REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2001 FEB -9 A 10:23

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

3 Ravinia Drive Suite 2000

CITY, STATE and ZIP CODE

Atlanta, GA 30346

2. FEC IDENTIFICATION NUMBER

C00084822

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

☐ 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 ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7/1/99 through 9/30/99		
6. (a) Cash on Hand January 1, 1999		$ 4059.60
(b) Cash on Hand at Beginning of Reporting Period	$ 14547.66	
(c) Total Receipts (from Line 19)	$ 21.18	$ 22476.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 14568.84	$ 26536.34
7. Total Disbursements (from Line 30)	$ 5124.48	$ 17091.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 9444.36	$ 9444.36
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

Signature of Treasurer

Date 1/28/01

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)

FEDA/H099

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 7/1/99 TO 9/30/99

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	0	13600.00	11(a)i
ii. Unitemized	0	9300.00	11(a)ii
iii. Total (add i and ii) ➤	0	22900.00	11(a)iii
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	0	0	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	(500.00) 0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	21.18	~~(423.26)~~ 76.74	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	21.18	22476.74	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	21.18	22476.74	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)i
ii. Non-Federal Share	0	0	21(a)ii
b. Other Federal Operating Expenditures	0	0	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	5000.00	15215.76	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28(d)
29. Other Disbursements	124.48	1876.22	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	5124.48	17091.98	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	5124.48	17091.98	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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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 / Disbursement for:	Date (month, day, year)	Amount of Each Disbursement This Period
Sam Farr Friends of Farr 555 Capitol Mall Suite 1425 Sacramento, CA 95814	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/23/99	$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for:	Date (month, day, year)	Amount of Each Disbursement This Period
Robert Aderholt P.O. box 1158 Haleyville, AL 35565	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/23/99	$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for:	Date (month, day, year)	Amount of Each Disbursement This Period
Ernie Fletcher P.O. Box 4703 Lexington, KY 40944	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/23/99	$500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for:	Date (month, day, year)	Amount of Each Disbursement This Period
Mark Foley P.O. Box 30505 Palm Beach Gardens, Fl 33420	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/23/99	$500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for:	Date (month, day, year)	Amount of Each Disbursement This Period
John Isakson 6065 Roswell Road ATlanta, GA 30328	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/23/99	$500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for:	Date (month, day, year)	Amount of Each Disbursement This Period
Roy Blunt 1736 E. Sunshine Suite 913 Springfield, MO 65805	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/23/99	$500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for:	Date (month, day, year)	Amount of Each Disbursement This Period
John Tanner P.O. Box 1988 Union City, TN 38261	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/23/99	$500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for:	Date (month, day, year)	Amount of Each Disbursement This Period
Bart Gordon Congressman Murfreesboro, TN 37133	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/23/99	$500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for:	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Ney P.O. Box 490 St. Clairsville, OH 43950	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/23/99	$500.00

SUBTOTAL of Disbursements This Page (optional) $4,500.00

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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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
Collin Peterson 928 Lake Ave. Detroit Lakes, MN 56501	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/23/99	$500.00
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) $500.00

TOTAL This Period (last page this line number only) $5,000.00

FEBA#084

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

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 Accociation 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	Bank Service Charge Disbursement for: [ ] Primary [ ] General [X] Other (specify) Svcs Chg	7/20/99	43.12
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	Bank Service Charge Disbursement for: [ ] Primary [ ] General [X] Other (specify) Svcs Chg	8/18/99	35.24
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	Bank Service Charge Disbursement for: [ ] Primary [ ] General [X] Other (specify) Svcs CHg	9/23/99	31.12
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	Bank Service Charge Disbursement for: [ ] Primary [ ] General [X] Other (specify) Svcs Chg	7/30/99	5.00
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	Bank Service Charge Disbursement for: [ ] Primary [ ] General [X] Other (specify) Svcs Chg	8/31/99	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	Bank Service Charge Disbursement for: [ ] Primary [ ] General [X] Other (specify) Svcs Chg	9/30/99	5.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	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)	
TOTAL This Period (last page this line number only)	124.48

FE9AH103

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. 5000.00 ✓

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

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. 5000.00

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)

-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.

Report Type	Coverage Dates	Due Date
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

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 (R/C) 1/30/01
☐	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
☐	Electronic Filing	

CR — PREPARER

2/9/01 — DATE PREPARED

(6/2000)