

# 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)  
 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 01 01 2006 through 03 31 2006

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 03 31 2006

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

**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	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		58578.74
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	58578.74									
(c) Total Receipts (from Line 19) .....	0.00	0.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	58578.74	58578.74								
7. Total Disbursements (from Line 31) .....	7675.00	7675.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	50903.74	50903.74								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	0.00	0.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(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) ▶	0.00	0.00
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)) .....	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	0.00	0.00

**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	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	7000.00
24. Independent Expenditure (use Schedule E) .....	675.00	675.00
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))..	7675.00	7675.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	7675.00	7675.00

**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) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
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 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

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

Full Name (Last, First, Middle Initial) <b>A. George Allen</b>		Transaction ID: SB23.4387 Date of Disbursement 03 / 26 / 2006	
Mailing Address 1805 Monument Ave #203		Amount of Each Disbursement this Period 1000.00	
City Richmond State VA Zip Code 23220	Purpose of Disbursement 011 Category/Type	Candidate Name George Allen	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. John Boehner</b>		Transaction ID: SB23.4391 Date of Disbursement 03 / 26 / 2006	
Mailing Address 111 S Stree SE		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement 011 Category/Type	Candidate Name John Boehner	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Caper for Senate</b>		Transaction ID: SB23.4386 Date of Disbursement 03 / 26 / 2006	
Mailing Address PO Box 2882		Amount of Each Disbursement this Period 1000.00	
City Wilmington State DE Zip Code 19805	Purpose of Disbursement 011 Category/Type	Candidate Name Caper for Senate	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. MCCRERY FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.4389</b> Date of Disbursement 03 / 26 / 2006
Mailing Address Post Office Box 52956 333 Texas Street Suite 1900		Amount of Each Disbursement this Period 1000.00
City Shreveport	State LA Zip Code 71135	
Purpose of Disbursement		011 Category/ Type
Candidate Name MCCRERY FOR CONGRESS COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 04		

Full Name (Last, First, Middle Initial) <b>B. BILL NELSON</b>		<b>Transaction ID: SB23.4385</b> Date of Disbursement 03 / 26 / 2006
Mailing Address 716 HART SENATE OFFICE BUILDING		Amount of Each Disbursement this Period 1000.00
City WASHINGTON	State DC Zip Code 20510	
Purpose of Disbursement		011 Category/ Type
Candidate Name BILL NELSON		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 00		

Full Name (Last, First, Middle Initial) <b>C. JAMES MATTHES TALENT</b>		<b>Transaction ID: SB23.4390</b> Date of Disbursement 03 / 26 / 2006
Mailing Address 147 N MERAMEC SUITE 100		Amount of Each Disbursement this Period 1000.00
City ST LOUIS	State MO Zip Code 63105	
Purpose of Disbursement		011 Category/ Type
Candidate Name TALENT FOR SENATE COMMITTEE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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)  
TIAHRT FOR CONGRESS

Mailing Address 2250 N Rock Rd #118 A

City Wichita State KS Zip Code 67226

Purpose of Disbursement  011 Category/Type

Candidate Name TIAHRT FOR CONGRESS

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: KS District: 04

**Transaction ID:** SB23.4393  
**Date of Disbursement:** 03 / 26 / 2006

Amount of Each Disbursement this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Trust Pac

Mailing Address 2875 Towerview Road Suite 1000

City Herndon State VA Zip Code 20171

Purpose of Disbursement  011 Category/Type

Candidate Name Fred Upton

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: MS District: 06

**Transaction ID:** SB23.4394  
**Date of Disbursement:** 03 / 26 / 2006

Amount of Each Disbursement this Period  
500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

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

7000.00

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) International Association of Holiday Inns	FEC IDENTIFICATION NUMBER <b>C</b> C00084822
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Mary Sue Ahlert

Date  
MM / DD / YYYY  
02 / 10 / 2006

Mailing Address  
325 Spindle Court

Amount  
285.00

City State Zip Code  
Atlanta GA 30350

**Transaction ID:** SE24.4398  
Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure Category/Type  
001

Check One:  Support  Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_

Calendar Year-To-Date Per Election for Office Sought  
665.00

Full Name (Last, First, Middle, Initial) of Payee  
MS Ahlert

Date  
MM / DD / YYYY  
01 / 10 / 2006

Mailing Address  
325 Spindle Court

Amount  
375.00

City State Zip Code  
Atlanta GA 30350

**Transaction ID:** SE24.4397  
Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure Category/Type  
Accounting Fees 001

Check One:  Support  Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_

Calendar Year-To-Date Per Election for Office Sought  
375.00

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	660.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	0.00
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms Eva Ferguson  
Signature

Date MM / DD / YYYY  
03 / 31 / 2006

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) International Association of Holiday Inns	FEC IDENTIFICATION NUMBER <b>C</b> C00084822
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Fidelity Bank

---

Mailing Address  
Saandy Springs Circle

---

City Atlanta	State GA	Zip Code 30346
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---

Purpose of Expenditure	Category/ Type	001
------------------------	-------------------	-----

---

Name of Federal Candidate supported or Opposed by expenditure:

---

Calendar Year-To-Date Per Election for Office Sought	380.00
---	--------

Date  
M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 0 6

---

Amount  
5.00

**Transaction ID:** SE24.4400

---

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_

Full Name (Last, First, Middle, Initial) of Payee  
Fidelity Bank

---

Mailing Address  
Saandy Springs Circle

---

City Atlanta	State GA	Zip Code 30346
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---

Purpose of Expenditure	Category/ Type	001
------------------------	-------------------	-----

---

Name of Federal Candidate supported or Opposed by expenditure:

---

Calendar Year-To-Date Per Election for Office Sought	670.00
---	--------

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

---

Amount  
5.00

**Transaction ID:** SE24.4401

---

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	10.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	0.00
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms Eva Ferguson  
Signature

Date M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) International Association of Holiday Inns		FEC IDENTIFICATION NUMBER <b>C</b> C00084822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date M M / D D / Y Y Y Y 03 / 31 / 2006	
Full Name (Last, First, Middle, Initial) of Payee Fidelity Bank		Amount 5.00	
Mailing Address Saandy Springs Circle		Transaction ID: SE24.4402	
City Atlanta	State GA	Zip Code 30346	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential
Purpose of Expenditure	Category/ Type	001	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		675.00	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	5.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	0.00
(c) <b>TOTAL</b> Independent Expenditures .....	675.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ms Eva Ferguson Signature	Date M M / D D / Y Y Y Y 03 / 31 / 2006