

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1501 K Street NW  
 Check if different than previously reported. (ACC)  
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00084491  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 02 2010 in the State of \_\_\_\_\_

5. Covering Period 10 14 2010 through 11 22 2010

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 David French  
Signature of Treasurer Electronically Filed by Mr David French Date 12 01 2010

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

Office Use Only

**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		70072.66
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	108442.76									
(c) Total Receipts (from Line 19) .....	23280.50	379964.75								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	131723.26	450037.41								
7. Total Disbursements (from Line 31) .....	78565.35	396879.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	53157.91	53157.91								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	16703.25	351571.25
(ii) Unitemized .....	577.25	7393.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	17280.50	358964.75
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	20000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	22280.50	378964.75
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 .....	1000.00	1000.00
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 Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	23280.50	379964.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	23280.50	379964.75

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	65.35	29379.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	65.35	29379.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	76500.00	365500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(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	0.00
29. Other Disbursements.....	2000.00	2000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	78565.35	396879.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	78565.35	396879.50

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	22280.50	378964.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22280.50	378964.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	65.35	29379.50
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	65.35	29379.50

**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 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Giovanna Koning	Date of Receipt
	Mailing Address 1602 Enclave Court	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 4 / 2 0 1 0
	City State Zip Code Southlake TX 76092-3460	<b>Transaction ID:</b> 6286017
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 500.00
	Name of Employer Occupation Falcon Holdings CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Ben Elder	Date of Receipt
	Mailing Address 3882 Del Amo Blvd.	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 4 / 2 0 1 0
	City State Zip Code Torrance CA 90503-2162	<b>Transaction ID:</b> 6286018
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 365.00
	Name of Employer Occupation West Sanitation Services, Inc. President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 365.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Karen Powell, CFE	Date of Receipt
	Mailing Address 99 Pond View Drive	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 4 / 2 0 1 0
	City State Zip Code Southbury CT 06488-1129	<b>Transaction ID:</b> 6286019
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 100.00
	Name of Employer Occupation Decor & You, Inc. President - Founder	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 965.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. John Earle	Date of Receipt MM / DD / YYYY 10 / 14 / 2010
	Mailing Address 1353 Beumont Dr.	<b>Transaction ID:</b> 6286020
	City State Zip Code Gladwyne PA 19035-1301	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Earle Enterprises LP Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Marc Kiekenapp	Date of Receipt MM / DD / YYYY 10 / 14 / 2010
	Mailing Address 9841 E. Bell Road, #120	<b>Transaction ID:</b> 6286021
	City State Zip Code Scottsdale AZ 85260-2357	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Kiekenapp & Associates Senior Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Vickie Walker	Date of Receipt MM / DD / YYYY 10 / 14 / 2010
	Mailing Address 128 South Tryon Street, #900	<b>Transaction ID:</b> 6286022
	City State Zip Code Charlotte NC 28202-5000	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4150.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2850.00
<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 8 / 34
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. William G. Hall, CFE		Date of Receipt	
	Mailing Address 2308 Medford Ct. W.		M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 6286023
	Fort Worth	TX	76109-1137	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		1250.00		
Name of Employer William G. Hall & Co.		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3750.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Susan E Black-Beth, CFE		Date of Receipt	
	Mailing Address 1948 Elmore Ave.		M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 6286024
	Downers Grove	IL	60515-4426	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		125.00		
Name of Employer Super Wash, Inc.		Occupation Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Michael H. Seid, CFE		Date of Receipt	
	Mailing Address 94 Mohegan Drive		M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 6286025
	West Hartford	CT	06117-1403	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		1250.00		
Name of Employer MSA Worldwide		Occupation Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4000.00		

<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: PAGE 9 / 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Eric Lawton

Mailing Address 120 Route 9W

City State Zip Code  
Haverstraw NY 10927-1400

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

Name of Employer On Target Maintenance Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3200.00

Date of Receipt: 10 / 14 / 2010  
Transaction ID: 6286026  
Amount of Each Receipt this Period: 400.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Bill Ramsey

Mailing Address 9315 S. Toledo Avenue

City State Zip Code  
Tulsa OK 74137-2740

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

Name of Employer Schlotzsky's of Tulsa, OK Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1875.00

