

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 (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 GA

5. Covering Period 10 01 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 Ms Eva Ferguson

Signature of Treasurer Electronically Filed by Ms Eva Ferguson Date 12 21 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 Association of Holiday Inns INN-PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

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		35225.71
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	51936.09									
(c) Total Receipts (from Line 19)	8810.00	65057.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	60746.09	100282.71								
7. Total Disbursements (from Line 31)	17000.00	56536.62								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43746.09	43746.09								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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
1	0

D	D
0	1

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)	8645.00	62719.00
(ii) Unitemized	165.00	2338.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8810.00	65057.00
(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)	8810.00	65057.00
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))	8810.00	65057.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8810.00	65057.00

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	2000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	54500.00
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	36.62
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))..	17000.00	56536.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17000.00	56536.62

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	8810.00	65057.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8810.00	65057.00
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 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

<p>A. Full Name (Last, First, Middle Initial) Mike Cohen</p> <p>Mailing Address 824 Pembroke Road</p> <p>City State Zip Code Libertyville IL 60048</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation The Bricton Group, Inc Hotel Executive</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 10 / 20 / 2010</p> <p>Transaction ID: SA11AI.6122</p> <p>Amount of Each Receipt this Period 250.00</p> <p>donation</p>
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<p>B. Full Name (Last, First, Middle Initial) Bryan Curry</p> <p>Mailing Address 29 South LsSalle St</p> <p>City State Zip Code Chicago IL 60302</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Associated Hotels LLC Hotel Investor & Owner</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 10 / 13 / 2010</p> <p>Transaction ID: SA11AI.6106</p> <p>Amount of Each Receipt this Period 250.00</p> <p>donation</p>
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<p>C. Full Name (Last, First, Middle Initial) Danny Ehrat</p> <p>Mailing Address 9475 Highway 49</p> <p>City State Zip Code Gulfport MS 39503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Shular Companies Hotel Owner & Investor</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 10 / 08 / 2010</p> <p>Transaction ID: SA11AI.6138</p> <p>Amount of Each Receipt this Period 250.00</p> <p>donation</p>
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SUBTOTAL of Receipts This Page (optional)	750.00
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 / 20
(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

<p>A. Full Name (Last, First, Middle Initial) Rick Engel</p> <p>Mailing Address 340 Lakewood Drive</p> <p>City State Zip Code Gadsen AL 35901</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Summit Investments Group Hotel Investor & Owner</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 10 / 27 / 2010</p> <p>Transaction ID: SA11AI.6123</p> <p>Amount of Each Receipt this Period 500.00</p> <p>donation</p>
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<p>B. Full Name (Last, First, Middle Initial) Seth Fellman</p> <p>Mailing Address 5414 N.W. 72nd Avenue</p> <p>City State Zip Code Miami FL 33166</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Morlin Hospitality Group Real Estate / Hotel Developer</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 10 / 04 / 2010</p> <p>Transaction ID: SA11AI.6110</p> <p>Amount of Each Receipt this Period 250.00</p> <p>donation</p>
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<p>C. Full Name (Last, First, Middle Initial) Robert Francis</p> <p>Mailing Address Three Ravinia Drive</p> <p>City State Zip Code Atlanta GA 30345</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Digital Financial Group EVP Sales & Marketing</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 265.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 07 / 2010</p> <p>Transaction ID: SA11AI.6136</p> <p>Amount of Each Receipt this Period 265.00</p> <p>donation</p>
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SUBTOTAL of Receipts This Page (optional)	1015.00
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 / 20
	<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) Michael Horgan	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 209 Haley House Lane	Transaction ID: SA11AI.6116
	City State Zip Code Apex NC 27502	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	donation
Name of Employer InterContinental Hotels Group	Occupation VP of Franchise Sales	
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) Stuart Lauri	Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 2167 Allonbury Cres	Transaction ID: SA11AI.6109
	City State Zip Code Burlington VT 00000	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	donation
Name of Employer Intercontinental Hotels Group	Occupation Director of Franchise Sales & Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Serge Lussi,	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 1 Olympic Drive	Transaction ID: SA11AI.6115
	City State Zip Code Lake Placid NY 12946	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	donation
Name of Employer Crowne Plaza Lake Placid	Occupation Hotel Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	600.00
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 / 20

(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)
Serge Lussi,
Mailing Address 1 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 ▼ 850.00

Date of Receipt MM / DD / YYYY
10 / 19 / 2010

Transaction ID: SA11AI.6118

Amount of Each Receipt this Period 50.00

donation

B.

Full Name (Last, First, Middle Initial)
Cristina Lussi
Mailing Address 241 Victor Herbert Road

City State Zip Code
Lake Placid NY 12946

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Lake Placid Vacation Corp. VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
10 / 15 / 2010

Transaction ID: SA11AI.6114

Amount of Each Receipt this Period 50.00

donation

C.

