

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 INN-PAC

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)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(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 04 01 2008 through 06 30 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 07 30 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.

Office Use Only							
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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 INN-PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

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	76160.96									
(c) Total Receipts (from Line 19)	18750.00	36704.51								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	94910.96	108535.96								
7. Total Disbursements (from Line 31)	18500.00	32125.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	76410.96	76410.96								
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 INN-PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

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	18012.50	35263.50
(i) Itemized (use Schedule A)	737.50	1441.01
(ii) Unitemized	18750.00	36704.51
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	18750.00	36704.51
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))	18750.00	36704.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18750.00	36704.51

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.....	0.00	15.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	15.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	32110.00
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))..	18500.00	32125.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18500.00	32110.00

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)	18750.00	36704.51
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18750.00	36704.51
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: PAGE 6 / 17
(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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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 INN-PAC

A.

Full Name (Last, First, Middle Initial)
Carl R Baldus

Mailing Address PO Box 1068

City State Zip Code
La Plata MD 20646

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

Name of Employer Waldorf Inn Joint Venture Occupation Hotel Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.50

Date of Receipt
MM / DD / YYYY
05 / 06 / 2008

Transaction ID: SA11AI.5203

Amount of Each Receipt this Period
62.50

B.

Full Name (Last, First, Middle Initial)
Jeff Brown

Mailing Address 8941 Spicewood Court

City State Zip Code
Indianapolis NE 46260

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
MM / DD / YYYY
06 / 10 / 2008

Transaction ID: SA11AI.5212

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Miachael Bullis

Mailing Address 2466 Linden Way, Unit F

City State Zip Code
Palm Springs CA 92264

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

Name of Employer Destination Properties, LLC Occupation Hotel Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2008

Transaction ID: SA11AI.5195

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **562.50**

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 / 17
(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 INN-PAC

A.

Full Name (Last, First, Middle Initial)
Robert Dora

Mailing Address 9904 North by Northwest Blvd

City State Zip Code
Fishers IN 46037

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
06 / 18 / 2008

Transaction ID: SA11AI.5214

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
David Hart

Mailing Address 617 Dingens Street

City State Zip Code
Buffalo NY 14206

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 ▼
3000.00

Date of Receipt
05 / 29 / 2008

Transaction ID: SA11AI.5208

Amount of Each Receipt this Period
3000.00

C.

Full Name (Last, First, Middle Initial)
Mike Hembree

Mailing Address 309 S Meridian Ave

City State Zip Code
Oklahoma NE 73108

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
05 / 22 / 2008

Transaction ID: SA11AI.5206

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) 3750.00

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 8 / 17
	<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 INN-PAC

A.	Full Name (Last, First, Middle Initial) Dan Houseworth	Date of Receipt MM / DD / YYYY 05 / 22 / 2008
	Mailing Address PO Box 1408	Transaction ID: SA11AI.5207
	City State Zip Code Blytheville AZ 72316	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	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

B.	Full Name (Last, First, Middle Initial) Lea Ann Kish	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 304 East 65th Street, Apartment 16	Transaction ID: SA11AI.5197
	City State Zip Code New York NY 10021	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Milestone Hospitality Management Occupation Chief Operating Officer 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) Leroy G Lail	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 2258 Highway 70 SE	Transaction ID: SA11AI.5193
	City State Zip Code Hickory NC 28602	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hickory Furniture Management Occupation Hotel Owner 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)	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 9 / 17
(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 INN-PAC

A.

