

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JAN 20 11 33 AM '98

1. NAME OF COMMITTEE (in full) American Society of Travel Agents PAC		2. FEC IDENTIFICATION NUMBER  C00114108
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported		
1101 King Street		
CITY, STATE and ZIP CODE  Alexandria, VA 22314		3. <input checked="" type="checkbox"/> 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)

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

Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_

Thirtieth day 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 <u>07/01/97</u> through <u>12/31/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 21,593.83
(b) Cash on Hand at Beginning of Reporting Period	\$ 30,173.39	
(c) Total Receipts (from line 19)	\$ 16,171.46	\$ 42,487.97
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 46,344.85	\$ 64,001.80
7. Total Disbursements (from line 30)	\$ 12,128.47	\$ 39,785.42
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 34,216.38	\$ 34,216.38
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
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 <b>Robert A. Burge</b>		Date
Signature of Treasurer 		1/16/98

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)

# DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised 11/97

NAME OF COMMITTEE	REPORT COVERING PERIOD	
American Society of Travel Agents PAC	FROM: 07/01/97	TO: 12/31/97
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	5,000.00	8,150.00
ii. Unitemized.....	10,797.00	33,447.00
iii. Total..... (add i and ii) >	15,797.00	41,697.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions..... (add aiii, b and c) >	15,797.00	41,697.00
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.).....	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.).....	374.46	710.97
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	16,171.46	42,407.97
20. Total Federal Receipts..... (subtract line 18 from line 19) >	16,171.46	42,407.97
<b>II. Disbursements</b>		
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.....	478.47	760.42
c. Total Operating Expenditures..... (Add a i, a ii, and b) >	478.47	760.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11,300.00	28,675.00
24. Independent Expenditures (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. Individual/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 a, b, and c) >	0.00	0.00
29. Other Disbursements.....	350.00	350.00
30. Total Disbursements..... (Add 21c, 22, 23, 24, 26, 27, 28d, and 29) >	12,128.47	29,785.42
31. Total Federal Disbursements..... (Subtract line 21 aii from line 30) >	12,128.47	29,785.42
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (Other than loans) (from line 11d).....	15,797.00	41,697.00
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32).....	15,797.00	41,697.00
35. Total Federal Operating Expenditures..... (add 21 ai and 21 b) >	478.47	760.42
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures..... (subtract line 36 from 35) >	478.47	760.42

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

# SCHEDULE A ITEMIZED RECEIPTS

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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)  
American Society of Travel Agents PAC

<b>A. Full Name, Mailing Address and Zip Code</b> Marilyn Hogan 2404 Townsgate Road Westlake Village, CA 91361-2589	Name of Employer <b>Pleasant Holidays</b>	Date (Month day, Year) 09/22/97	Amount of Each Receipt this Period  2,500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 2,500.00		
<b>B. Full Name, Mailing Address and Zip Code</b> Edward J. Hogan 2404 Townsgate Rd Westlake Village, CA 91361-2509	Name of Employer <b>Pleasant Holidays</b>	Date (Month day, Year) 09/22/97	Amount of Each Receipt this Period  2,500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 2,500.00		
<b>C. Full Name, Mailing Address and Zip Code</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
<b>D. Full Name, Mailing Address and Zip Code</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
<b>E. Full Name, Mailing Address and Zip Code</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
<b>F. Full Name, Mailing Address and Zip Code</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
<b>G. Full Name, Mailing Address and Zip Code</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	5,000.00
TOTAL this Period (Last page this line number only).....>	5,000.00

**SCHEDULE A ITEMIZED RECEIPTS**

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)  
American Society of Travel Agents PAC