Full Name (Last, First, Middle Initial)
Contributions Under \$25 Miscellaneous
Mailing Address 3 Ravinia Drive

City State Zip Code
Atlanta GA 30346

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
various various

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2230.00

Date of Receipt MM / DD / YYYY
10 / 31 / 2010

Transaction ID: SA11AI.6130

Amount of Each Receipt this Period 2230.00

donations

SUBTOTAL of Receipts This Page (optional) 2330.00

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 10 / 20
	<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 Association of Holiday Inns INN-PAC

A.	Full Name (Last, First, Middle Initial) William Murrah	Date of Receipt MM / DD / YYYY 10 / 05 / 2010
	Mailing Address Three Ravinia Drive	Transaction ID: SA11AI.6111
	City State Zip Code Atlanta GA 30346	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	donation
	Name of Employer Occupation Intercontinental Hotels Group Regional Director of Franchise Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Ghanshyam Patel	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 340 Lakewood Drive	Transaction ID: SA11AI.6107
	City State Zip Code Gasden AL 35901	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	donation
	Name of Employer Occupation Fort Payne Lodgings Hotel Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Fred and Patricia Russell	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 3600 Pacific Avenue	Transaction ID: SA11AI.6112
	City State Zip Code Virginia Beach VA 23451	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	donation
	Name of Employer Occupation InterContinental Hotels Group Director of Brand Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	600.00
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 / 20
(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)
David and Andrea Shamoian

Mailing Address 319 Speen St

City State Zip Code
Natick MA 01760

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Peabody Hotel Group Hotel Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

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

Transaction ID: SA11AI.6117

Amount of Each Receipt this Period 50.00

donation

B.

Full Name (Last, First, Middle Initial)
Happy Sikand

Mailing Address 2449 Nalin Drive

City State Zip Code
Los Angeles CA 90077

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Happy Hotels Business Hotel Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

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

Transaction ID: SA11AI.6120

Amount of Each Receipt this Period 300.00

donation

C.

Full Name (Last, First, Middle Initial)
S.K. and Sharon Simpson

Mailing Address 4960 Rose Creek Drive

City State Zip Code
Cumming GA 30040

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Intercontinental Hotels Group Director of Franchise Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.6125

Amount of Each Receipt this Period 300.00

donation

SUBTOTAL of Receipts This Page (optional) 650.00

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 / 20
(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 Association of Holiday Inns INN-PAC

A.

Full Name (Last, First, Middle Initial) Paul T Snyder		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 315 Vickers Drive NE		Transaction ID: SA11AI.6121
City Atlanta	State GA	Zip Code 30307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer Intercontinental Hotels Group	Occupation VP of Operations - Portfolio	donation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

B.

Full Name (Last, First, Middle Initial) Wayne Tabor		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address 118 Morningside Drive		Transaction ID: SA11AI.6134
City Marion	State AR	Zip Code 72364
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Holiday Inn Downtown Memphis	Occupation General Manager	donation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) James V Thomas		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
Mailing Address 105 Buttermere Ct		Transaction ID: SA11AI.6140
City Johns Creek	State GA	Zip Code 30022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Intercontinental Hotels Group	Occupation Director - Airline & Leisure Sales/Srv	donation
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)	▶	1450.00
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 / 20
(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) James V Thomas		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 105 Buttermere Ct		Transaction ID: SA11AI.6144
City Johns Creek	State GA	Zip Code 30022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Intercontinental Hotels Group	Occupation Director - Airline & Leisure Sales/Srv	donation
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) Benjamen Von Bruenchenhein		Date of Receipt MM / DD / YYYY 10 / 09 / 2010
Mailing Address 55 S. Vail Ave. Apt. #1503		Transaction ID: SA11AI.6132
City Arlington Heights	State IL	Zip Code 60005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Holiday Inn Skokie IL	Occupation Hotel Manager	donation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) James Weadbrock		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 1480 Jefferson Davis Hwy		Transaction ID: SA11AI.6119
City Arlington	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Crowne Plaza Wash Nat'l Airpor	Occupation General Manager	donation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	1150.00
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 14 / 20
	(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) Adrian Wewers		Date of Receipt MM / DD / YYYY 10 / 27 / 2010
Mailing Address 3106 Pignatelli Crescent		Transaction ID: SA11AI.6127
City Mt. Pleasant	State SC	Zip Code 29466
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Premier Hospitality Group, Inc	Occupation Partner	donation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Gary Williams		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 1601 Angelwing Dr		Transaction ID: SA11AI.6113
City Silver Spring	State MD	Zip Code 20904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Coakley & Williams Hotel Mgmt	Occupation President & CEO	donation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	8645.00

