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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC 1900 K Street NW ADDRESS (number and street) Suite 700 (Check if address is changed) Washington 20006 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kserafino@franchise.org (Check if address is changed) Optional Second E-Mail Address franpac@franchise.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 07 2016 C00084491 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Mr. Robert Cresanti Type or Print Name of Treasurer Mr. Robert Cresanti [Electronically Filed] 03 07 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC Fo r	rm 1 (Revised 02/2009)	Page 2
TYPE OF C	OMMITTEE e Committee:	-
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliation	on Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com	nmittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party.
Political A	ction Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization X Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	Iraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo or more political
(h)	committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number C	
1. 2.	FEC ID number C	

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Write or Type Committee Name	·						
INTERNATIONAL FRA	NCHISE ASSOCIATION FRANCHISING POLITICAL ACTION C	OMMITTEE INC					
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor							
International Franchise	e,Association						
	<u> </u>						
	1900 K Street, NW						
Mailing Address							
	Suite 700						
	Washington DC 20006						
	CITY STATE	ZIP CODE					
Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor					
 Custodian of Records: Iden books and records. 	ntify by name, address (phone number optional) and position of the person in pos-	session of committee					
Mr. Kevin	Serafino	1					
Full Name	1900 K Street, NW						
Mailing Address	Suite 700						
	Washington DC 20006						
	wasinigion						
Title or Position	CITY STATE	ZIP CODE					
Sr Mgr Gov Relations		662					
. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	ne and address of					
Full Name Mr. Robert of Treasurer	Cresanti						
Mailing Address	1900 K Street NW						
	Suite 700						
	Washington DC 20006						
Title or Position	CITY STATE 2	ZIP CODE					
President & CEO	Telephone number	628 - 8000					

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Full Name of Designated Agent	Elizabeth Taylor					
Mailing Address	1900 K Street, NW					
J	Ste 700					
	Washington DC 20006					
Title or Position	CITY STATE ZIF	CODE				
VP Fed GR, Pu	ub Pol & Telephone number 202 – 628	_ _ _ 8000				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Bank of America						
	₁ 7810 Old Branch Avenue					
Mailing Address						
	Clinton MD 20735					
	CITY STATE ZIF	CODE				
Name of Bank, Depository, etc.						
Mailing Address						
	CITY STATE ZIF	CODE				

: 97 'A = G7 9 @ G B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

Amended to reflect new Custodian of Records.

Form/Schedule: Transaction ID: