

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 5 1 01 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)			2. FEC IDENTIFICATION NUMBER	
C00306662	120397	N 224	C00306662	
SUSAN P KEZIOS AMERICAN FRANCHISE ASSOCIATIO N PAC (AFA PAC) 33 W JACKSON BLVD SUITE 203 CHICAGO IL 60604			3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

12-Day Pre-Election Report for the _____
(Type of Election)

election on _____ in the State of _____

30-Day Post-Election Report following the General Election

on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	July 1, 1997	through	Dec. 31, 1997	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period	July 1, 1997	through	Dec. 31, 1997		
8. (a) Cash on Hand January 1, 1997					\$ (122.81)
(b) Cash on Hand at Beginning of Reporting Period				\$ 586.94	
(c) Total Receipts (from Line 1B)				\$ 200.00	\$ 1,000.00
(d) Subtotal (add Lines 8(b) and 8(c) for Column A and Lines 8(a) and 8(c) for Column B)				\$ 786.94	\$ 877.19
7. Total Disbursements (from Line 3C)				\$ 692.65	\$ 782.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))				\$ 94.29	\$ 94.29
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)				\$	For further information contact: Federal Election Commission 899 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-5420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)				\$	

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: Susan P. Kezios

Signature of Treasurer: *[Handwritten Signature]*

Date: 1/31/98

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

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FEC FORM 3X

(revised 8/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE **American Franchisee Association PAC**

REPORT COVERING PERIOD

FROM **7-1-97**

TO: **12-31-97**

	COLUMN A Total This Period	COLUMN B Calendar Year
I Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committee:		
i. Itemized (use Schedule A)	\$200.00	\$1000.00
ii. Unitemized		
b. Total	\$200.00	\$1000.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions		
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity	\$200	\$1000.00
19. Total Receipts		
20. Total Federal Receipts		
II Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4):		
i. Federal Share	\$92.65	\$182.90
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	\$92.65	\$182.90
c. Total Operating Expenditures		
22. Transfers to Affiliated/Other Party Committees	\$600.00	\$600.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds		
29. Other Disbursements	\$692.65	\$782.90
30. Total Disbursements	\$692.65	\$782.90
31. Total Federal Disbursements		
III Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	\$200.00	\$1,000.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$200.00	\$1,000.00
35. Total Federal Operating Expenditures	\$90.65	\$182.90
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures	\$90.65	\$182.90

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 1111

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)

The American Franchisee Association PAC

A. Full Name, Mailing Address and ZIP Code Patrica Orzano 5570 Merrick Rd. Masapequa, NY 11758 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer 7-Eleven Store Occupation Proprietor Aggregate Year-to-Date \$ 200	Date (month, day, year) 7-2-97	Amount of Each Receipt this Period \$200.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) \$200.00
TOTAL This Period (last page this line number only) \$200.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 23

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)

American Franchisee Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carol Moseley-Braun, Senator Friends of Dick Durbin 101 W. Grand, Suite 200 Chicago, IL 60610	Braun for U. S. Senate FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-23-97	\$100
B. Full Name, Mailing Address and ZIP Code Congresswomen Loretta Sanchez Friends of Dick Durbin 101 W. Grand, Suite 200 Chicago, IL 60610	Sanchez for congress 46th District CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-23-97	\$100
C. Full Name, Mailing Address and ZIP Code Congressman Rick A. Lazio P. O. Box 5063 Bay Shore, NY 11706	Lazio for congress 2nd district NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-2-97	\$200
D. Full Name, Mailing Address and ZIP Code Congressman Gary L. Ackerman 1645 S. Barton St. Arlington, VA 22204	Ackerman for congress 5th district NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-2-97	\$200
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$600

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 2-3-98
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
MVD	2-5-98
PREPARER	DATE PREPARED