Date of Receipt: 10 / 14 / 2010  
Transaction ID: 6286027  
Amount of Each Receipt this Period: 625.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dave Schaefers, CFE

Mailing Address 128 South Tryon Street, #900

City State Zip Code  
Charlotte NC 28202-5000

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

Name of Employer Driven Brands, Inc. Occupation SVP, Business Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 10 / 14 / 2010  
Transaction ID: 6286030  
Amount of Each Receipt this Period: 91.25

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1116.25

**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 10 / 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. JoyAnn Kenny		Date of Receipt
	Mailing Address Three Bala Plaza East, #102		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bala Cynwyd	PA	19004-3401
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 6286031
Name of Employer Tinder Box International		Occupation General Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="273.75"/>	<input type="text" value="91.25"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Thomas J. Kent, Jr.		Date of Receipt
	Mailing Address 42 Senenca Ct		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Chester Springs	PA	19425-2923
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 6286038
Name of Employer Fox Rothschild LLP		Occupation Partner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	<input type="text" value="500.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Jeffrey L. Tews		Date of Receipt
	Mailing Address 3240 University Avenue, #3A		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Madison	WI	53705-3570
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 6302509
Name of Employer BrightStar Healthcare of Madison, WI		Occupation Owner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="865.00"/>	<input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1091.25"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 11 / 34  
(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.** Full Name (Last, First, Middle Initial)  
Ms. Kathleen A. Gilmartin

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 ▼ 1000.00

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

**Transaction ID:** 6302511

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Steve Baxter

Mailing Address 923 Peachtree St NE  
Unit 1035

City State Zip Code  
Atlanta GA 30309-4487

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

Name of Employer Occupation  
Systino CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

**Transaction ID:** 6318105

Amount of Each Receipt this Period  
4635.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Sam G. Ballas, CFE

Mailing Address 1365 Westgate Center Drive, #B

City State Zip Code  
Winston Salem NC 27103-2980

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

Name of Employer Occupation  
East Coast Wings & Grill President/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

**Transaction ID:** 6346386

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6635.00**

**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 12 / 34  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gregory M Cook

Mailing Address 1501 K Street, #350

City Washington State DC Zip Code 20005-1412

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

Name of Employer International Franchise Association Occupation Director, Advertising & Media Solution

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 273.75

Date of Receipt 11 / 09 / 2010  
Transaction ID: 6346387  
Amount of Each Receipt this Period 91.25

**B.** Full Name (Last, First, Middle Initial)  
Mr. Roger Murphy

Mailing Address 513 North Belcher Road, #A

City Clearwater State FL Zip Code 33765-2636

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

Name of Employer Murphy Business and Financial Corporat Occupation President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 273.75

Date of Receipt 11 / 09 / 2010  
Transaction ID: 6346388  
Amount of Each Receipt this Period 91.25

**C.** Full Name (Last, First, Middle Initial)  
Mr. Frank Fiume, CFE

Mailing Address 1723 South Kings Avenue

City Brandon State FL Zip Code 33511-6220

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

Name of Employer i9 Sports Occupation Founder/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 243.00

Date of Receipt 11 / 09 / 2010  
Transaction ID: 6346389  
Amount of Each Receipt this Period 122.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 304.50

**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 13 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Eric Lawton	Date of Receipt MM / DD / YYYY 11 / 09 / 2010
	Mailing Address 120 Route 9W	<b>Transaction ID:</b> 6346390
	City State Zip Code Haverstraw NY 10927-1400	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation On Target Maintenance President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Kelli Russo	Date of Receipt MM / DD / YYYY 11 / 09 / 2010
	Mailing Address 4005 North West Expressway, Suite	<b>Transaction ID:</b> 6346392
	City State Zip Code Oklahoma City OK 73116-2612	Amount of Each Receipt this Period 91.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Paycom Payroll, LLC Director Franchise Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.75	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Ken Bartell	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 315 SE Jackson Street	<b>Transaction ID:</b> 6346428
	City State Zip Code Redmond OR 97756-2415	Amount of Each Receipt this Period 625.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ServiceMaster of Redmond, OR Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1875.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1116.25
<b>TOTAL</b> This Period (last page this line number only) .....	▶	16703.25

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 34	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" 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.

