount of Each Receipt this Period  

|         |
|---------|
| 1250.00 |
|---------|

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>3750.00</b> |
| <b>TOTAL</b> 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 8 OF 36  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

**A. Ms. Gail W Johnson CFE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10702 Green Mount Road  
 City State Zip Code  
 Henrico VA 23238-3511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rainbow Station, Inc. President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2014  
**Transaction ID : 9615034**  
 Amount of Each Receipt this Period  
 1250.00

**B. Mr. Todd Juneau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Carmel Valley Road  
 City State Zip Code  
 San Diego CA 92130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Aviatech, LLC VP Media  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2014  
**Transaction ID : 9615035**  
 Amount of Each Receipt this Period  
 1250.00

**C. Ms. Barbara Moran-Goodrich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11859 Swilly Ct.  
 City State Zip Code  
 Orland Park IL 60467-8514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Moran Industries, Inc. President & CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2014  
**Transaction ID : 9615036**  
 Amount of Each Receipt this Period  
 1250.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3750.00 |
| <b>TOTAL</b> 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 OF 36  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

**A. Daniel Mormino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6263 North Scottsdale Road, Suite  
 City State Zip Code  
 Scottsdale AZ 85250-5411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Infiniti HR Division Vice President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2014  
**Transaction ID : 9615037**  
 Amount of Each Receipt this Period  
 1250.00

**B. Mr. David Nilssen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15524 SE 9th St  
 City State Zip Code  
 Bellevue WA 98007-5909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Guidant Financial Group, Inc. Co-Founder  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2014  
**Transaction ID : 9615044**  
 Amount of Each Receipt this Period  
 1250.00

**C. Ms. Karen Powell CFE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 99 Pond View Drive  
 City State Zip Code  
 Southbury CT 06488-1129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Decor and You, Inc. President - Founder  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2014  
**Transaction ID : 9615045**  
 Amount of Each Receipt this Period  
 1250.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3750.00 |
| <b>TOTAL</b> 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 10 OF 36                |
|   | <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)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

**A. Ms. Kathleen A. Gilmartin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1601 Sawgrass Corporate Pkwy.

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Sunrise | FL    | 33323-2883 |

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

|                          |                 |
|--------------------------|-----------------|
| Name of Employer         | Occupation      |
| Interim Healthcare, Inc. | President & CEO |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 19    | / | 2014        |

**Transaction ID : 9615046**

Amount of Each Receipt this Period  
1250.00

**B. Mr. Gary Goerke**  
Full Name (Last, First, Middle Initial)

Mailing Address 44366 Nowland Dr

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Canton | MI    | 48188-1792 |

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

|                  |               |
|------------------|---------------|
| Name of Employer | Occupation    |
| Clarity Voice    | President/CEO |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 19    | / | 2014        |

**Transaction ID : 9615047**

Amount of Each Receipt this Period  
1250.00

**c. Ms. Catherine Monson CFE**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Florentine

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| Laguna Hills | CA    | 92656-4229 |

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

|                         |            |
|-------------------------|------------|
| Name of Employer        | Occupation |
| FASTSIGNS International | CEO        |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 19    | / | 2014        |

**Transaction ID : 9615048**

Amount of Each Receipt this Period  
1250.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3750.00 |
| <b>TOTAL</b> 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 11 OF 36  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

**A. John Reynolds**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 K St., NW  
 City Washington State DC Zip Code 20005-1401  
 Date of Receipt 06 / 19 / 2014  
 Transaction ID : 9615049  
 Amount of Each Receipt this Period 1250.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer IFA Occupation President, Educational Foundation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

**B. Mr. Scott Thompson CFE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11007 Alpharetta Highway  
 City Roswell State GA Zip Code 30076-1412  
 Date of Receipt 06 / 23 / 2014  
 Transaction ID : 9619456  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Desjoyaux Pools USA, LLC Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**C. Mr. Sean Trumbo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3024 N. Market Street, #D  
 City Fayetteville State AR Zip Code 72703-3566  
 Date of Receipt 06 / 23 / 2014  
 Transaction ID : 9619457  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer BrightStar Healthcare of Fayetteville, Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**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: (check only one)                                      | PAGE 12 OF 36   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

