

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
American Society of Travel Agents PAC

ADDRESS (number and street) 1101 King St.
Suite 200
 Check if different than previously reported. (ACC)
Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C00114108
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 (12S)
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 07 01 2010 through 09 30 2010

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 Mr. Bill Coyle

Signature of Treasurer Electronically Filed by Mr. Bill Coyle Date 02 16 2011

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 **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Society of Travel Agents PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		116586.02
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	108131.76									
(c) Total Receipts (from Line 19)	9102.53	22913.53								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	117234.29	139499.55								
7. Total Disbursements (from Line 31)	12685.72	34950.98								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	104548.57	104548.57								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
American Society of Travel Agents PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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		
(i) Itemized (use Schedule A)	5504.00	10255.00
(ii) Unitemized	3595.00	7655.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9099.00	17910.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9099.00	22910.00
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.)	3.53	3.53
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))	9102.53	22913.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9102.53	22913.53

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	435.72	700.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	435.72	700.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12250.00	34250.00
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))..	12685.72	34950.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12685.72	34950.98

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	9099.00	22910.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9099.00	22910.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	435.72	700.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	435.72	700.98

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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 (Last, First, Middle Initial)
Mrs. Marilyn Zelaya
 Mailing Address 3927 Lux Ct
 City San Jose State CA Zip Code 95136-1954
 Date of Receipt 07 / 02 / 2010
Transaction ID: AAF20A6E370884FD1830
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Willow Glen Travel Agency Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Jorge Sanchez
 Mailing Address 5209 N Clark Street
 City Chicago State IL Zip Code 60640-2101
 Date of Receipt 07 / 06 / 2010
Transaction ID: AA55B8DBDDAAC4826B19
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mena Tours & Travel Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 250.00

C. Full Name (Last, First, Middle Initial)
Mrs. Wendy Goodenow
 Mailing Address 1245 Young St #203
 City Honolulu State HI Zip Code 96814-1958
 Date of Receipt 07 / 12 / 2010
Transaction ID: AC8F9765F4AD748A4B27
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hnl Travel Associates Occupation President/owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00
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 7 / 18
	<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)
American Society of Travel Agents PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Michael Greenwald

Mailing Address 3261 NW 3rd Ave

City State Zip Code
Fort Lauderdale FL 33309-6001

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

Name of Employer Personalized Travel, Inc. Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2010

Transaction ID: A4CFA9E4C04D14FA3911

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. James Bailey

Mailing Address 25 E. White Willow Cr Suite 3a

City State Zip Code
Spring TX 77381-3737

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

Name of Employer Fox Travel/American Express Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2010

Transaction ID: A5CB5E8B55B5C47528FB

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
John Lovell

Mailing Address 1834 Whirlaway Ctse

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Breton Village Travel Services Occupation President/owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: ABD389729A7CB4BC8921

Amount of Each Receipt this Period
252.00

SUBTOTAL of Receipts This Page (optional) ► **1002.00**

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 8 / 18
(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)
American Society of Travel Agents PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Jim Strong

Mailing Address Stong Travel Services Inc.
8214 Westchester Drive

City Dallas State TX Zip Code 75225-6100

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

Name of Employer Strong Travel Services Occupation Travel Agency Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 30 / 2010
Transaction ID: AF39E965D39B242268C8
Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Mr. Dan Lanser

Mailing Address 775 Arbury Ave SE

City North Canton State OH Zip Code 44720-8708

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

Name of Employer A Plus Travel Adventures Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 02 / 2010
Transaction ID: A06FAEF4B2AFB491BA0D
Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Barbara Markham

Mailing Address 30328 Lake Rd

City Bay Village State OH Zip Code 44140-1245

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

Name of Employer Bay Travel Center Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 06 / 2010
Transaction ID: AB8C90C51D7ED45FFA20
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

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 9 / 18
	<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)
American Society of Travel Agents PAC

A.

Full Name (Last, First, Middle Initial)
Ricky Ardis

Mailing Address 151 Park Avenue
PO Box 523

City East Rutherford State NJ Zip Code 07073-1819

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

Name of Employer Ardis Travel Occupation Travel Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 08 / 09 / 2010

Transaction ID: A52DE5567890A4BE79CB

Amount of Each Receipt this Period 252.00

B.

Full Name (Last, First, Middle Initial)
Jason Coleman

Mailing Address 7100 Playa Vista
Dr. # 422

City Playa Vista State CA Zip Code 90094-2276

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

Name of Employer Jason Coleman, Inc. Occupation Travel Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 13 / 2010

Transaction ID: A1D7A560D760C45F2A14

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Humberto Rodriguez

Mailing Address P o 132

City Caguas State PR Zip Code 00726

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

Name of Employer Action Travel Agency Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 22 / 2010

Transaction ID: A7713568960B54A859E9

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **602.00**

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 10 / 18
	<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)
American Society of Travel Agents PAC

A.

Full Name (Last, First, Middle Initial) Daphne Barbeito		Date of Receipt
Mailing Address Cruceros To Go Corporate Office Parke		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 24 / 2010
City	State	Zip Code
Guaynabo	PR	00966
FEC ID number of contributing federal political committee.		Transaction ID: A793B90E522254B9B87B
		Amount of Each Receipt this Period
		250.00
Name of Employer Cruceros to Go	Occupation Travel Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.00	

B.