Full Name (Last, First, Middle Initial) Castle Campaign Fund		Date of Receipt
Mailing Address PO Box 133		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 4 / 2 0 1 0
City	State	Zip Code
Wilmington	DE	19899
FEC ID number of contributing federal political committee.		Transaction ID: 6288078
<input type="text"/> C <input type="text"/> C00254938		Amount of Each Receipt this Period
		<input type="text"/> 1000.00
Name of Employer	Occupation	Refund of Contribution from Federal Candidate
Receipt For: 2010	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only) .....	<input type="text"/> 1000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 34	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dunkin's Brands Inc, PAC		Date of Receipt	
	Mailing Address 130 Royall Street		M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 6346412
	Canton	MA	02021	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C C00431544		5000.00		
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	5000.00

# 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Prosperity PAC</p> <p>Mailing Address 1006 Pendleton Street</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Prosperity PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6288999 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Justin Amash For Congress</p> <p>Mailing Address 1500 E Beltline Ave Se Ste 250</p> <p>City Grand Rapids State MI Zip Code 49506</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Justin Amash</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6289001 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tim Griffin For Congress Campaign Committee</p> <p>Mailing Address P.O. Box 7526</p> <p>City Little Rock State AR Zip Code 72217</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. John Griffin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6298964 <b>Date of Disbursement</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>

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

3500.00

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Vern Buchanan For Congress</p> <p>Mailing Address P. O. Box 48928</p> <p>City Sarasota State FL Zip Code 34230</p> <p>Purpose of Disbursement Contribution Candidate Name Vernon Buchanan Category/Type <b>011</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 13</p>	<p><b>Transaction ID:</b> 6298965 <b>Date of Disbursement</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period <b>1000.00</b></p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Allen West For Congress</p> <p>Mailing Address PO Box 1028</p> <p>City Deerfield Beach State FL Zip Code 33443</p> <p>Purpose of Disbursement Contribution Candidate Name Mr. Allen West Category/Type <b>011</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 22</p>	<p><b>Transaction ID:</b> 6298966 <b>Date of Disbursement</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period <b>1000.00</b></p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Fitzpatrick For Congress</p> <p>Mailing Address PO Box 185</p> <p>City Langhorne State PA Zip Code 19047</p> <p>Purpose of Disbursement Contribution Candidate Name Mr. Michael Fitzpatrick Category/Type <b>011</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 08</p>	<p><b>Transaction ID:</b> 6298967 <b>Date of Disbursement</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period <b>1000.00</b></p> <p>Contribution</p>

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

**3000.00**

**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

A.

Full Name (Last, First, Middle Initial)  
Ryan For Congress

Mailing Address P.O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement  
Contribution

Candidate Name  
Paul Ryan

011  
Category/  
Type

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

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 6298969  
Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)  
ERICPAC

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name  
ERICPAC

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 6298970  
Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

3500.00

Contribution

C.

Full Name (Last, First, Middle Initial)  
Walden For Congress, Inc.

Mailing Address P.O. Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement  
Contribution

Candidate Name  
Greg Walden

011  
Category/  
Type

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

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 6298971  
Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

10500.00

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

A.	Full Name (Last, First, Middle Initial) Duffy For Congress	Transaction ID: 6298973 Date of Disbursement 10 / 18 / 2010
	Mailing Address PO Box 186	Amount of Each Disbursement this Period 2000.00
	City Ashland State WI Zip Code 54806	
	Purpose of Disbursement Contribution Candidate Name Mr. Sean Duffy	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen	Transaction ID: 6298974 Date of Disbursement 10 / 18 / 2010
	Mailing Address PO Box 44369	Amount of Each Disbursement this Period 1000.00
	City Eden Prairie State MN Zip Code 55344	
	Purpose of Disbursement Contribution Candidate Name Mr. Erik Paulsen	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Kevin Mccarthy For Congress	Transaction ID: 6298975 Date of Disbursement 10 / 18 / 2010
	Mailing Address 455 Capitol Mall	Amount of Each Disbursement this Period 2500.00
	City Sacramento State CA Zip Code 95814	
	Purpose of Disbursement Contribution Candidate Name Kevin McCarthy	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

