



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-3

January 18, 2000

James P. McCauley, Treasurer  
INN/PAC International Association of  
Holiday Inns Inc. Political Action Committee  
Three Ravinia Drive, Suite 2000  
Atlanta, GA 30346

Identification Number: C00084822

Reference: Mid-Year Report (1/1/99-6/30/99) and 1999 October Quarterly Reports,  
received 11/4/99

Dear Mr. McCauley:

This letter is to inform you that as of January 17, 2001 the Commission has not received your response to our requests for additional information dated December 27, 2000. These notices request information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to these requests (copies enclosed).

If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions regarding this matter, please contact Dominick Ciaraldi on our toll-free number (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division) or our local number (202) 694-1130.

Sincerely,

John D. Gibson  
Assistant Staff Director  
Reports Analysis Division

Enclosures



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

James P. McCauley, Treasurer  
INN/PAC International Association of  
Holiday Inns Inc. Political Action  
Committee  
Three Ravinia Drive, Suite 2000  
Atlanta, GA 30346

DEC 27 2000

Identification Number: C00084822

Reference: 1999 October Quarterly Report, received 11/04/99

Dear Mr. McCauley:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses an apparent prohibited contribution. 2 U.S.C. §441b(a) prohibits the receipt of contributions from corporations and national banks unless made from separate segregated funds established by the corporations and national banks.

If the contribution in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have received a prohibited contribution, you must transfer-out the impermissible funds to an account not used to influence federal elections or refund the full amount to the donors in accordance with 11 CFR §103.3(b). In the best interest of your committee, all transfers-out and refunds should be made within thirty days of the treasurer's receipt of the impermissible funds. In order to protect the donor's interests, the Commission recommends that you inform the contributors in writing to provide the donor(s) with the option of receiving a refund or granting written authorization for a transfer to another account.

Please inform the Commission of your corrective action immediately in

**INN/PAC INTERNATIONAL ASSOCIATION OF HOLIDAY INNS INC. POLITICAL  
ACTION COMMITTEE**

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writing and provide a photocopy of your check for the transfer-out or refund. In addition, any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of prohibited contributions, prompt action by your committee to transfer-out or refund the amount will be taken into consideration.

-The totals listed on Lines 23 and 30, Column B of the Detailed Summary Page(s) appear to be incorrect. Please be advised that you should add the "Calendar Year-to-Date" total from your previous report to the current "Total This Period" figure from Column A to derive the correct Column B totals. Please amend your report and any subsequent reports that may be affected by this correction.

-The Summary Page discloses \$10,124.48 on Line 7, Column A but the Detailed Summary Page shows the Line 30, Column A total to be \$5,124.48. These figures should be the same. Please amend your report accordingly.

-The Summary Page discloses \$31,091.98 on Line 7, Column B but the Detailed Summary Page shows the Line 30, Column B total to be \$15,876.22. These figures should be the same. Please amend your report accordingly.

-Please provide the coverage dates of your report on Line 5 of the Summary Page.

-Schedule B supporting Line 23 discloses contributions to federal candidates for which no election designation has been provided. Please note that if no designation is included in your report, the contributions will be attributed to the next upcoming election for the recipient candidate. Thus, for future reporting purposes, it is in your committee's interest to designate the appropriate election in order to avoid the appearance of excessive contributions made to federal candidates by your committee.

-Please amend Schedule B supporting Line 23 by providing the office sought (House/Senate/President) including state and congressional district, if applicable, for each contribution made. 11 CFR §104.3(b)(3)(ii) and (v)

INN/PAC INTERNATIONAL ASSOCIATION OF HOLIDAY INNS INC. POLITICAL  
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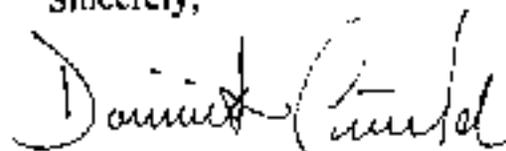
-It has come to the attention of the Federal Election Commission that the reports you have filed during the current election cycle do not reflect the appropriate coverage dates for quarterly filing status. Please be advised of the filing dates and coverage periods for the 1999-2000 election cycle and fill in the appropriate dates on Line 5 of the Summary Page.

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<u>Report Type</u>	<u>Coverage Dates</u>	<u>Due Date</u>
Mid-Year	1/1/99-6/30/99	July 31, 1999
Year End	7/1/99-12/31/99	January 31, 2000
April Quarterly	1/1/00-3/31/00	April 15, 2000
July Quarterly	4/1/00-6/30/00	July 15, 2000
October Quarterly	7/1/00-9/30/00	October 15, 2000
12 Day Pre-General	10/1/00-10/18/00	October 26, 2000
30 Day Post-General	10/19/00-11/27/00	December 7, 2000
Year End	11/28/00-12/31/00	January 31, 2001

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Dominick Ciaraldi  
Reports Analyst  
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

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 purpose, 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 Inn

DAE

A. Full Name, Mailing Address and ZIP Code Suntrust Bank P.O. Box 4418 Atlanta, GA 30302	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period \$5,000.00
	Occupation	07/28/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$5,000.00

