REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

99 JUL 26 PM 2:22

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
International Association of Holiday Inn

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

CITY, STATE and ZIP CODE
ATlanta, GA 30346

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

XX 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

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____.

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

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period Jan. 1, 1999 through June 30, 1999		
6. (a)	Cash on Hand January 1, 1999		$ 4,059.60
(b)	Cash on Hand at Beginning of Reporting Period	$ 9,906.94	
(c)	Total Receipts (from Line 19)	$ 20,255.56	$ 31,455.56
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 30,162.50	$ 35,515.16
7.	Total Disbursements (from Line 30)	$ 15,614.84	$ 20,967.50
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 14,547.66	$ 14,547.66
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 202-694-1100

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

Date

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)

FEBAN121

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

(revised 1/1/91)

NAME OF COMMITTEE: International Association of Holiday Inn

REPORT COVERING PERIOD FROM 01/01/99 TO 06/30/99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	16,950.00	22,000.00	11(a)(i)
ii. Unitemized	3,305.56	9,955.56	11(a)(ii)
iii. Total ... (add i and ii) ➤	20,255.56	31,955.56	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions ... (add a iii, b and c) ➤			11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)		(500.00)	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts ... (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	20,255.56	31,455.56	19
20. Total Federal Receipts ... (subtract line 18 from line 19) ➤			20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures ... (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,500.00	6,500.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds ... (add a, b and c) ➤			28(d)
29. Other Disbursements	9,114.84	10,751.74	29
30. Total Disbursements ... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	15,614.84	20,967.50	30
31. Total Federal Disbursements ... (subtract line 21 a ii from line 30) ➤			31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures ... (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures ... (subtract line 36 from 35) ➤			37

FE3AN121

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER 11) A.i

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 Inn

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert & Sylvia Slater 7002 Nichols Rd Oklahoma City, OK 73116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 750.00	4/9/99	450.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David Shamoian 2 Windy Hill Lane Wayland, MA 01778 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 900.00	4/10/99	450.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Leroy Lail 2258 Hwy. 70 SE Suite 101 Hickory, NC 28602 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 900.00	3/16/99	450.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
George Glover 2910 Garden Lane Memphis, TN 38111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,700.00	3/23/99	1,350.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James Wold P.O. Box 9555 Fargo, ND 58106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1050.00	3/13/99	600.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Firal Ryder 452 Jeferson Street Natchitoches, LA 71457 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 750.00	3/17/99	300.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sam Friedman 401 Keyser Ave Natchitoches, LA 71457 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,650.00	3/23/99	1,350.00

SUBTOTAL of Receipts This Page (optional) 4,950.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

Separate schedule(s) each category of the Detailed Summary Page

PAGE 2 OF 2

FOR LINE NUMBER 11)A.i

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NAME OF COMMITTEE (In Full)

International Association of Holiday Inn

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Renee Logan 29 South LA Salle Street Chicago, IL 60603 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,950.00	3/16/99	1,350.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Charles Johnson 9250 Baymeadows Rd Jacksonville, FL 32256 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1500.00	3/17/99	750.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. & Mrs. Tarrunumn 105 Glen Eagles Dr. Watchung, NJ 07060 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 750.00	3/24/99	300.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert Alter PO Box 4240 San Clemente, CA 92674 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 600.00	3/23/99	300.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James Mann 650 E. 24th St Holland Michgan, 49423 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 600.00	4/1/99	300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Suntrust Bank P.O. Box 4418 Atlanta gA 30302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	4/19/99	9000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 12,000.00

TOTAL This Period (last page this line number only) 16,950.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

International Association of Holiday Inn

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Ashcroft 8229 Clayton Road St.Louisss, MO 63117	Contribution Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	4/15/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dick Armey P.O. Box 85 Louisville, TX 75067	Contribution Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	4/15/99	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMo Houghton Post Office Box 1107 Coring, NY 14830	Contribution Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	4/15/99	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Norman Sisisky P.O. Box 2062 Petersburg, VA 23804	Contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	4/15/99	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Thomas Petri P.O. Box 270 Fon du Lac, WI 54935	Contribution Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	4/15/99	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dave Hobson 2525 N. Limestone Springfield, OH 45503	Contribution Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	4/15/99	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fred Upton P.O.Box 221543 Chantilly, VA 20153	Contribution Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	4/15/99	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Boehner 111 C. Street, SE Washington, DC 2003	Contribution Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	4/15/99	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Chip Pickering P.O. Box 6440 Laurel, MS 39441	Contribution Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	4/15/99	500.00

SUBTOTAL of Disbursements This Page (optional) 5,500.00

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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

International Association of Holiday Inn

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tom Bliley P.O. Box 17905 Richmand, VA 23226	Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	4/15/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	6,500.00

FE8AN3E4

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 29

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 Inn

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Suntrust Bank P.O. Box 4418 Atlanta GA 30302	Disbursement for: Primary General Other (specify)	4/19/99	9,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Suntrust Bank P.O. box 4418 Atlanta GA 30302	Disbursement for: Primary General Other (specify)	4/19/99	37.65
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Suntrust Bank P.O.Box 4418 Atlanta GA 30302	Disbursement for: Primary General Other (specify)	5/19/99	29.03
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Suntrust Bank P.O. box 4418 Atlanta GA 30302	Disbursement for: Primary General Other (specify)	6/17/99	33.16
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Suntrust Bank P.O. Box 4418 Atlanta GA 30302	Disbursement for: Primary General Other (specify)	6/30/00	5.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Suntrust Bank P.O. Box 4418 Atlanta GA 30302	Disbursement for: Primary General Other (specify)	5/30/99	5.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Suntrust Bank P.O. Box 4418 Atlanta GA 30302	Disbursement for: Primary General Other (specify)	4/30/99	5.00
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) .....

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

FE8AN084

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 7-21-95
☐	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 7-26-95
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JMU
PREPARER

7-26-95
DATE PREPARED

(4/96)