

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) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12G) Election on in the State of (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 01 01 2008 through 03 31 2008

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 04 24 2008

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

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
International Association of Holiday Inns

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		71831.45
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	71831.45									
(c) Total Receipts (from Line 19)	17954.51	17954.51								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	89785.96	89785.96								
7. Total Disbursements (from Line 31)	13625.00	13625.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	76160.96	76160.96								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
International Association of Holiday Inns

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	17251.00	17251.00
(i) Itemized (use Schedule A)	703.51	703.51
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17954.51	17954.51
(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)	17954.51	17954.51
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))	17954.51	17954.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17954.51	17954.51

DETAILED SUMMARY PAGE

of Disbursements

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.....	15.00	15.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	15.00	15.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13610.00	13610.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13625.00	13625.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13610.00	13610.00

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	17954.51	17954.51
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17954.51	17954.51
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: (check only one)	PAGE 6 / 18
	<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	

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

A.	Full Name (Last, First, Middle Initial) Robert Alter		Date of Receipt	
	Mailing Address PO Box 4240		M M / D D / Y Y Y Y 03 / 07 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.5090
	SanClemente	CA	92674	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
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 ▼		
		1000.00		

B.	Full Name (Last, First, Middle Initial) Carl R Baladus		Date of Receipt	
	Mailing Address PO Box 1068		M M / D D / Y Y Y Y 02 / 08 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.5091
	La Plata	MD	20646	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
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		

C.	Full Name (Last, First, Middle Initial) Fredrick Blair		Date of Receipt	
	Mailing Address PO Box 30		M M / D D / Y Y Y Y 02 / 05 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.5092
	Cody	WY	82414	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
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)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jerome Bolick

Mailing Address PO Box 307

City Conover State NC Zip Code 28613

FEC ID number of contributing federal political committee. C

Name of Employer unknown Occupation unknown

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2008
Transaction ID: SA11AI.5093
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
H. Mark Daley

Mailing Address 200 Glenhaven Drive

City Chapel Hill State NC Zip Code 27516

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 07 / 2008
Transaction ID: SA11AI.5095
 Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Bill DeForrest

Mailing Address 1200 Shermer Road

City Northbrook State IL Zip Code 60062

FEC ID number of contributing federal political committee. C

Name of Employer Unknown Occupation Unknown

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 05 / 2008
Transaction ID: SA11AI.5097
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jay Fishman
Mailing Address 469 Thorndale Drive
City Buffalo Grove State IL Zip Code 60089
FEC ID number of contributing federal political committee. **C**
Name of Employer Unknown Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt MM / DD / YYYY
02 / 06 / 2008
Transaction ID: SA11AI.5098
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Sam J Friedman
Mailing Address 321 Starlight Point Road
City Natchitoches State LA Zip Code 71457
FEC ID number of contributing federal political committee. **C**
Name of Employer Unknown Occupation Unknown
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt MM / DD / YYYY
02 / 11 / 2008
Transaction ID: SA11AI.5099
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
George Glover
Mailing Address 500 N. Westshore Blvd Ste 740
City Tampa State FL Zip Code 33609
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt MM / DD / YYYY
03 / 27 / 2008
Transaction ID: SA11AI.5100
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 2500.00
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 / 18

(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

A.

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

Mailing Address 792 Watervilt Shaker Road

City State Zip Code
Latham NY 12110

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

Name of Employer Occupation
Turf Hotels unknown

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 27 / 2008

Transaction ID: SA11AI.5102

Amount of Each Receipt this Period
1000.00

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

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 27 / 2008

Transaction ID: SA11AI.5107

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Serge Lussi

Mailing Address 101 Olympic Drive

City State Zip Code
Lake Placid NY 12110

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

Name of Employer Occupation

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 27 / 2008

Transaction ID: SA11AI.5103

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 18
	<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

A.	Full Name (Last, First, Middle Initial) Bakulesh Buggsi Patel		Date of Receipt	
	Mailing Address 530 4th Street		M M / D D / Y Y Y Y 03 / 27 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.5109
	Lake Oswego	OR	97034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1001.00	
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 ▼ 1001.00		

B.	Full Name (Last, First, Middle Initial) Mack Pearsall		Date of Receipt	
	Mailing Address One Page Avenue Suite 215		M M / D D / Y Y Y Y 02 / 08 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.5111
	Asheville	NC	28801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Thomas J, Jr. Pearsall		Date of Receipt	
	Mailing Address One Page Ave Ste 215		M M / D D / Y Y Y Y 02 / 08 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.5113
	Ashville	NC	28801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
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)	▶	2001.00
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 / 18
(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

A. Full Name (Last, First, Middle Initial)
James H Price

Mailing Address 1529 St Alphonsus Way

City Alamo State CA Zip Code 94507

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

Name of Employer Unknown Occupation Unknown

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 08 / 2008
Transaction ID: SA11AI.5114
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Gary Schahet

Mailing Address 9333 N Meridian St

City Indianapolis State IN Zip Code 46260

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

Name of Employer Unkn own Occupation Unknown

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 27 / 2008
Transaction ID: SA11AI.5115
 Amount of Each Receipt this Period: 500.00

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

Mailing Address 141 S Meridian St

City Indianapolis State IN Zip Code 46225

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

Name of Employer Unknown Occupation Unknown

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 02 / 29 / 2008
Transaction ID: SA11AI.5118
 Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional) ► 2750.00

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 12 / 18
	<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

A.