<p>A. Full Name, Mailing Address and Zip Code <b>P. O. Box 11063 Church Station, NY 10249</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-date &gt; \$ <b>391.95</b></p>	<p>Date (Month day, Year) <b>07/31/97</b></p>	<p>Amount of Each Receipt this Period <b>55.44</b></p>
<p>B. Full Name, Mailing Address and Zip Code <b>P. O. Box 11063 Church Station, NY 10249</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-date &gt; \$ <b>461.60</b></p>	<p>Date (Month day, Year) <b>08/31/97</b></p>	<p>Amount of Each Receipt this Period <b>69.65</b></p>
<p>C. Full Name, Mailing Address and Zip Code <b>P. O. Box 11063 Church Station, NY 10249</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-date &gt; \$ <b>517.23</b></p>	<p>Date (Month day, Year) <b>09/30/97</b></p>	<p>Amount of Each Receipt this Period <b>55.63</b></p>
<p>D. Full Name, Mailing Address and Zip Code <b>P. O. Box 11063 Church Station, NY 10249</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-date &gt; \$ <b>587.17</b></p>	<p>Date (Month day, Year) <b>10/31/97</b></p>	<p>Amount of Each Receipt this Period <b>69.94</b></p>
<p>E. Full Name, Mailing Address and Zip Code <b>P. O. Box 11063 Church Station, NY 10249</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-date &gt; \$ <b>643.47</b></p>	<p>Date (Month day, Year) <b>11/30/97</b></p>	<p>Amount of Each Receipt this Period <b>56.30</b></p>
<p>F. Full Name, Mailing Address and Zip Code <b>P. O. Box 11063 Church Station, NY 10249</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-date &gt; \$ <b>710.97</b></p>	<p>Date (Month day, Year) <b>12/31/97</b></p>	<p>Amount of Each Receipt this Period <b>67.50</b></p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-date &gt; \$</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>SUB TOTAL of Receipts This Page (Optional).....&gt;</p>			<p><b>374.46</b></p>
<p>TOTAL this Period (Last page this line number only).....&gt;</p>			<p><b>374.46</b></p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1  
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)  
American Society of Travel Agents PAC

A. Full Name, Mailing Address and Zip Code <b>Marilyn Hogan</b> <b>2404 Townsgate Road</b> <b>Westlake Village, CA 91361-2589</b>	Name of Employer <b>Pleasant Holidays</b>  Occupation	Date (Month day, Year) <b>09/22/97</b>	Amount of Each Receipt this Period  <b>2,500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>2,500.00</b>		
B. Full Name, Mailing Address and Zip Code <b>Edward J. Hogan</b> <b>2404 Townsgate Rd</b> <b>Westlake Village, CA 91361-2509</b>	Name of Employer <b>Pleasant Holidays</b>  Occupation	Date (Month day, Year) <b>09/22/97</b>	Amount of Each Receipt this Period  <b>2,500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>2,500.00</b>		
C. Full Name, Mailing Address and Zip Code	Name of Employer   Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code	Name of Employer   Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer   Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer   Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer   Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	<b>5,000.00</b>
TOTAL this Period (Last page this line number only).....>	<b>5,000.00</b>

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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)  
**American Society of Travel Agents PAC**

A. Full Name, Mailing Address and Zip Code <b>P. O. Box 11063 Church Station, NY 10249</b>	Name of Employer	Date (Month day, Year) <b>07/31/97</b>	Amount of Each Receipt this Period <b>55.44</b>
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>391.95</b>		
B. Full Name, Mailing Address and Zip Code <b>P. O. Box 11063 Church Station, NY 10249</b>	Name of Employer	Date (Month day, Year) <b>08/31/97</b>	Amount of Each Receipt this Period <b>69.65</b>
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>461.60</b>		
C. Full Name, Mailing Address and Zip Code <b>P. O. Box 11063 Church Station, NY 10249</b>	Name of Employer	Date (Month day, Year) <b>09/30/97</b>	Amount of Each Receipt this Period <b>55.63</b>
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>517.23</b>		
D. Full Name, Mailing Address and Zip Code <b>P. O. Box 11063 Church Station, NY 10249</b>	Name of Employer	Date (Month day, Year) <b>10/31/97</b>	Amount of Each Receipt this Period <b>69.94</b>
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>587.17</b>		
E. Full Name, Mailing Address and Zip Code <b>P. O. Box 11063 Church Station, NY 10249</b>	Name of Employer	Date (Month day, Year) <b>11/30/97</b>	Amount of Each Receipt this Period <b>56.30</b>
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>643.47</b>		
F. Full Name, Mailing Address and Zip Code <b>P. O. Box 11063 Church Station, NY 10249</b>	Name of Employer	Date (Month day, Year) <b>12/31/97</b>	Amount of Each Receipt this Period <b>67.50</b>
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>710.97</b>		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	<b>374.46</b>
TOTAL this Period (Last page this line number only).....>	<b>374.46</b>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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)  
**American Society of Travel Agents PAC**