**A. Mr. Gregg Mazza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13575 58th Street, #100  
 City Clearwater State FL Zip Code 33760-3755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BrightStar Healthcare of Pinellas, FL Occupation 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 Y  
 06 / 23 / 2014  
**Transaction ID : 9619458**  
 Amount of Each Receipt this Period  
**250.00**

**B. Ms. Cheri McEssy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 West Erie, #403  
 City Chicago State IL Zip Code 60654-6918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BrightStar Healthcare of Chicago, IL Occupation 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 Y  
 06 / 23 / 2014  
**Transaction ID : 9619459**  
 Amount of Each Receipt this Period  
**250.00**

**c. Mr. Paul C Wolbert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2826 Regal Lane  
 City Oviedo State FL Zip Code 32765-7573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer U.S. Lawns Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 9619460**  
 Amount of Each Receipt this Period  
**625.00**

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>1125.00</b> |
| <b>TOTAL</b> 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 13 OF 36   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

**A. Mr. Richard Rennick CFE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 67633 N. Natoma Drive  
 City State Zip Code  
 Cathedral City CA 92234-7407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TEAMRennick President & COO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 9619461**  
 Amount of Each Receipt this Period  
 1250.00

**B. Mr. Jeff Bevis CFE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4573 W. State Route 73  
 City State Zip Code  
 Wilmington OH 45177-9299  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FirstLight HomeCare Consultant  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 9619462**  
 Amount of Each Receipt this Period  
 625.00

**C. Mr. Seth Goldstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1403 Brentwood Road  
 City State Zip Code  
 Bay Shore NY 11706-5251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Dunkin' Donuts/Baskin Robbins of Baysh Owner  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 9619464**  
 Amount of Each Receipt this Period  
 100.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1975.00 |
| <b>TOTAL</b> 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 14 OF 36   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Tim Lightner</b>   |                                     | Date of Receipt<br>06 / 23 / 2014<br><b>Transaction ID : 9619466</b> |
| Mailing Address 5501 Shale Road   |                                     | Amount of Each Receipt this Period<br>625.00                         |
| City<br>Fitchburg   | State<br>WI                         | Zip Code<br>53711-4940   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>625.00                         |
| Name of Employer<br>Two Men And A Truck of Madison, WI  | Occupation<br>Owner                 |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1250.00 |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ms. Nancy Bigley CFE</b>   |   | Date of Receipt<br>06 / 23 / 2014<br><b>Transaction ID : 9619467</b> |
| Mailing Address 3719 Ponderosa Way, E.  |   | Amount of Each Receipt this Period<br>125.00                         |
| City<br>Palm Springs  | State<br>CA                                 | Zip Code<br>92264-3539   |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>125.00                         |
| Name of Employer<br>Bottle & Bottega  | Occupation<br>Senior Director of Operations |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00          |  |

|   |                                       |  |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. John W. Francis</b>  |                                       | Date of Receipt<br>06 / 23 / 2014<br><b>Transaction ID : 9619559</b> |
| Mailing Address 2280 Rivewood Place   |                                       | Amount of Each Receipt this Period<br>250.00                         |
| City<br>Saint Paul  | State<br>MN                           | Zip Code<br>55104-5646   |
| FEC ID number of contributing federal political committee.<br>C   |                                       | Amount of Each Receipt this Period<br>250.00                         |
| Name of Employer<br>PostNet International Franchise Corp.   | Occupation<br>Area Franchisee MN & WI |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00    |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1000.00 |
| <b>TOTAL</b> 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 15 OF 36                |
|   | <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)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

|   |             |                                     |   |  |  |
|---|-------------|-------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Marc Kiekenapp</b>   |             |                                     | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>06 / 23 / 2014<br><b>Transaction ID : 9619564</b> |  |  |
| Mailing Address 26153 N. 104th Pl.  |             |                                     | Amount of Each Receipt this Period<br>1000.00   |  |  |
| City<br>Scottsdale  | State<br>AZ | Zip Code<br>85255-8029              |   |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |                                     |   |  |  |
| Name of Employer<br>Kiekenapp & Associates  |             | Occupation<br>Senior Partner        |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>1000.00 |   |  |  |

|   |             |                                     |   |  |  |
|---|-------------|-------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Beth Solomon</b>   |             |                                     | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>06 / 23 / 2014<br><b>Transaction ID : 9619565</b> |  |  |
| Mailing Address 117 S Street NW   |             |                                     | Amount of Each Receipt this Period<br>625.00  |  |  |
| City<br>Washington  | State<br>DC | Zip Code<br>20001-1129              |   |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |                                     |   |  |  |
| Name of Employer<br>National Association of Development Co  |             | Occupation<br>President & CEO       |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>1250.00 |   |  |  |

|   |             |                                     |   |  |  |
|---|-------------|-------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Stephen P. Joyce</b>   |             |                                     | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>06 / 08 / 2014<br><b>Transaction ID : 9620145</b> |  |  |
| Mailing Address 726 Park Avenue   |             |                                     | Amount of Each Receipt this Period<br>1000.00   |  |  |
| City<br>Herndon   | State<br>VA | Zip Code<br>20170-3232              |   |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |                                     |   |  |  |
| Name of Employer<br>Choice Hotels International   |             | Occupation<br>President & CEO       |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>1000.00 |   |  |  |

In-Kind: Auction Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2625.00 |
| <b>TOTAL</b> 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 16 OF 36   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Amit Pamecha CFE</b>   |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>06 / 08 / 2014 |
| Mailing Address 11715 Crippen Court   |                                    | <b>Transaction ID : 9620146</b>                                  |
| City<br>Great Falls   | State<br>VA                        | Zip Code<br>22066-1624   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>500.00                     |
| Name of Employer<br>FranConnect Software  | Occupation<br>CEO/Co-Founder       | In-Kind: Auction Item  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Dennis Wieczorek CFE</b>   |                                     | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>06 / 08 / 2014 |
| Mailing Address 212 Pine Point Drive  |                                     | <b>Transaction ID : 9620147</b>                                  |
| City<br>Highland Park   | State<br>IL                         | Zip Code<br>60035-5335   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>5000.00                    |
| Name of Employer<br>DLA Piper LLP (US)  | Occupation<br>Partner               | In-Kind: Auction Item  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Lawrence Doc Cohen CFE</b>   |                                     | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>06 / 08 / 2014 |
| Mailing Address 9900 Kleppel Road   |                                     | <b>Transaction ID : 9620148</b>                                  |
| City<br>Tomball   | State<br>TX                         | Zip Code<br>77375-3202   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>4765.00                    |
| Name of Employer<br>DOC & Associates, Ltd.  | Occupation<br>President             | In-Kind: Auction Item  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>4765.00 |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 10265.00 |
| <b>TOTAL</b> 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 17 OF 36                |
|   | <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)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

**A. Mr. Ronald A. Feldman CFE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1645 Fawn Lane  
 City State Zip Code  
 Huntingdon Valley PA 19006-7917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Franchise America Finance Chief Executive Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2014  
**Transaction ID : 9620149**  
 Amount of Each Receipt this Period  
 5000.00  
 In-Kind: Auction Item

**B. Mr. Nathan Greenberg CFE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 604 Bismarck  
 City State Zip Code  
 King Of Prussia PA 19406-3210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Franchise America Finance President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3971.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2014  
**Transaction ID : 9620150**  
 Amount of Each Receipt this Period  
 3971.00  
 In-Kind: Auction Item

**C. Mr. Brent Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1225 Tri-State Parkway  
 Suite 500  
 City State Zip Code  
 Gurnee IL 60031-9163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 West's Insurance Agency Vice President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2014  
**Transaction ID : 9620151**  
 Amount of Each Receipt this Period  
 5000.00  
 In-Kind: Auction Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 13971.00 |
| <b>TOTAL</b> 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 18 OF 36   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

**A. Ms. Sherri Fishman CFE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1438 Coral Parkway  
 City Northbrook State IL Zip Code 60062-5159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fishman Public Relations Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2635.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2014  
**Transaction ID : 9620152**  
 Amount of Each Receipt this Period  
 2635.00  
 In-Kind: Auction Item

