

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

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 04 01 2006 through 06 30 2006

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 11 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
International Association of Holiday Inns

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | | 58578.74 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 50903.74 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 2900.00 | 2900.00 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 53803.74 | 61478.74 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 13878.89 | 21553.89 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 39924.85 | 39924.85 | | | | | | | | |
| 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**

Write or Type Committee Name
International Association of Holiday Inns

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| 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 | 2500.00 | 2500.00 |
| (i) Itemized (use Schedule A) | 400.00 | 400.00 |
| (ii) Unitemized | 2900.00 | 2900.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 2900.00 | 2900.00 |
| 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)) | 2900.00 | 2900.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 2900.00 | 2900.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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..... | 9500.00 | 16500.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 675.00 |
| 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..... | 4378.89 | 4378.89 |
| 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)).. | 13878.89 | 21553.89 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 13878.89 | 21553.89 |

DETAILED SUMMARY PAGE
of Disbursements

| 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) | 2900.00 | 2900.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 2900.00 | 2900.00 |
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 13 |
| | <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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Miachel Bullis | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6 | |
| Mailing Address 414 Rio Vista Drive | | Transaction ID: SA11A1.4407 | |
| City State Zip Code Palm Springs CA 92262 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer unknown | Occupation unknown | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. William C Gordon | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6 | |
| Mailing Address 440 Wyndham Farmes Way | | Transaction ID: SA11A1.4410 | |
| City State Zip Code Alpharetta GA 30004 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer unknown | Occupation unknown | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Michael Hoffman | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6 | |
| Mailing Address 792 Watervilt Shaker Road | | Transaction ID: SA11A1.4412 | |
| City State Zip Code Latham NY 12110 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer unknown | Occupation unknown | | |
| 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) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 7 / 13 |
| | (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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. KD Patel | | Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2006 |
| Mailing Address 148 Sheraton Drive | | Transaction ID: SA11A1.4415 |
| City State Zip Code New Cumberland PA 17070 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer unknown | Occupation unknown | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Gary Schahet | | Date of Receipt M M / D D / Y Y Y Y 05 / 24 / 2006 |
| Mailing Address 9333 N Meridian St | | Transaction ID: SA11A1.4417 |
| City State Zip Code Indianapolis IN 46260 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer Unkn own | Occupation Unknown | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | 2500.00 |

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

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Chris Cannon | | Transaction ID: SB23.4465 Date of Disbursement 05 / 31 / 2006 | |
| Mailing Address P. O. Box 711 | | Amount of Each Disbursement this Period 500.00 | |
| City Provo State UT Zip Code 84603 | Purpose of Disbursement Political Contribution Candidate Name Chjris Cannon | 011 Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. Norm Coleman | | Transaction ID: SB23.4434 Date of Disbursement 05 / 31 / 2006 | |
| Mailing Address 7300 Hudson Blvd. Suite 270A | | Amount of Each Disbursement this Period 1000.00 | |
| City St Paul State MN Zip Code 55128 | Purpose of Disbursement Political Ccontribution Candidate Name Norm Coleman | 011 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Ralph Hall | | Transaction ID: SB23.4438 Date of Disbursement 05 / 31 / 2006 | |
| Mailing Address P.O. Box 711 | | Amount of Each Disbursement this Period 500.00 | |
| City Rockwall State TX Zip Code 75087 | Purpose of Disbursement Political Contribution Candidate Name Ralph Hall | 011 Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2000.00 |
| 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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. JOHNSON FOR CONGRESS COMMITTEE | | Transaction ID: SB23.4447 Date of Disbursement |
| Mailing Address P.O. Box 1986 | | <input type="text" value="05"/> <input type="text" value="31"/> / <input type="text" value="2006"/> |
| City New Britain | State CT | Zip Code 06050 |
| Purpose of Disbursement Political Contribution | <input type="text" value="1000.00"/> | |
| Candidate Name JOHNSON FOR CONGRESS COMMITTEE | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: CT District: 05 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Blanche Lincoln | | Transaction ID: SB23.4441 Date of Disbursement |
| Mailing Address 301 4th Street NE 2nd Floors | | <input type="text" value="05"/> <input type="text" value="31"/> / <input type="text" value="2006"/> |
| City Washington | State DC | Zip Code 20002 |
| Purpose of Disbursement Political contribution | <input type="text" value="1000.00"/> | |
| Candidate Name | Category/ Type | |
| 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: AR District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. MANZULLO, DONALD A. | | Transaction ID: SB23.4443 Date of Disbursement |
| Mailing Address 792 E Lightsville Rd | | <input type="text" value="05"/> <input type="text" value="31"/> / <input type="text" value="2006"/> |
| City Egan | State IL | Zip Code 61047 |
| Purpose of Disbursement Political contribution | <input type="text" value="500.00"/> | |
| Candidate Name MANZULLO FOR CONGRESS | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: IL District: 16 | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="2500.00"/> |
| 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 10 / 13