**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 Association of Holiday Inns INN-PAC

<p>A. Full Name (Last, First, Middle Initial) BENISHEK FOR CONGRESS</p> <p>Mailing Address 802 Pentoga Trail</p> <p>City Crystal Falls State MI Zip Code 49920</p> <p>Purpose of Disbursement donation</p> <p>Candidate Name BENISHEK FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6094</p> <p>Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>012 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) BILLY LONG FOR CONGRESS</p> <p>Mailing Address 1675-F E SEMINOLE</p> <p>City SPRINGFIELD State MO Zip Code 65804</p> <p>Purpose of Disbursement donation</p> <p>Candidate Name BILLY LONG FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6104</p> <p>Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>012 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) DOHENY FOR CONGRESS</p> <p>Mailing Address 107 Court Street PO Box 257</p> <p>City Watertown State NY Zip Code 13601</p> <p>Purpose of Disbursement donation</p> <p>Candidate Name DOHENY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6099</p> <p>Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>012 Category/ Type</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 Association of Holiday Inns INN-PAC

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT</p> <p>Mailing Address Attn: Keri Ann Hayes 209 Pennsylvania Ave. SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement donation</p> <p>Candidate Name FRIENDS OF ROY BLUNT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6083</p> <p>Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>012 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Georgians for Isakson</p> <p>Mailing Address POST OFFICE BOX 250116</p> <p>City ATLANTA State GA Zip Code 30325</p> <p>Purpose of Disbursement donation</p> <p>Candidate Name Georgians for Isakson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6079</p> <p>Date of Disbursement 10 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>012 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) IKE SKELTON FOR CONGRESS COMMITTEE</p> <p>Mailing Address P.O. Box A</p> <p>City Harrisonville State MO Zip Code 64701</p> <p>Purpose of Disbursement donation</p> <p>Candidate Name IKE SKELTON FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6103</p> <p>Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>012 Category/ Type</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 Association of Holiday Inns INN-PAC

A. Full Name (Last, First, Middle Initial)
JAIME HERRERA FOR CONGRESS

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement donation

012
Category/
Type

Candidate Name
JAIME HERRERA FOR CONGRESS

Office Sought: House Senate President
State: WA District: 03
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.6080
Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
JOE MILLER FOR US SENATE

Mailing Address PO BOX 72838

City FAIRBANKS State AK Zip Code 99707

Purpose of Disbursement donation

012
Category/
Type

Candidate Name
JOE MILLER FOR US SENATE

Office Sought: House Senate President
State: AK District: 00
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.6077
Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
RONALD HAROLD JOHNSON

Mailing Address 601 OREGON STREET SUITE B

City OSHKOSH State WI Zip Code 54902

Purpose of Disbursement donation

012
Category/
Type

Candidate Name
RONALD HAROLD JOHNSON

Office Sought: House Senate President
State: WI District: 00
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.6085
Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

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 Association of Holiday Inns INN-PAC

A. Full Name (Last, First, Middle Initial)
MIKE MCINTYRE FOR CONGRESS

Mailing Address P.O. Box 1

City Lumberton State NC Zip Code 28359

Purpose of Disbursement
donation

Candidate Name
MIKE MCINTYRE FOR CONGRESS

Office Sought: House Senate President
State: NC District: 07
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.6082
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

012
Category/
Type

B. Full Name (Last, First, Middle Initial)
MIKE ROSS FOR CONGRESS COMMITTEE

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement
donation

Candidate Name
MIKE ROSS FOR CONGRESS COMMITTEE

Office Sought: House Senate President
State: AR District: 04
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.6076
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

012
Category/
Type

C. Full Name (Last, First, Middle Initial)
MOBROOKSFORCONGRESS.COM

Mailing Address 7610 FOXFIRE DRIVE

City HUNTSVILLE State AL Zip Code 35802

Purpose of Disbursement
donation

Candidate Name
MOBROOKSFORCONGRESS.COM

Office Sought: House Senate President
State: AL District: 05
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.6092
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

012
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) NUNNELEE FOR CONGRESS	Transaction ID: SB23.6096 Date of Disbursement 10 / 19 / 2010	
	Mailing Address 438 EAST MAIN ST PO BOX 7092		
	City TUPELO State MS Zip Code 38802	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement donation Candidate Name NUNNELEE FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	012 Category/ Type	
B.	Full Name (Last, First, Middle Initial) PAT MEEHAN FOR CONGRESS	Transaction ID: SB23.6088 Date of Disbursement 10 / 19 / 2010	
	Mailing Address 50 S. Providence Road		
	City Media State PA Zip Code 19063	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement donation Candidate Name PAT MEEHAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	012 Category/ Type	
C.	Full Name (Last, First, Middle Initial) STEVE FINCHER FOR CONGRESS	Transaction ID: SB23.6090 Date of Disbursement 10 / 19 / 2010	
	Mailing Address PO BOX 11153		
	City JACKSON State TN Zip Code 38308	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement donation Candidate Name STEVE FINCHER FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	012 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 20

<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)
TOM REED FOR CONGRESS

Transaction ID: SB23.6101

Date of Disbursement

Mailing Address 99 W 1st Street

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

City State Zip Code
Corning NY 14830

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
donation

Category/
Type

Candidate Name
TOM REED FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 29

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

17000.00