A. Full Name, Mailing Address and Zip Code <b>American Society of Travel Agents 101 King Street Alexandria, VA 22314</b>	Purpose of Disbursement <b>Operating Expenses</b>	Date (Month day, Year) <b>12/30/97</b>	Amount of Each Disb. this Period <b>478.47</b>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		

SUB TOTAL of Disbursements this page (Optional).....> **478.47**

TOTAL this Period (Last page this line number only).....> **478.47**

**SCHEDULE B ITEMIZED DISBURSEMENTS**

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)  
American Society of Travel Agents PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Bartlett for Congress P.O. Box 3662 Frederick, MD 21705	Roscoe G. Bartlett, U.S. HOUSE 6th MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/11/97	250.00
B. Full Name, Mailing Address and Zip Code BASS VICTORY 98 Committee P.O. Box 3451 ConcordROUGH, NH 03302	Charles Bass, U.S. HOUSE 2nd NH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/11/97	250.00
C. Full Name, Mailing Address and Zip Code Dave Camp for Congress P.O. Box 423 Midland, MI 48640	Dave Camp, U.S. HOUSE 4th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/11/97	200.00
D. Full Name, Mailing Address and Zip Code Campbell Victory Fund 425 Second St., NE Washington, DC 20002	Ben Nighthorse Campbell, CO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/28/97	500.00
E. Full Name, Mailing Address and Zip Code CONGRESSMAN BOB CLEMENT COMMITTEE 7757 Inversham Dr. Suite 235 Falls Church, VA 22042	Bob Clement, U.S. HOUSE 5th TN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/11/97	200.00
F. Full Name, Mailing Address and Zip Code Friends of Bud Cramer 38 Ivy Street, SE Washington, DC 20003	Robert E. "Bud" Cramer, U.S. HOUSE 5th AL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/28/97	250.00
G. Full Name, Mailing Address and Zip Code CRANE FOR CONGRESS COMMITTEE P.O. Box 8534 Rolling Meadows, IL 60008	Philip M. Crane, U.S. HOUSE 8th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/11/97	300.00
H. Full Name, Mailing Address and Zip Code Friends of Cunningham P.O. Box 40227 San Diego, CA 92164	Randy "Duke" Cunningham, U.S. HOUSE 51st CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/28/97	200.00
I. Full Name, Mailing Address and Zip Code DANNER FOR CONGRESS PO BOX 143 SMITHVILLE, MO 64089	Pat Danner, U.S. HOUSE 6th MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/12/97	200.00
SUB TOTAL of Disbursements this page (Optional).....>			2,350.00
TOTAL this Period (Last page this line number only).....>			