**B. Mr. John D. Sun**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 590 Academy Woods Drive  
 City Lake Forest State IL Zip Code 60045-5118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BrightStar Franchising, LLC Occupation SVP, Branding  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2014  
**Transaction ID : 9620153**  
 Amount of Each Receipt this Period  
 3250.00  
 In-Kind: Auction Item

**C. Ms. Saunda Kitchen CFE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8174 Whited Road  
 City Sebastopol State CA Zip Code 95472-4037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mr. Rooter of Sonoma County, CA Occupation Franchise Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2014  
**Transaction ID : 9620274**  
 Amount of Each Receipt this Period  
 500.00  
 In-Kind: Auction Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6385.00  
**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 19 OF 36  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Tim Davis**

Mailing Address 350 11th Avenue

City San Diego State CA Zip Code 92101-7472

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

Name of Employer The UPS Store Occupation Vice President of Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : 9620738**

Amount of Each Receipt this Period  
**365.00**

Full Name (Last, First, Middle Initial)  
**B. Ms. Cyndi Framme CFE**

Mailing Address 5766 Tamarisk Way

City San Luis Obispo State CA Zip Code 93401-8274

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

Name of Employer Express Services, Inc. Occupation Franchise Developer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : 9620739**

Amount of Each Receipt this Period  
**365.00**

Full Name (Last, First, Middle Initial)  
**C. Ms. Susan E Black-Beth CFE**

Mailing Address 1948 Elmore Ave.

City Downers Grove State IL Zip Code 60515-4426

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

Name of Employer Super Wash, Inc. Occupation SVP, Franchise Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.33**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : 9620740**

Amount of Each Receipt this Period  
**833.33**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1563.33**

**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 20 OF 36                |
|   | <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)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

**A. Mr. David L. Cahn CFE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6209 Gernard Road  
 City Baltimore State MD Zip Code 21209-3517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Whiteford Taylor & Preston LLP Occupation Principal  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : 9620741**  
 Amount of Each Receipt this Period  
**365.00**

**B. Ms. Sherri Seiber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3405 Clear Fork Trail  
 City Fort Worth State TX Zip Code 76109-2410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FranFund, Inc. Occupation Director, Strategic Relationships  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : 9620742**  
 Amount of Each Receipt this Period  
**1000.00**

**C. Mr. Robert Stidham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3251 Betsy Lane  
 City Oak Hill State VA Zip Code 20171-1615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Franchise Dynamics, LLC Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1666.66**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : 9620743**  
 Amount of Each Receipt this Period  
**1666.66**

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>3031.66</b> |
| <b>TOTAL</b> 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 21 OF 36   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

**A. Kristen N Joyce**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 726 Park Avenue  
 City Herndon State VA Zip Code 20170-3232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 14 / 2014  
**Transaction ID : 9665718**  
 Amount of Each Receipt this Period  
 5000.00

**B. Ms Marla Weiner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 Pine Point Drive  
 City Highland Park State IL Zip Code 60035-5335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1875.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2014  
**Transaction ID : 9681868**  
 Amount of Each Receipt this Period  
 1875.00  
 In-Kind: Auction Item

**C. Mr. Matthew Haller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1626 New Jersey Ave, NW, #1  
 City Washington State DC Zip Code 20001-2425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer International Franchise Association Occupation Senior Director, Marketing and Communi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR383169310746**  
 Amount of Each Receipt this Period  
 416.66  
 P/R Deduction (\$131.58 Bi-Weekly)

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 7291.66 |
| <b>TOTAL</b> 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 22 OF 36                |
|   | <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)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

**A. Erica Fitzsimmons**  
Full Name (Last, First, Middle Initial)

Mailing Address 1501 K Street, NW, Suite 350

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Washington | State<br>DC | Zip Code<br>20005-1412 |
|--------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer<br>International Franchise Association | Occupation<br>Director, Political Affairs and Grassr |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2499.96

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 30  |   | 2014    |

**Transaction ID : PR385120510746**

Amount of Each Receipt this Period  
416.66

P/R Deduction (\$108.70 Bi-Weekly)