Full Name (Last, First, Middle Initial)
Douglas Lambert

Mailing Address P.O. Box 25 or 211 Savannah Avenue

City Savannah State GA Zip Code 30459

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

Name of Employer West Chatham Hospitality Servi Occupation Hotel Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 06 / 2008

Transaction ID: SA11AI.5210

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Suzanne Lanigan

Mailing Address 1001 E Atlantic Avenue

City Delray Beach State FL Zip Code 33483

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

Name of Employer Ocean Properties Occupation Hotel Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 18 / 2008

Transaction ID: SA11AI.5224

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Asad Malik

Mailing Address 1130 E. Square Lake Road

City Bloomfield Hills State MI Zip Code 48304

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 06 / 23 / 2008

Transaction ID: SA11AI.5226

Amount of Each Receipt this Period 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 10 / 17

(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 INN-PAC

A.

Full Name (Last, First, Middle Initial)
Steven Porter

Mailing Address 143 Blackland Rd

City State Zip Code
Atlanta GA 30342

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

Name of Employer Occupation
IHG, Corporation unknown

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.5209

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
Mark Walsh

Mailing Address 1001 E Atlantic Avenue

City State Zip Code
Delray Beach FL 33483

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

Name of Employer Occupation
Ocean Properties Hotel Owner

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.5218

Amount of Each Receipt this Period

1000.00

C.

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

Mailing Address 1001 E Atlantic Avenue

City State Zip Code
Delray Beach FL 33483

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

Name of Employer Occupation
Ocean Properties Hotel Owner

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.5216

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

7000.00

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 / 17
(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 INN-PAC

A. Full Name (Last, First, Middle Initial)
Patrick Walsh

Mailing Address 1001 E Atlantic Avenue

City State Zip Code
Delray Beach FL 33483

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

Name of Employer Occupation
Ocean Properties Hotel Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2008

Transaction ID: SA11AI.5220

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
William Walsh

Mailing Address 1001 E Atlantic Avenue

City State Zip Code
Delray Beach FL 33483

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

Name of Employer Occupation
Ocean Properties Hotel Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2008

Transaction ID: SA11AI.5222

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
David Wespisar

Mailing Address 22East High Street

City State Zip Code
Oxford OH 45056

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

Name of Employer Occupation
unknown unknown

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2008

Transaction ID: SA11AI.5204

Amount of Each Receipt this Period
1200.00

SUBTOTAL of Receipts This Page (optional) ► 3200.00

TOTAL This Period (last page this line number only) ► 18012.50

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)

PAGE 12 / 17

<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 INN-PAC

A.	Full Name (Last, First, Middle Initial) Joe Barton	Transaction ID: SB23.5252 Date of Disbursement 04 / 22 / 2008
	Mailing Address PO Box 1444	Amount of Each Disbursement this Period 1000.00
	City Ennis State TX Zip Code 75120	
	Purpose of Disbursement	Category/Type
	Candidate Name The Congressman Joe Barton Comm	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MAX BAUCUS	Transaction ID: SB23.5279 Date of Disbursement 06 / 18 / 2008
	Mailing Address PO BOX 586	Amount of Each Disbursement this Period 1000.00
	City HELENA State MT Zip Code 59624	
	Purpose of Disbursement	Category/Type
	Candidate Name FRIENDS OF MAX BAUCUS	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DAVID LEE CAMP	Transaction ID: SB23.5227 Date of Disbursement 04 / 22 / 2008
	Mailing Address 5905 Wimbledon Ct.	Amount of Each Disbursement this Period 1000.00
	City Midland State MI Zip Code 48642	
	Purpose of Disbursement	Category/Type
	Candidate Name DAVE CAMP FOR CONGRESS 2008	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

