REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
JNX/PAC
International Association of Holiday Inns

ADDRESS (number and street) ☐ Check if different than previously reported
Three Ravinia Drive Suite 2000

CITY, STATE and ZIP CODE
Atlanta, GA 30346

JAN 26 11

2. FEC IDENTIFICATION NUMBER
C-00084822

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☒ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7/1/93 through 12/31/93		
6. (a) Cash on Hand January 1, 19 93		$ 25,589.00
(b) Cash on Hand at Beginning of Reporting Period	$ 41,911.39	
(c) Total Receipts (from Line 19)	$ 5,583.34	$ 26,085.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 47,494.73	$ 51,674.23
7. Total Disbursements (from Line 30)	$ 6,332.50	$ 10,512.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 41,162.23	$ 41,162.23
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
James P. McCauley

Signature of Treasurer
James P. McCauley

Date
1/21/94

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

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: INN/PAC C-00084822

REPORT COVERING PERIOD FROM 7/1/93 TO: 12/31/93

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
1. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	1,050.00	9,050.00
ii. Unitemized	4,050.00	16,150.00
iii. Total (add i and ii) ➤	5,100.00	25,200.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	5,100.00	25,200.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	483.34	885.23
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	5,583.34	26,085.23
20. Total Federal Receipts (subtract line 18 from line 19) ➤		
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,000.00	7,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements	332.50	3,512.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6,332.50	10,512.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	6,332.50	10,512.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	5,100.00	25,200.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	5,100.00	25,200.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11

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NAME OF COMMITTEE (In Full)

INN/PAC C-00084822

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clarence Walton Rt #1 Box 262 Somerville, TN 38068	Holiday Inn Conyers	7/21/93	300.00
Receipt For: [ ] Primary [x] General [ ] Other (specify)	Occupation: Management Aggregate Year-to-Date > $ 300.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martin Fisham 150 Nicolet Appleton, WI 54914	Holiday Inn Appleton	8/9/93	450.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: Management Aggregate Year-to-Date > $ 450.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ray Hankamer, Jr. Box 37109 Houston, TX 77237	Holiday Inn Houston	10/15/93	300.00
Receipt For: [ ] Primary [x] General [ ] Other (specify)	Occupation: Management Aggregate Year-to-Date > $ 300.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Occupation Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify).	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	1,050.00
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

UNN/PAC C-00084822

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Santorum for Congress P. O. Box 10495 Pittsburgh, PA 15234	Congress Rick Santorum (R-PA-18th) Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/7/93	500.00
Paxon for Congress P. O. Box 1995 Williamsville, NY 14281	Congress Bill Paxon (R-NY-27th) Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/7/93	500.00
Upton for All P. O. Box 490 St. Joseph, MI 49085	Congress Fred Upton (R-MI-6th) Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/7/93	500.00
Barcia for Congress 1600 Center Street Bay City, MI 48708 Attn: Stu Reed	Congress Jim Barcia (D-MI-5th) Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/7/93	500.00
Laughlin for Congress P. O. Box 504 West Columbia, TX 77486	Congress Greg Laughlin (D-TX-14th) Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/7/93	500.00
Friends of Bud Cramer P. O. Box 2621 Huntsville, AL 35804	Congress Bud Cramer (D-AL-5th) Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/7/93	500.00
Citizens for Tom Petri P. O. Box 270 Fond du Lac, WI 54935	Congress Tom Petri (R-WI-6th) Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/7/93	500.00
Bliley for Congress P. O. Box 17095 Richmond, VA 23226	Congress Tom Bliley (R-VA-7th) Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/7/93	500.00
Lambert to Win P. O. Box 118 Helena, AR 72342	Congress Blanche Lambert (D-AR-1st) Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/7/93	500.00

SUBTOTAL of Disbursements This Page (optional) 4,500.00

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

2 4 1 7 4 1 3

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

INS/PAC C-00084872

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Congressman Bart Gordon Committee P. O. Box 20008 Murfreesboro, TN 37133	Congress Bart Gordon (D-TN-6th) Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/7/93	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Mike Parker P. O. Box 229 Brookhaven, MS 39601	Congress Mike Parker (D-MS-4th) Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/7/93	500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Pete Geren P. O. Box 1136 Ft. Worth, TX 76101	Congress Pete Geren (D-TX-12th) Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/7/93	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 1,500.00

TOTAL This Period (last page this line number only) 6,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

INS/PAC C-00084822

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim McCauley 3 Ravinia Drive Suite 2000 Atlanta, GA 30346-2149	Meeting Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/20/93	57.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Trust Co. Bank P. O. Box 4418 Atlanta, GA 30302	Service Charge Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/31/93	238.96
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Trust Co. Bank P. O. Box 4418 Atlanta, GA 30302	FDIC Insurance Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/31/93	36.54
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	332.50
TOTAL This Period (last page only, enter line number only)	

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

PREPARER

DATE PREPARED

FEC FORM 70-2 (12/92)