**B. Dean Heyl**  
Full Name (Last, First, Middle Initial)

Mailing Address 1501 K Street, NWm Suite 350

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Washington | State<br>DC | Zip Code<br>20009 |
|--------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer<br>International Franchise Association | Occupation<br>Senior Director, State Government Affa |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2499.96

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 30  |   | 2014    |

**Transaction ID : PR396117910746**

Amount of Each Receipt this Period  
416.66

P/R Deduction (\$321.43 Bi-Weekly)

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

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

Amount of Each Receipt this Period

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 833.32   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 70847.63 |

**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 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)

**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)

**A. Mr. Stephen P. Joyce**

Mailing Address 726 Park Avenue

City Herndon State VA Zip Code 20170-3232

Purpose of Disbursement  
In-Kind: Auction Item

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9620275**

Amount of Each Disbursement this Period

In-Kind: Auction Item

Full Name (Last, First, Middle Initial)

**B. Mr. Amit Pamecha CFE**

Mailing Address 11715 Crippen Court

City Great Falls State VA Zip Code 22066-1624

Purpose of Disbursement  
In-Kind: Auction Item

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9620276**

Amount of Each Disbursement this Period

In-Kind: Auction Item

Full Name (Last, First, Middle Initial)

**C. Mr. Dennis Wieczorek CFE**

Mailing Address 212 Pine Point Drive

City Highland Park State IL Zip Code 60035-5335

Purpose of Disbursement  
In-Kind: Auction Item

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9620277**

Amount of Each Disbursement this Period

In-Kind: Auction Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**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 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)

**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)

**A. Mr. Lawrence Doc Cohen CFE**

Mailing Address 9900 Kleppel Road

City Tomball State TX Zip Code 77375-3202

Purpose of Disbursement  
In-Kind: Auction Item

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9620278**

Amount of Each Disbursement this Period

In-Kind: Auction Item

Full Name (Last, First, Middle Initial)

**B. Mr. Ronald A. Feldman CFE**

Mailing Address 1645 Fawn Lane

City Huntingdon Valley State PA Zip Code 19006-7917

Purpose of Disbursement  
In-Kind: Auction Item

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9620279**

Amount of Each Disbursement this Period

In-Kind: Auction Item

Full Name (Last, First, Middle Initial)

**C. Mr. Nathan Greenberg CFE**

Mailing Address 604 Bismarck

City King Of Prussia State PA Zip Code 19406-3210

Purpose of Disbursement  
In-Kind: Auction Item

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9620280**

Amount of Each Disbursement this Period

In-Kind: Auction Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**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 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)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)

**A. Mr. Brent Jones**

Mailing Address 1225 Tri-State Parkway  
Suite 500

City Gurnee State IL Zip Code 60031-9163

Purpose of Disbursement  
In-Kind: Auction Item

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 9620281**

Amount of Each Disbursement this Period

In-Kind: Auction Item

Full Name (Last, First, Middle Initial)

**B. Ms. Sherri Fishman CFE**

Mailing Address 1438 Coral Parkway

City Northbrook State IL Zip Code 60062-5159

Purpose of Disbursement  
In-Kind: Auction Item

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 9620282**

Amount of Each Disbursement this Period

In-Kind: Auction Item

Full Name (Last, First, Middle Initial)

**C. Mr. John D. Sun**

Mailing Address 590 Academy Woods Drive

City Lake Forest State IL Zip Code 60045-5118

Purpose of Disbursement  
In-Kind: Auction Item

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 9620283**

Amount of Each Disbursement this Period

In-Kind: Auction Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**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 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)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)

**A. Ms. Saunda Kitchen CFE**

Mailing Address 8174 Whited Road

City Sebastopol State CA Zip Code 95472-4037

Purpose of Disbursement  
In-Kind: Auction Item

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 8 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 9620284**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

In-Kind: Auction Item

Full Name (Last, First, Middle Initial)

**B. CyberSource Corp.**

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Transaction Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 2 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 9665547**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 7 | 4 | . | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Credit Card Transaction Fees

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Credit Card Transaction Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 5 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 9665554**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 6 | 2 | . | 1 | 8 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Credit Card Transaction Fees

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 7 | 3 | 6 | . | 2 | 9 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**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 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)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)