PAGE 13 / 17

<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 INN-PAC

A.	Full Name (Last, First, Middle Initial) C SAXBY CHAMBLISS	Transaction ID: SB23.5273 Date of Disbursement 06 / 18 / 2008
	Mailing Address PO BOX 12469	Amount of Each Disbursement this Period 1000.00
	City ATLANTA State GA Zip Code 30355	
	Purpose of Disbursement	Category/Type
	Candidate Name CHAMBLISS FOR SENATE	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MICHAEL B ENZI	Transaction ID: SB23.5276 Date of Disbursement 06 / 18 / 2008
	Mailing Address 431 CIRCLE DRIVE	Amount of Each Disbursement this Period 1000.00
	City GILLETTE State WY Zip Code 82716	
	Purpose of Disbursement	Category/Type
	Candidate Name ENZI FOR US SENATE	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SAM FARR	Transaction ID: SB23.5247 Date of Disbursement 04 / 22 / 2008
	Mailing Address P.O. Box 7548 SE CORNER SANTA LUCIA/CAMINO REAL	Amount of Each Disbursement this Period 1000.00
	City Carmel State CA Zip Code 93920	
	Purpose of Disbursement	Category/Type
	Candidate Name FARR, SAM	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

<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 INN-PAC

A.	Full Name (Last, First, Middle Initial) RICHARD A. KELLER	Transaction ID: SB23.5242 Date of Disbursement 04 / 22 / 2008
	Mailing Address P.O. Box 1453	
	City Orlando State FL Zip Code 32802	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name Ric Keller for Congress	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHN H SR LEWIS	Transaction ID: SB23.5267 Date of Disbursement 06 / 18 / 2008
	Mailing Address 103 SEWANEE AVE N W	
	City ATLANTA State GA Zip Code 30314	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name JOHN LEWIS FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MITCH MCCONNELL	Transaction ID: SB23.5281 Date of Disbursement 06 / 18 / 2008
	Mailing Address 2318 DUNDEE ROAD	
	City LOUISVILLE State KY Zip Code 40205	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name MCCONNELL SENATE COMMITTEE '08	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)
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(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 INN-PAC

A.	Full Name (Last, First, Middle Initial) Mitch Peterson	Transaction ID: SB23.5266 Date of Disbursement 06 / 18 / 2008
	Mailing Address 17164 Jackson Trail	Amount of Each Disbursement this Period 1000.00
	City Lakeville State MN Zip Code 55044	
	Purpose of Disbursement	Category/Type
	Candidate Name PETERSON FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JON SR PORTER	Transaction ID: SB23.5233 Date of Disbursement 06 / 06 / 2008
	Mailing Address PO BOX 26087	Amount of Each Disbursement this Period 1000.00
	City LAS VEGAS State NV Zip Code 89126	
	Purpose of Disbursement	Category/Type
	Candidate Name PORTER FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICHAEL AVERY ROSS	Transaction ID: SB23.5239 Date of Disbursement 04 / 22 / 2008
	Mailing Address PO BOX 360 PO BOX 374	Amount of Each Disbursement this Period 1000.00
	City PRESCOTT State AR Zip Code 71857	
	Purpose of Disbursement	Category/Type
	Candidate Name MIKE ROSS FOR CONGRESS COMMITTEE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)
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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 INN-PAC

A.	Full Name (Last, First, Middle Initial) ROBERT W SCHAFFER	Transaction ID: SB23.5270
	Mailing Address 5027 ALDER COURT	Date of Disbursement 06 / 18 / 2008
	City FORT COLLINS State CO Zip Code 80525	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name BOB SCHAFFER FOR US SENATE	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHN S. TANNER	Transaction ID: SB23.5229
	Mailing Address 1900 Meadowlark	Date of Disbursement 04 / 22 / 2008
	City Union City State TN Zip Code 38261	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name FRIENDS OF JOHN TANNER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) The Freedom Project	Transaction ID: SB23.5308
	Mailing Address 424 C Street NE Basement	Date of Disbursement 06 / 18 / 2008
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(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 INN-PAC

A. Full Name (Last, First, Middle Initial) TODD W. TIAHRT <hr/> Mailing Address 1329 Amity <hr/> City Goddard State KS Zip Code 67052 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name TIAHRT FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 04 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5235 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) TINSLEY, EDWARD R III <hr/> Mailing Address P O BOX 708 <hr/> City CAPITAN State NM Zip Code 88316 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name TINSLEY FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5258 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

18500.00