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

5500.00

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bluegrass Committee <hr/> Mailing Address 400 North Capitol Street, N.W. Ste 585 <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 6298985 Date of Disbursement 10 / 18 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> Contribution	011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Walberg For Congress <hr/> Mailing Address 6769 Teachout Road <hr/> City Tipton State MI Zip Code 49287 <hr/> Purpose of Disbursement Contribution Candidate Name Timothy Walberg <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 6298986 Date of Disbursement 10 / 18 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Contribution	011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends Of Joe Heck <hr/> Mailing Address PO Box 750114 <hr/> City Las Vegas State NV Zip Code 89136 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Joe Heck <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 6298987 Date of Disbursement 10 / 18 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Contribution	011 Category/ Type

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

4500.00

**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)

PAGE 21 / 34

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jon Barela For Congress</p> <p>Mailing Address PO Box 92413</p> <p>City Albuquerque State NM Zip Code 87199</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Jon Barela</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6298988 <b>Date of Disbursement</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Frank Kratovil For Congress</p> <p>Mailing Address 222 Main Sail Drive PO Box 518</p> <p>City Stevensville State MD Zip Code 21666</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Frank Kratovil, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6298990 <b>Date of Disbursement</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Landry For Louisiana</p> <p>Mailing Address PO Box 13816</p> <p>City New Iberia State LA Zip Code 70562</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Jeffrey Landry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6298991 <b>Date of Disbursement</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

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

3000.00

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Kirk For Senate <hr/> Mailing Address P.O. Box 8 <hr/> City Winnetka State IL Zip Code 60093 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Mark Kirk Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District:	Transaction ID: 6298992 Date of Disbursement 10 / 18 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> Contribution
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District:
<b>B.</b> Full Name (Last, First, Middle Initial) Heartland Values PAC <hr/> Mailing Address P.O. Box 505 <hr/> City Sioux Falls State SD Zip Code 57101 <hr/> Purpose of Disbursement Contribution Candidate Name Heartland Values PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 6299190 Date of Disbursement 10 / 18 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> Contribution
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:
<b>C.</b> Full Name (Last, First, Middle Initial) Steve Cohen For Congress <hr/> Mailing Address 349 Kenilworth <hr/> City Memphis State TN Zip Code 38112 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Stephen Cohen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 09	Transaction ID: 6301904 Date of Disbursement 10 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Contribution
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: TN District: 09

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

6000.00

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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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Oliverio For Congress <hr/> Mailing Address 1199 Van Voorhis Rd Suite 6 <hr/> City Morgantown State WV Zip Code 26505 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Michael Oliverio Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6301905 Date of Disbursement 10 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Contribution
	Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Phillips For Congress <hr/> Mailing Address 3523 Phyllis St <hr/> City Endwell State NY Zip Code 13760 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. George Phillips Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6302558 Date of Disbursement 10 / 21 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Contribution
	Category/Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Robert Hurt For Congress <hr/> Mailing Address PO Box 2 <hr/> City Chatham State VA Zip Code 24531 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Robert Hurt Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6302563 Date of Disbursement 10 / 21 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> Contribution
	Category/Type 011

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

4000.00

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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

A.	Full Name (Last, First, Middle Initial) Congressional Trust 2010  Mailing Address 320 First Street, SE  City Washington State DC Zip Code 20003 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6302566 Date of Disbursement 10 / 21 / 2010	Amount of Each Disbursement this Period 5000.00  Contribution
B.	Full Name (Last, First, Middle Initial) Diane Black For Congress  Mailing Address 819 Plantation Blvd  City Gallatin State TN Zip Code 37066 Purpose of Disbursement Contribution Candidate Name Ms. Diane Black Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6319373 Date of Disbursement 10 / 28 / 2010	Amount of Each Disbursement this Period 1000.00  Contribution
C.	Full Name (Last, First, Middle Initial) Bucshon For Congress  Mailing Address PO Box 250  City Newburgh State IN Zip Code 47629 Purpose of Disbursement Contribution Candidate Name Mr. Larry Bucshon Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6319380 Date of Disbursement 10 / 28 / 2010	Amount of Each Disbursement this Period 1000.00  Contribution

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

7000.00

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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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

<b>A.</b> Full Name (Last, First, Middle Initial) Ryan Frazier For Colorado <hr/> Mailing Address PO Box 140182 <hr/> City Edgewater State CO Zip Code 80214 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Ryan Frazier Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6319382 Date of Disbursement 10 / 28 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Southerland For Congress <hr/> Mailing Address PO Box 1692 <hr/> City Lynn Haven State FL Zip Code 32444 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. William Southerland Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6319383 Date of Disbursement 10 / 28 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Benishek For Congress <hr/> Mailing Address 802 Pentoga Trail <hr/> City Crystal Falls State MI Zip Code 49920 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Daniel Benishek Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6319384 Date of Disbursement 10 / 28 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011

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

3000.00

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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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

<b>A.</b> Full Name (Last, First, Middle Initial) Bill Hudak For Congress <hr/> Mailing Address 165 Herrick Road <hr/> City Boxford State MA Zip Code 01921 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. William Hudak Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6319386 Date of Disbursement 10 / 28 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Bobby Schilling For Congress <hr/> Mailing Address 367 Avenue Of The Cities Suite D <hr/> City East Moline State IL Zip Code 61244 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Robert Schilling Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6319387 Date of Disbursement 10 / 28 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Walberg For Congress <hr/> Mailing Address 6769 Teachout Road <hr/> City Tipton State MI Zip Code 49287 <hr/> Purpose of Disbursement Contribution Candidate Name Timothy Walberg Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6319392 Date of Disbursement 10 / 28 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011

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

3000.00

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gibbs For Congress</p> <p>Mailing Address 6992 Tr 466</p> <p>City Lakeville State OH Zip Code 44638</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Robert Gibbs</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6319396 <b>Date of Disbursement</b> 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jim Renacci For Congress</p> <p>Mailing Address 150 Smokerise Drive</p> <p>City Wadsworth State OH Zip Code 44281</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. James Renacci</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6319397 <b>Date of Disbursement</b> 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Randy Hultgren For Congress</p> <p>Mailing Address P.O. Box 39</p> <p>City Batavia State IL Zip Code 60510</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Randy Hultgren</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6319398 <b>Date of Disbursement</b> 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

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

3000.00

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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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

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends Of David Harmer  Mailing Address 9321 Silverbend Lane  City Elk Grove State CA Zip Code 95624 Purpose of Disbursement Contribution Candidate Name Mr. David Harmer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6319399 Date of Disbursement 10 / 28 / 2010  Amount of Each Disbursement this Period 1000.00  Contribution	011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Ruth McClung For Congress  Mailing Address PO Box 40544  City Tucson State AZ Zip Code 85717 Purpose of Disbursement Contribution Candidate Name Ms. Ruth McClung Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6319400 Date of Disbursement 10 / 28 / 2010  Amount of Each Disbursement this Period 1000.00  Contribution	011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Miller-Meeks For Congress  Mailing Address PO Box 3091  City Iowa City State IA Zip Code 52244 Purpose of Disbursement Contribution Candidate Name Mariannette Miller-Meeks Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6319402 Date of Disbursement 10 / 28 / 2010  Amount of Each Disbursement this Period 1000.00  Contribution	011 Category/ Type

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

3000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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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

<b>A.</b>	Full Name (Last, First, Middle Initial) Rossi For Senate	Transaction ID: 6319403 Date of Disbursement 10 / 28 / 2010
	Mailing Address PO Box 50713	Amount of Each Disbursement this Period 2500.00
	City Bellevue State WA Zip Code 98015	Contribution
	Purpose of Disbursement Contribution Candidate Name Mr. Dino Rossi Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type 011	
<b>B.</b>	Full Name (Last, First, Middle Initial) Vidak For Congress	Transaction ID: 6319404 Date of Disbursement 10 / 28 / 2010
	Mailing Address PO Box 984	Amount of Each Disbursement this Period 1000.00
	City Willows State CA Zip Code 95988	Contribution
	Purpose of Disbursement Contribution Candidate Name Mr. James Vidak Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 20 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type 011	
<b>C.</b>	Full Name (Last, First, Middle Initial) Kirk For Senate	Transaction ID: 6319405 Date of Disbursement 10 / 28 / 2010
	Mailing Address P.O. Box 8	Amount of Each Disbursement this Period 2000.00
	City Winnetka State IL Zip Code 60093	Contribution
	Purpose of Disbursement Contribution Candidate Name Mr. Mark Kirk Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type 011	

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

5500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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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

<b>A.</b> Full Name (Last, First, Middle Initial) Boozman For Arkansas  Mailing Address 322 North Bloomington Suite A-B  City Lowell State AR Zip Code 72745  Purpose of Disbursement Contribution Candidate Name Mr. John Boozman Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:  Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6346229 Date of Disbursement 11 / 08 / 2010
	Amount of Each Disbursement this Period 5000.00
	Contribution
	Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Andy Harris For Congress  Mailing Address PO Box 1527  City Annapolis State MD Zip Code 21404  Purpose of Disbursement Contribution Candidate Name Mr. Andrew Harris Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01  Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6346230 Date of Disbursement 11 / 08 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Mckinley For Congress  Mailing Address 32 20th Street  City Wheeling State WV Zip Code 26003  Purpose of Disbursement Contribution Candidate Name Mr. David McKinley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01  Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6346231 Date of Disbursement 11 / 08 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Martha Roby For Congress <hr/> Mailing Address PO Box 195 <hr/> City Montgomery State AL Zip Code 36101 <hr/> Purpose of Disbursement Contribution Candidate Name Ms. Martha Roby Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6346236 Date of Disbursement 11 / 08 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Kristi For Congress <hr/> Mailing Address PO Box 852 <hr/> City Sioux Falls State SD Zip Code 57101 <hr/> Purpose of Disbursement Contribution Candidate Name Ms. Kristi Noem Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6346237 Date of Disbursement 11 / 08 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Marino For Congress <hr/> Mailing Address PO Box 653 <hr/> City Williamsport State PA Zip Code 17703 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Thomas Marino Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6346238 Date of Disbursement 11 / 08 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011

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

3000.00

**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)

PAGE 32 / 34

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Palazzo For Congress <hr/> Mailing Address 13155 Highway 67 Suite B <hr/> City Biloxi State MS Zip Code 39532 <hr/> Purpose of Disbursement Contribution Contribution Candidate Name Mr. Steven Palazzo <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 04 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6346239 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 <hr/> Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Bill Johnson For Congress Committee <hr/> Mailing Address 3755 Hunters Hill <hr/> City Poland State OH Zip Code 44514 <hr/> Purpose of Disbursement Contribution Contribution Candidate Name Mr. Bill Johnson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6346240 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 <hr/> Contribution

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

2000.00

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

76500.00



**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)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 7810 Old Branch Avenue

City State Zip Code  
Clinton MD 20735

Purpose of Disbursement  
Bank Fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 6331877

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

57.40

Bank Fees

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

57.40

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

57.40

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC

**A.** Full Name (Last, First, Middle Initial)  
Renee Ellmers for Congress Recount Fund

Mailing Address PO Box 904

City State Zip Code  
Dunn NC 28335

Purpose of Disbursement  
Recount2010 Recount Contribution

Candidate Name  
Ms. Renee Ellmers

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Transaction ID: 6356579

Date of Disbursement

11 / 17 / 2010

Amount of Each Disbursement this Period

1000.00

Recount Contribution

**B.** Full Name (Last, First, Middle Initial)  
Alaska Voter Defense Fund

Mailing Address 900 19th Street, NW

City State Zip Code  
Washington DC 20006

Purpose of Disbursement  
Recount2010 Lisa Murkowski Recount

Candidate Name  
Alaska Voter Defense Fund

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: AK District:

Transaction ID: 6378238

Date of Disbursement

11 / 08 / 2010

Amount of Each Disbursement this Period

1000.00

Lisa Murkowski Recount

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

2000.00

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

2000.00