Full Name (Last, First, Middle Initial) David Shamoian		Date of Receipt MM / DD / YYYY 02 / 15 / 2008
Mailing Address 319 Speen St		Transaction ID: SA11AI.5119
City Natick	State MA	Zip Code 01760
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
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 ▼ 750.00	

B.

Full Name (Last, First, Middle Initial) Sandy Sun		Date of Receipt MM / DD / YYYY 03 / 27 / 2008
Mailing Address 77 Buckley Road		Transaction ID: SA11AI.5120
City Libertyville	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Rick Takach, Jr.		Date of Receipt MM / DD / YYYY 03 / 27 / 2008
Mailing Address 701 SE Columbia Shores Blvd		Transaction ID: SA11AI.5122
City Vancouver	State WA	Zip Code 98661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Northwest Hospitality Group	Occupation Unknown	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	▶	4250.00
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 / 18	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mark Zipperer		Date of Receipt	
	Mailing Address 2129 S Germantown Road		M M / D D / Y Y Y Y 03 / 18 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.5123
	Germantown	TN	38138	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		1000.00	
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 ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	17251.00

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

A.	Full Name (Last, First, Middle Initial) RICHARD M BURR	Transaction ID: SB23.5138 Date of Disbursement 02 / 26 / 2008	
	Mailing Address POST OFFICE BOX 5928		
	City WINSTON-SALEM	State NC	Zip Code 27113
	Purpose of Disbursement		Amount of Each Disbursement this Period 1500.00
	Candidate Name RICHARD M BURR		Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NC District: 00		
B.	Full Name (Last, First, Middle Initial) THOMAS R CARPER	Transaction ID: SB23.5141 Date of Disbursement 02 / 26 / 2008	
	Mailing Address 600 WEST MATSON RUN PARKWAY		
	City WILMINGTON	State DE	Zip Code 19802
	Purpose of Disbursement		Amount of Each Disbursement this Period 610.00
	Candidate Name THOMAS R CARPER		Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: DE District: 00		
C.	Full Name (Last, First, Middle Initial) CHRIS CANNON FOR CONGRESS INC	Transaction ID: SB23.5153 Date of Disbursement 02 / 26 / 2008	
	Mailing Address 310 SOUTH MAIN SUITE 1420		
	City SALT LAKE CITY	State UT	Zip Code 84101
	Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
	Candidate Name CHRISTOPHER B HON. CANNON		Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: UT District: 03		

SUBTOTAL of Disbursements This Page (optional) ▶	3110.00
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

A. Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08 <hr/> Mailing Address 680 TRANSFER ROAD, SUITE A <hr/> City SAINT PAUL State MN Zip Code 55114 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name NORM COLEMAN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5146 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) SUSAN M COLLINS <hr/> Mailing Address 223 NOWELL ROAD <hr/> City BANGOR State ME Zip Code 04401 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name SUSAN M COLLINS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5135 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CONNOLLY FOR CONGRESS <hr/> Mailing Address P.O. BOX 563 <hr/> City MERRIFIELD State VA Zip Code 22116 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name GERRY CONNOLLY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5159 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 8
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="4000.00"/>
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)

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<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

A. IKE SKELTON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box A

City Harrisonville State MO Zip Code 64701

Purpose of Disbursement

Candidate Name
IKE SKELTON

Office Sought: House
 Senate
 President

State: MO District: 04

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5126

Date of Disbursement

01 / 08 / 2008

Amount of Each Disbursement this Period

1000.00

B. JOHANNNS FOR SENATE INCORPORATED

Full Name (Last, First, Middle Initial)

Mailing Address 1201 O STREET SUITE 101

City LINCOLN State NE Zip Code 68506

Purpose of Disbursement

Candidate Name
MICHAEL O JOHANNNS

Office Sought: House
 Senate
 President

State: NE District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5156

Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

C. BLANCHE LAMBERT LINCOLN

Full Name (Last, First, Middle Initial)

Mailing Address 707 PLEASANT VALLEY DRIVE #20

City LITTLE ROCK State AR Zip Code 72212

Purpose of Disbursement

Candidate Name
BLANCHE LAMBERT LINCOLN

Office Sought: House
 Senate
 President

State: AR District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5131

Date of Disbursement

02 / 26 / 2008

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)

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<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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Manzullo for Congress</p> <p>Mailing Address P.O. Box 368</p> <p>City Falls Church State VA Zip Code 22040</p> <p>Purpose of Disbursement</p> <p>Candidate Name DONALD A. MANZULLO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5148</p> <p>Date of Disbursement MM / DD / YYYY 02 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) VELAZQUEZ FOR CONGRESS</p> <p>Mailing Address 315 INSPIRATION LANE</p> <p>City GAITHERSBURG State MD Zip Code 20878</p> <p>Purpose of Disbursement</p> <p>Candidate Name NYDIA M VELAZQUEZ</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5150</p> <p>Date of Disbursement MM / DD / YYYY 02 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Wicker for Senate</p> <p>Mailing Address P.O. Box 64</p> <p>City Jackson State MS Zip Code 39205</p> <p>Purpose of Disbursement</p> <p>Candidate Name ROGER WICKER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5143</p> <p>Date of Disbursement MM / DD / YYYY 02 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

13610.00

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial)
Fidelity Bank

Mailing Address
Sandy Springs Circle

City State Zip Code
Atlanta GA 30346

Purpose of Disbursement:

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
- Voter Drive Direct Candidate Support
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

15.00

Activity or Event Identifier:
Administrative

Date 03 / 31 / 2008

Transaction ID: H4.5164

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		15.00		15.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		15.00		15.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		15.00		15.00