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

## SCHEDULE B ITEMIZED DISBURSEMENTS

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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)  
American Society of Travel Agents PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Republican National Committee 310 First Street, S.E. Washington, DC 20003	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1997	10/28/97	2,500.00
B. Full Name, Mailing Address and Zip Code John Ensign for Congress c/o 1200 N. Veitch, #628 Arlington, VA 22201	Purpose of Disbursement John Ensign, U.S. HOUSE 1st NV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 08/12/97	Amount of Each Disb. this Period 300.00
C. Full Name, Mailing Address and Zip Code Friends of Farr Committee 635-B Pennsylvania Avenue, SE Washington, DC 20003	Purpose of Disbursement Pat Danner, U.S. HOUSE 6th MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 10/28/97	Amount of Each Disb. this Period 300.00
D. Full Name, Mailing Address and Zip Code Franks for Congress 219 South Street New Providence, NJ 07974	Purpose of Disbursement Bob Franks, U.S. HOUSE 7th NJ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 12/30/97	Amount of Each Disb. this Period 300.00
E. Full Name, Mailing Address and Zip Code Frelinghuysen for Congress 3221 Woodland Drive, NW Washington, DC 20008	Purpose of Disbursement Rodney Frelinghuysen, U.S. HOUSE 4th NJ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 08/11/97	Amount of Each Disb. this Period 300.00
F. Full Name, Mailing Address and Zip Code Gephardt in Congress Committee 507 Capitol Court, NE Washington, DC 20002	Purpose of Disbursement Richard A. Gephardt, U.S. HOUSE 3rd MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 08/11/97	Amount of Each Disb. this Period 500.00
G. Full Name, Mailing Address and Zip Code Friends of Newt Gingrich 1085 Holcomb Bridge Rd. Suite 190A Roswell, GA 30076	Purpose of Disbursement Newt Gingrich, 6th GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 08/11/97	Amount of Each Disb. this Period 500.00
H. Full Name, Mailing Address and Zip Code Friends of Bob Graham	Purpose of Disbursement Bob Graham Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 08/11/97	Amount of Each Disb. this Period 500.00
I. Full Name, Mailing Address and Zip Code Citizens for Ernest Hollings P.O. Box 65271 Washington, DC 20035	Purpose of Disbursement Ernest F. Hollings, U.S. SENATE SC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 08/12/97	Amount of Each Disb. this Period 500.00
SUB TOTAL of Disbursements this page (Optional).....>			5,600.00
TOTAL this Period (Last page this line number only).....>			

## SCHEDULE B                      ITEMIZED DISBURSEMENTS

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)  
American Society of Travel Agents PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
LaTourette for Congress P.O. Box 516 Painesville, OH 44077	Steven C. LaTourette, U.S. HOUSE 19th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/28/97	250.00
B. Full Name, Mailing Address and Zip Code Manzullo for Congress P.O. Box 25026 Washington, DC 20007	Donald Manzullo, U.S. HOUSE 16th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/11/97	250.00
C. Full Name, Mailing Address and Zip Code Minge for Congress P.O. Box 71 Granite Falls, MN 56241	David Minge, U.S. HOUSE 2nd MN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	250.00
D. Full Name, Mailing Address and Zip Code Friends of Connie Morella P.O. Box 5945 Bethesda, MD 20824	Constance A. Morella, U.S. HOUSE 8th MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/11/97	250.00
E. Full Name, Mailing Address and Zip Code Friends of Jim Oberstar P.O. Box 465 Duluth, MN 55801	James L. Oberstar, U.S. HOUSE 8th MN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/11/97	300.00
F. Full Name, Mailing Address and Zip Code MIKE PAPPAS FOR CONGRESS 1212 North Vernon St. Arlington, VA 22201	Michael Pappas, U.S. HOUSE 12th NJ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/11/97	250.00
G. Full Name, Mailing Address and Zip Code Shelby for Senate 425 Second St., NW Washington, DC 20002	Richard C. Shelby, U.S. SENATE AL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/11/97	1,000.00
H. Full Name, Mailing Address and Zip Code Ice Skelton for Congress Committee P.O. Box A Harrisonville, MO 64701	Ice Skelton, U.S. HOUSE 4th MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/12/97	300.00
I. Full Name, Mailing Address and Zip Code TALENT FOR U S CONGRESS 1031 Executive Parkway, Suite 100 St. Louis, MO 63141	James M. Talent, U.S. HOUSE 2nd MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/11/97	500.00
SUB TOTAL of Disbursements this page (Optional).....>			3,350.00
TOTAL this Period (Last page this line number only).....>			11,300.00

## SCHEDULE B                      ITEMIZED DISBURSEMENTS

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)  
**American Society of Travel Agents PAC**

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>Jerry Melvin Campaign Fund P.O. Box 902 Fort Walton, FL 32549</b>	<b>Jerry Melvin, FL</b>	<b>11/25/97</b>	<b>250.00</b>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
SUB TOTAL of Disbursements this page (Optional).....>			<b>250.00</b>
TOTAL this Period (Last page this line number only).....>			<b>350.00</b>

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1-26-98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
MVD	1-28-98
PREPARER	DATE PREPARED