**A. Ms Marla Weiner**

Mailing Address 212 Pine Point Drive

City Highland Park State IL Zip Code 60035-5335

Purpose of Disbursement  
In-Kind: Auction Item

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9681869**

Amount of Each Disbursement this Period

In-Kind: Auction Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**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 |

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NAME OF COMMITTEE (In Full)

**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)

**A. Ben Sasse For Us Senate Inc**

Mailing Address 105 East 6th Street

City State Zip Code  
Fremont NE 68025

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Benjamin Sasse**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NE District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 03    |   | 2014      |

**Transaction ID : 9575438**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**B. Walden For Congress, Inc.**

Mailing Address P.O. Box 1091

City State Zip Code  
Hood River OR 97031

Purpose of Disbursement  
Contribution

011

Candidate Name

**Greg Walden**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 03    |   | 2014      |

**Transaction ID : 9575439**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**C. Renee Ellmers For Congress Committee**

Mailing Address PO Box 99567

City State Zip Code  
Raleigh NC 27624

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Renee Ellmers RN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 03    |   | 2014      |

**Transaction ID : 9575441**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

|         |
|---------|
| 8500.00 |
|---------|

**TOTAL** This Period (last page this line number only)..... ▶

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|  |
|--|

**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)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Erik Paulsen**

Mailing Address PO Box 44369

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement Contribution

011

Candidate Name

**Mr. Erik Paulsen**

Category/Type

Office Sought:  House  Senate  President  
State: MN District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2014

**Transaction ID : 9575444**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Rounds For Senate**

Mailing Address PO Box 250

City Pierre State SD Zip Code 57501

Purpose of Disbursement Contribution

011

Candidate Name

**Marion Rounds**

Category/Type

Office Sought:  House  Senate  President  
State: SD District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2014

**Transaction ID : 9575446**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Poe For Congress**

Mailing Address P.O. Box 14222

City Humble State TX Zip Code 77347

Purpose of Disbursement Contribution

011

Candidate Name

**Ted Poe**

Category/Type

Office Sought:  House  Senate  President  
State: TX District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2014

**Transaction ID : 9575447**

Amount of Each Disbursement this Period

5000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12500.00

**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 |

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NAME OF COMMITTEE (In Full)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)

**A. Mike Kelly For Congress**

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Rep. Mike Kelly**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 3 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 9575448**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Contribution

Full Name (Last, First, Middle Initial)

**B. Pat Roberts For Senate**

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Sen. Pat Roberts**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 3 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 9575449**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Contribution

Full Name (Last, First, Middle Initial)

**C. Cory Gardner For Senate**

Mailing Address 9227 E. Lincoln Ave., #200-234

City Lone Tree State CO Zip Code 80124

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Rep. Cory Gardner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 4 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 9619756**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 6 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

**TOTAL** This Period (last page this line number only)..... ▶

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 6 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

**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)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)

**A. Joe Wilson For Congress Committee**

Mailing Address Post Office Box 2145

City West Columbia State SC Zip Code 29171

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Joe Wilson**

Office Sought:  House  
 Senate  
 President  
State: SC District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9620089**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Kevin Mccarthy For Congress**

Mailing Address 455 Capitol Mall

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Kevin McCarthy**

Office Sought:  House  
 Senate  
 President  
State: CA District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9620090**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Jeb Hensarling**

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Rep. Jeb Hensarling**

Office Sought:  House  
 Senate  
 President  
State: TX District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9620092**

Amount of Each Disbursement this Period

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**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 |

