

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 Association of Holiday Inns INN-PAC

ADDRESS (number and street) Three Ravinia Drive Suite 100
 Check if different than previously reported. (ACC)
Atlanta GA 30346

2. **FEC IDENTIFICATION NUMBER** C00084822
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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 06 30 2009

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 Ms Eva Ferguson

Signature of Treasurer Electronically Filed by Ms Eva Ferguson Date 07 07 2009

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									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
International Association of Holiday Inns INN-PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		28830.96
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	28830.96									
(c) Total Receipts (from Line 19)	19150.00	19150.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	47980.96	47980.96								
7. Total Disbursements (from Line 31)	20000.00	20000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27980.96	27980.96								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
International Association of Holiday Inns INN-PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	18300.00	18300.00
(ii) Unitemized	850.00	850.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19150.00	19150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	19150.00	19150.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
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))	19150.00	19150.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19150.00	19150.00

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	20000.00
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.....	0.00	0.00
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))..	20000.00	20000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20000.00	20000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	19150.00	19150.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19150.00	19150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 22
(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

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 Association of Holiday Inns INN-PAC

A.

Full Name (Last, First, Middle Initial)
Robert Alter

Mailing Address PO Box 1500-4240

City Corona del Mar State CA Zip Code 92625

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

Name of Employer Sunstone Hotel Investors Occupation Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
04 / 02 / 2009

Transaction ID: SA11AI.5563

Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
Doug Artusio

Mailing Address 8975 Nesbit Lakes Drive

City Alpharetta State GA Zip Code 20022

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

Name of Employer Dellisart Lodging Occupation Hotel Owner/Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
02 / 03 / 2009

Transaction ID: SA11AI.5555

Amount of Each Receipt this Period: 1000.00

C.

Full Name (Last, First, Middle Initial)
Martha Howard Axford

Mailing Address 304 Cedar Bluff Rd

City Knoxville State TN Zip Code 37923

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

Name of Employer RHS Properties Occupation VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
03 / 02 / 2009

Transaction ID: SA11AI.5556

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 7 / 22
(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 Association of Holiday Inns INN-PAC

A.

Full Name (Last, First, Middle Initial)
Fredrick Blair

Mailing Address PO Box 30

City State Zip Code
Cody WY 82414

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

Name of Employer
Quin Blair Enterprises, Inc

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2009

Transaction ID: SA11AI.5557

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey Brown

Mailing Address 9333 N. Meridian #203

City State Zip Code
Indianapolis IN 46260

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

Name of Employer
Schuhet Hotels Inc

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: SA11AI.5558

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Michael & Ann Bullis

Mailing Address 2466 Linden Way, Unit F

City State Zip Code
Palm Springs CA 92264

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

Name of Employer
Destination Properties, LLC

Occupation
Hotel Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2009

Transaction ID: SA11AI.5623

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 22
	<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 Association of Holiday Inns INN-PAC

A.	Full Name (Last, First, Middle Initial) Stephen J Craig	Date of Receipt MM / DD / YYYY 04 / 20 / 2009
	Mailing Address 730 New Hampshire Suite 206	Transaction ID: SA11AI.5611
	City State Zip Code Lawrence KS 66044	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SJC V LLC CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) David C Curry	Date of Receipt MM / DD / YYYY 03 / 26 / 2009
	Mailing Address PO Box 126	Transaction ID: SA11AI.5600
	City State Zip Code Fort Smith AR 72902	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Unknown Unknown	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) H Mark Daley	Date of Receipt MM / DD / YYYY 04 / 28 / 2009
	Mailing Address 1822 E. NC Highway 54	Transaction ID: SA11AI.5621
	City State Zip Code Durham NC 27713	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation The Generation Companies President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
International Association of Holiday Inns INN-PAC

<p>A. Full Name (Last, First, Middle Initial) Sam J Friedman</p> <p>Mailing Address 321 Starlight Point Road</p> <p>City State Zip Code Natchitoches LA 71457</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Dimension Development Co., Inc</p> <p>Occupation President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 9</p> <p>Transaction ID: SA11AI.5598</p> <p>Amount of Each Receipt this Period 250.00</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Sam J Friedman</p> <p>Mailing Address 321 Starlight Point Road</p> <p>City State Zip Code Natchitoches LA 71457</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Dimension Development Co., Inc</p> <p>Occupation President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 9</p> <p>Transaction ID: SA11AI.5599</p> <p>Amount of Each Receipt this Period 250.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) George Glover</p> <p>Mailing Address 500 N. Westshore Blvd Ste 740</p> <p>City State Zip Code Tampa FL 33609</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Bay Star Hotel Group, LLC</p> <p>Occupation CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 9</p> <p>Transaction ID: SA11AI.5626</p> <p>Amount of Each Receipt this Period 1000.00</p>
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SUBTOTAL of Receipts This Page (optional)	1500.00
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 10 / 22
(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 Association of Holiday Inns INN-PAC

A.

Full Name (Last, First, Middle Initial)
Jerald and Patricia Good

Mailing Address 1626 Ringling Blvd, Suite 400

City State Zip Code
Sarasota FL 34236

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

Name of Employer Focus Hospitality Services LLC
Occupation Owners

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2009

Transaction ID: SA11AI.5575

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Michael C. Hoffman

Mailing Address 792 Watervilt Shaker Road

City State Zip Code
Latham NY 12110

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

Name of Employer Turf Hotels, Inc
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2009

Transaction ID: SA11AI.5562

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Donald L. Houseworth

Mailing Address 421 E. Main

City State Zip Code
Blytheville AR 72315

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

Name of Employer Smith House, Inc.
Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2009

Transaction ID: SA11AI.5572

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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 11 / 22
(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 Association of Holiday Inns INN-PAC

A.

Full Name (Last, First, Middle Initial) Erik J Kamfjord		Date of Receipt MM / DD / YYYY 04 / 22 / 2009
Mailing Address 4243 Hunt Road		Transaction ID: SA11AI.5615
City Cincinnati	State OH	Zip Code 45242
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Wiuegardner & Hammons Inc.	Occupation Hotel Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Paul Kossman		Date of Receipt MM / DD / YYYY 04 / 07 / 2009
Mailing Address Eleven Parkway Center Suite 300		Transaction ID: SA11AI.5594
City Pittsburgh	State PA	Zip Code 15220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kossman Development Co	Occupation Hospitality Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) G Leroy Lail		Date of Receipt MM / DD / YYYY 05 / 13 / 2009
Mailing Address 2258 Highway 70 SE		Transaction ID: SA11AI.5622
City Hickory	State NC	Zip Code 28602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hickory Furniture Managment	Occupation Hotel Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 / 22

(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 Association of Holiday Inns INN-PAC

A.

Full Name (Last, First, Middle Initial)

Don Lichtenburger

Mailing Address 2121 E. Main St.

City State Zip Code
Cortez CO 81321

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

Name of Employer Occupation
Holiday Inn Express Inn Keeper

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.5630

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Serge Lussi,

Mailing Address 101 Olympic Drive

City State Zip Code
Lake Placid NY 12946

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

Name of Employer Occupation
Crowne Plaza Lake Pacid Hotel Owner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.5591

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Steven J Madison

Mailing Address 2215 South 8th

City State Zip Code
Atlanta GA 30346

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

Name of Employer Occupation
unknown unknown

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.5601

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

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 13 / 22
(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 Association of Holiday Inns INN-PAC

A.

Full Name (Last, First, Middle Initial)
Asad Malik

Mailing Address 1130 E. Square Lake Road

City State Zip Code
Bloomfield Hills MI 48304

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

Name of Employer Occupation
Henry Ford Health System V.P. Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.5624

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Krishna Mehta

Mailing Address 42 Bristol Drive

City State Zip Code
Manhasset NY 11030

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

Name of Employer Occupation
Self Hotelier

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.5627

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Philip W Murphey

Mailing Address P.O. Box 37888

City State Zip Code
Jacksonville FL 32236

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

Name of Employer Occupation
Murphco of Florida, Inc. President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.5565

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 22
	<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 Association of Holiday Inns INN-PAC

A.	Full Name (Last, First, Middle Initial) Mukesh Patel	Date of Receipt MM / DD / YYYY 05 / 26 / 2009
	Mailing Address 11441 Brittanywoods Lane	Transaction ID: SA11AI.5628
	City State Zip Code Cincinnati OH 45249	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Hotel Operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Vijay Patel	Date of Receipt MM / DD / YYYY 05 / 26 / 2009
	Mailing Address 21505 Cottonwood Drive	Transaction ID: SA11AI.5629
	City State Zip Code Kennewick WA 99338	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer A-1 Hospitality Occupation Hotel Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) James H Price	Date of Receipt MM / DD / YYYY 04 / 07 / 2009
	Mailing Address 1529 St Alphonsus Way	Transaction ID: SA11AI.5592
	City State Zip Code Alamo CA 94507-1533	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Charter Oaks LLC Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
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 15 / 22

(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 Association of Holiday Inns INN-PAC

A.

Full Name (Last, First, Middle Initial)
Greg J Schahet

Mailing Address 9333 N. Meridian St
#203

City State Zip Code
Indianapolis IN 46260

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

Name of Employer Occupation
Schahet Hotels, Inc. Hotel Development & Management

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.5616

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)
David and Andrea Shamoian

Mailing Address 319 Speen Street

City State Zip Code
Natick MA 01760

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

Name of Employer Occupation
Peabody Hotel Group President

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.5593

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Sandy Sun

Mailing Address 77 Buckley Road

City State Zip Code
Libertyville IL 60048

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

Name of Employer Occupation
Josun, Inc. President

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.5568

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3500.00

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 16 / 22

(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 Association of Holiday Inns INN-PAC

A.

Full Name (Last, First, Middle Initial)

Rick Takach, Jr.

Mailing Address 3812 SE 155th Ave.

City State Zip Code
Vancouver WA 98683

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

Name of Employer Occupation
Vesta Hospitality Group Hotel Developer and Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.5569

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

T. Kongmay Wang

Mailing Address 7101 Concourse Pkwy

City State Zip Code
Douglasville GA 30134

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

Name of Employer Occupation
Far Hill LLC unknown

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.5570

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Daniel S. Weber

Mailing Address 1011 Camino Del Rio So
Suite 210

City State Zip Code
San Diego CA 92108

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

Name of Employer Occupation
Self Attorney

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.5617

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

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 17 / 22	
	(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"/> 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 Association of Holiday Inns INN-PAC

A.	Full Name (Last, First, Middle Initial) Gary Williams		Date of Receipt		
	Mailing Address 7501 Greenway Center Drive Suite 400		M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 9		
	City Greenbelt	State MD	Zip Code 20770	Transaction ID: SA11AI.5602	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00		
	Name of Employer Coakley & Williams Hotel Mgmt		Occupation Hotel Management		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	18300.00

**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)

PAGE 18 / 22

<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 Association of Holiday Inns INN-PAC

A. Full Name (Last, First, Middle Initial) BLUE DOG POLITICAL ACTION COMMITTEE	Transaction ID: SB23.5584 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
Mailing Address 6849 Old Dominion Drive Suite 222	
City McLean State VA Zip Code 22101	
Purpose of Disbursement Candidate Name 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:	Category/ Type

B. Full Name (Last, First, Middle Initial) ROY BLUNT	Transaction ID: SB23.5633 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
Mailing Address PO Box 50100	
City Springfield State MO Zip Code 65805	
Purpose of Disbursement Candidate Name Office Sought: <input checked="" 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: MO District: 07	Category/ Type