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Mike McIntyre | | Transaction ID: SB23.4444 Date of Disbursement 05 / 31 / 2006 |
| Mailing Address P. O. Box 1 | | Amount of Each Disbursement this Period 500.00 |
| City Lumberton | State NC | |
| Zip Code 28359 | | |
| Purpose of Disbursement | | |
| Candidate Name MCCRERY FOR CONGRESS COMMITTEE | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NC District: 07 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. PRYCE FOR CONGRESS | | Transaction ID: SB23.4467 Date of Disbursement 05 / 31 / 2006 |
| Mailing Address 145 E. Rich Street | | Amount of Each Disbursement this Period 500.00 |
| City Columbus | State OH | |
| Zip Code 43215 | | |
| Purpose of Disbursement | | |
| Candidate Name PRYCE FOR CONGRESS | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: OH District: 15 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Raynods for Congress | | Transaction ID: SB23.4429 Date of Disbursement 04 / 21 / 2006 |
| Mailing Address PO Box 15388 | | Amount of Each Disbursement this Period 1500.00 |
| City Rochester | State NY | |
| Zip Code 14615 | | |
| Purpose of Disbursement Contribution | | |
| Candidate Name Raynods for Congress | | 011 Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NY District: 26 | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2500.00 |
| 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 11 / 13

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Ralph Regula | | Transaction ID: SB23.4448 | |
| Mailing Address P.O. Box 29576 | | Date of Disbursement 05 / 31 / 2006 | |
| City Washington | State DC | Zip Code 20017 | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement Political contribution | | 011 Category/ Type | |
| Candidate Name Ralph Regula | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: OH | District: 16 | | |

| | | | |
|--|--|--|---|
| Full Name (Last, First, Middle Initial) B. Peter Roskam | | Transaction ID: SB23.4450 | |
| Mailing Address 423 West Wesley Street | | Date of Disbursement 05 / 31 / 2006 | |
| City Wheaton | State IL | Zip Code 60187 | Amount of Each Disbursement this Period 500.00 |
| Purpose of Disbursement Political contribution | | 011 Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: IL | District: 06 | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. CLIFFORD BUNDY STEARNS | | Transaction ID: SB23.4437 | |
| Mailing Address 2071 SE 54TH TERRACE | | Date of Disbursement 05 / 31 / 2006 | |
| City OCALA | State FL | Zip Code 34471 | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement | | 011 Category/ Type | |
| Candidate Name CLIFFORD BUNDY STEARNS | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: FL | District: 06 | | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 2500.00 |
| TOTAL This Period (last page this line number only) | 9500.00 |

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 12 / 13

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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 Association of Holiday Inns

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--|------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) A. Fidelity Bank | | Transaction ID: SB29.4458 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address Saandy Springs Circle | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 3 | 0 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 4 | | 3 | 0 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City Atlanta | State GA | Zip Code 30346 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Bank service Charges | | | <table border="1"><tr><td>5.00</td></tr></table> | 5.00 | | | | | | | | | | | | | | | | | | | |
| 5.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | <table border="1"><tr><td>001</td></tr></table> Category/ Type | 001 | | | | | | | | | | | | | | | | | | | |
| 001 | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | | | | | | | | |

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|--|---|---|--|------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) B. Fidelity Bank | | Transaction ID: SB29.4459 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address Saandy Springs Circle | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 3 | 1 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 5 | | 3 | 1 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City Atlanta | State GA | Zip Code 30346 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Bank Service Charges | | | <table border="1"><tr><td>5.00</td></tr></table> | 5.00 | | | | | | | | | | | | | | | | | | | |
| 5.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | <table border="1"><tr><td>001</td></tr></table> Category/ Type | 001 | | | | | | | | | | | | | | | | | | | |
| 001 | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | | | | | | | | |

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|--|---|---|--|------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) C. Fidelity Bank | | Transaction ID: SB29.4460 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address Saandy Springs Circle | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 3 | 0 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City Atlanta | State GA | Zip Code 30346 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Bank Service Charges | | | <table border="1"><tr><td>5.00</td></tr></table> | 5.00 | | | | | | | | | | | | | | | | | | | |
| 5.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | <table border="1"><tr><td>001</td></tr></table> Category/ Type | 001 | | | | | | | | | | | | | | | | | | | |
| 001 | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | | | | | | | | |

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|--|---|-------|
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>15.00</td></tr></table> | 15.00 |
| 15.00 | | |
| TOTAL This Period (last page this line number only) | <table border="1"><tr><td></td></tr></table> | |
| | | |

**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 13 / 13

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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 Association of Holiday Inns

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Catherine McLoud | | Transaction ID: SB29.4453 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6 |
| Mailing Address 2701 Jenkins Point Road | | Amount of Each Disbursement this Period 651.58 |
| City Seabrook Island State SC Zip Code 29455 | Purpose of Disbursement Travel Expense 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) ▼ | Category/ Type 002 |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Meritus | | Transaction ID: SB29.4487 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6 |
| Mailing Address 4525 Redfin | | Amount of Each Disbursement this Period 1975.00 |
| City Lilburn State GA Zip Code 30074 | Purpose of Disbursement 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) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Prographics | | Transaction ID: SB29.4454 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 |
| Mailing Address unknown | | Amount of Each Disbursement this Period 1737.31 |
| City unknown State GA Zip Code 30145 | Purpose of Disbursement Fundraising Expenses 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) ▼ | Category/ Type 003 |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 4363.89 |
| TOTAL This Period (last page this line number only) | 4378.89 |