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NAME OF COMMITTEE (In Full)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Richard Hanna For Congress Committee</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>06 / 25 / 2014 |
| Mailing Address 2308 Genesee Street  |   | <b>Transaction ID : 9620093</b>                          |
| City<br>Utica  | State<br>NY   |  |
| Purpose of Disbursement<br>Contribution  | Category/<br>Type<br><b>011</b>   | Amount of Each Disbursement this Period<br>1000.00       |
| Candidate Name<br><b>Mr. Richard Hanna</b>   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Contribution   |
| Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | State: NY District: 24  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mulvaney For Congress</b>   |   | Date of Disbursement<br>MM / DD / YYYY<br>06 / 25 / 2014 |
| Mailing Address P.O. Box 1975  |   | <b>Transaction ID : 9620094</b>                          |
| City<br>Lancaster  | State<br>SC   |  |
| Purpose of Disbursement<br>Contribution  | Category/<br>Type<br><b>011</b>   | Amount of Each Disbursement this Period<br>2000.00       |
| Candidate Name<br><b>Rep. Mick Mulvaney</b>  | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Contribution   |
| Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | State: SC District: 05  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Blaine For Congress, Inc.</b>   |   | Date of Disbursement<br>MM / DD / YYYY<br>06 / 25 / 2014 |
| Mailing Address PO Box 1526  |   | <b>Transaction ID : 9620095</b>                          |
| City<br>Columbia   | State<br>MO   |  |
| Purpose of Disbursement<br>Contribution  | Category/<br>Type<br><b>011</b>   | Amount of Each Disbursement this Period<br>2500.00       |
| Candidate Name<br><b>Mr. Blaine Luetkemeyer</b>  | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Contribution   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | State: MO District: 09  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 5500.00 |
| <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)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)

**A. Pompeo For Congress Inc**

Mailing Address PO Box 780146

City State Zip Code  
Wichita KS 67212

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Mike Pompeo**

Office Sought:  House  
 Senate  
 President  
State: KS District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 25 / 2014

**Transaction ID : 9620096**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Graves For Congress**

Mailing Address 2345 Grand Suite 2400

City State Zip Code  
Kansas City MO 64108

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Samuel Graves Jr.**

Office Sought:  House  
 Senate  
 President  
State: MO District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 25 / 2014

**Transaction ID : 9620097**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Benishek For Congress**

Mailing Address 802 Pentoga Trail

City State Zip Code  
Crystal Falls MI 49920

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Mr. Daniel Benishek**

Office Sought:  House  
 Senate  
 President  
State: MI District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 25 / 2014

**Transaction ID : 9620099**

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5500.00

**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)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)

**A. Kelly PAC**

Mailing Address 901 N. Washington Street, Suite 10

City Alexandria State VA Zip Code 22314-1535

Purpose of Disbursement  
2014 Contribution

Candidate Name  
**Kelly PAC**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
06 / 25 / 2014

**Transaction ID : 9620115**

Amount of Each Disbursement this Period  
1000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

**B. Cathy McMorris For Congress**

Mailing Address P.O. Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement  
Contribution

Candidate Name  
**Cathy McMorris**

Office Sought:  House  Senate  President  
State: WA District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
06 / 25 / 2014

**Transaction ID : 9620116**

Amount of Each Disbursement this Period  
4000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Terri Lynn Land For Senate**

Mailing Address PO Box 308

City Grandville State MI Zip Code 49418

Purpose of Disbursement  
Contribution

Candidate Name  
**Terri Land**

Office Sought:  House  Senate  President  
State: MI District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
06 / 25 / 2014

**Transaction ID : 9620119**

Amount of Each Disbursement this Period  
5000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10000.00

**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)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)

**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)

**A. Fitzpatrick For Congress**

Mailing Address PO Box 185

City Langhorne State PA Zip Code 19047

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Michael Fitzpatrick**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 5 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 9620120**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Contribution

Full Name (Last, First, Middle Initial)

**B. Jason Smith For Congress**

Mailing Address PO Box 1324

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement  
Contribution

011

Candidate Name

**Jason Smith**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 5 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 9620123**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Contribution

Full Name (Last, First, Middle Initial)

**C. Joni Ernst For Us Senate Inc**

Mailing Address PO Box 93441

City Des Moines State IA Zip Code 50393

Purpose of Disbursement  
Contribution

011

Candidate Name

**Joni Ernst**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 6 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 9620514**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 9 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**TOTAL** This Period (last page this line number only)..... ▶

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 9 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**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)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)

**A. Mcsally For Congress**

Mailing Address PO Box 19128

City Tucson State AZ Zip Code 85731

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
**Martha McSally Ms.**

Office Sought:  House  
 Senate  
 President  
State: AZ District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9620515**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