C. Full Name (Last, First, Middle Initial) RICHARD M BURR	Transaction ID: SB23.5605 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
Mailing Address POST OFFICE BOX 5928	
City WINSTON-SALEM State NC Zip Code 27113	
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 00	Category/ Type

SUBTOTAL of Disbursements This Page (optional)

5000.00

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 Association of Holiday Inns INN-PAC

A. COLEMAN MINNESOTA RECOUNT COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 14483

City ST PAUL State MN Zip Code 55114

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District: 00

Disbursement For: Primary General Other (specify) Recount

Transaction ID: SB23.5582

Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

Category/Type

B. FRIENDS OF BLANCHE LINCOLN

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 3197

City LITTLE ROCK State AR Zip Code 72203

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: AR District: 00

Disbursement For: Primary General Other (specify)

Transaction ID: SB23.5577

Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

Category/Type

C. Friends of John Thune

Full Name (Last, First, Middle Initial)

Mailing Address Attn: Lisa Spies
912 F Street NW #1106

City Washington State DC Zip Code 20004

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: SD District:

Disbursement For: Primary General Other (specify)

Transaction ID: SB23.5638

Date of Disbursement

06 / 18 / 2009

Amount of Each Disbursement this Period

1500.00

Category/Type

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)

PAGE 20 / 22

<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 Association of Holiday Inns INN-PAC

A.	Full Name (Last, First, Middle Initial) Max Friends of Max Baucus	Transaction ID: SB23.5590 Date of Disbursement
	Mailing Address 236 Massachusetts Avenue, NE Suite 603	<input type="text" value="02"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC	Transaction ID: SB23.5579 Date of Disbursement
	Mailing Address PO BOX 1000	<input type="text" value="02"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City DES MOINES State IA Zip Code 50304	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kirk for Congress	Transaction ID: SB23.5635 Date of Disbursement
	Mailing Address P.O. Box 8	<input type="text" value="06"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Winnetka State IL Zip Code 60093	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 / 22

<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 Association of Holiday Inns INN-PAC

A. Full Name (Last, First, Middle Initial) JOHN H SR LEWIS <hr/> Mailing Address 103 SEWANNEE AVE N W <hr/> City ATLANTA State GA Zip Code 30314 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5603 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 9	
	Amount of Each Disbursement this Period <input type="text"/> 1000.00	
	Full Name (Last, First, Middle Initial) MARY BONO MACK <hr/> Mailing Address 7315 Wisconsin Avenue Suite 310 East <hr/> City Bethesda State MD Zip Code 20814 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5606 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period <input type="text"/> 1000.00	
C. Full Name (Last, First, Middle Initial) Mike McIntyre for Congress <hr/> Mailing Address P. O. Box 1 <hr/> City Lumberton State NC Zip Code 28359 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5634 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 9	
	Amount of Each Disbursement this Period <input type="text"/> 1000.00	

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text"/> 3000.00
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

**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 Association of Holiday Inns INN-PAC

A.	Full Name (Last, First, Middle Initial) HARRY REID	Transaction ID: SB23.5632
	Mailing Address PO BOX 19163	Date of Disbursement MM / DD / YYYY 06 / 18 / 2009
	City LAS VEGAS State NV Zip Code 89132	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CLIFFORD BUNDY STEARNS	Transaction ID: SB23.5604
	Mailing Address 2071 SE 54TH TERRACE	Date of Disbursement MM / DD / YYYY 04 / 10 / 2009
	City OCALA State FL Zip Code 34471	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TODD W. TIAHRT	Transaction ID: SB23.5608
	Mailing Address 1329 Amity	Date of Disbursement MM / DD / YYYY 04 / 10 / 2009
	City Goddard State KS Zip Code 67052	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 04	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	2000.00