Full Name (Last, First, Middle Initial) Mrs. Carol Wagner		Date of Receipt
Mailing Address 1959 Alpha Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 03 / 2010
City	State	Zip Code
Commerce Township	MI	48382-2302
FEC ID number of contributing federal political committee.		Transaction ID: AE34B57E2BB2542A6BC4
		Amount of Each Receipt this Period
		500.00
Name of Employer Travel Plus, Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	500.00	

C.

Full Name (Last, First, Middle Initial) Mrs. Christie Seddelmeyer		Date of Receipt
Mailing Address PO Box 698 230 N Main St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 03 / 2010
City	State	Zip Code
Lima	OH	45802-0698
FEC ID number of contributing federal political committee.		Transaction ID: AABF17AD1BF194F8595E
		Amount of Each Receipt this Period
		250.00
Name of Employer Seddelmeyer Travel Concep- ts	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 11 / 18
	<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)
American Society of Travel Agents PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Barbara Markham

Mailing Address 30328 Lake Rd

City State Zip Code
Bay Village OH 44140-1245

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

Name of Employer Occupation
Bay Travel Center President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2010

Transaction ID: ABC2E707B09CD40849F8

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Jason Coleman

Mailing Address 7100 Playa Vista Dr. # 422

City State Zip Code
Playa Vista CA 90094-2276

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

Name of Employer Occupation
Jason Coleman, Inc. Travel Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2010

Transaction ID: A0960484EA8844053A7E

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Mr. Arthur Salus

Mailing Address 3067 Main St

City State Zip Code
Duluth GA 30096-3261

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

Name of Employer Occupation
Duluth Travel - Uniglobe Unknown

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: A50DC77F383E34B84AFD

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 12 / 18	
	(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"/> 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)
American Society of Travel Agents PAC

A.	Full Name (Last, First, Middle Initial) Ms. Mary Louise Seifert		Date of Receipt																					
	Mailing Address 7004 Via Camello Del Sur #29		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	7		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		1	7		2	0	1	0														
	City	State	Zip Code	Transaction ID: A6D2C90F0BB1740F9ABC																				
	Scottsdale	AZ	85258-3649	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	500.00																					
Name of Employer Welcome Aboard Vacation Center		Occupation Owner																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	500.00																					

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	5504.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
American Society of Travel Agents PAC

A.	Full Name (Last, First, Middle Initial) American Society Of Travel Agents	Transaction ID: B8D687C1C47784B53A14
	Mailing Address 1101 King Street Suite 200	Date of Disbursement 07 / 31 / 2010
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period 44.79
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
B.	Full Name (Last, First, Middle Initial) American Society Of Travel Agents	Transaction ID: BD382631BBAC94254AF6
	Mailing Address 1101 King Street Suite 200	Date of Disbursement 08 / 31 / 2010
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period 30.78
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
C.	Full Name (Last, First, Middle Initial) Aristotle, Inc.	Transaction ID: B75A7616B12664392983
	Mailing Address 205 Pennsylvania Ave, SE	Date of Disbursement 09 / 03 / 2010
	City Washington State DC Zip Code 20003-1164	Amount of Each Disbursement this Period 63.75
	Purpose of Disbursement CC Processing Fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

139.32

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
American Society of Travel Agents PAC

A. Full Name (Last, First, Middle Initial) Aristotle, Inc. <hr/> Mailing Address 205 Pennsylvania Ave, SE <hr/> City Washington State DC Zip Code 20003-1164 Purpose of Disbursement CC Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B890EE82A6A28450E87C Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
	Amount of Each Disbursement this Period 40.13
B. Full Name (Last, First, Middle Initial) Aristotle, Inc. <hr/> Mailing Address 205 Pennsylvania Ave, SE <hr/> City Washington State DC Zip Code 20003-1164 Purpose of Disbursement CC Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BEE9DA5177BA84CB2857 Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2010
	Amount of Each Disbursement this Period 93.75
C. Full Name (Last, First, Middle Initial) American Society Of Travel Agents <hr/> Mailing Address 1101 King Street Suite 200 <hr/> City Alexandria State VA Zip Code 22314 Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6F8B330156114D8F86C Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 16.26

SUBTOTAL of Disbursements This Page (optional) ▶

150.14

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

289.46

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

Use separate schedule(s)
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Detailed Summary Page

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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)
American Society of Travel Agents PAC

A. Full Name (Last, First, Middle Initial) SCHOCK FOR CONGRESS Mailing Address PO Box 10555 City Peoria State IL Zip Code 61612 Purpose of Disbursement Candidate Name Aaron Jon Schock Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB2DB5A32762A46FA981 Date of Disbursement 07 / 29 / 2010
	Amount of Each Disbursement this Period 750.00
B. Full Name (Last, First, Middle Initial) Steve Chabot For Congress Mailing Address 3339 Harrison Ave. 3014 Harrison Ave. City Cincinnati State OH Zip Code 45211 Purpose of Disbursement Candidate Name Rep. Steve Chabot Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD06957F06EA340FDBFE Date of Disbursement 09 / 10 / 2010
	Amount of Each Disbursement this Period 500.00
C. Full Name (Last, First, Middle Initial) Mike Kelly for Congress Mailing Address PO Box 476 City Lyndora State PA Zip Code 16045 Purpose of Disbursement Candidate Name Mike Kelly Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B39B9980B66BA4CDA8E0 Date of Disbursement 09 / 28 / 2010
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2250.00

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

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

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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)
American Society of Travel Agents PAC

A. Full Name (Last, First, Middle Initial) Arcuri For Congress <hr/> Mailing Address P.o. Box 75214 <hr/> City Washington State DC Zip Code 20013 Purpose of Disbursement <hr/> Candidate Name Rep. Michael A. Arcuri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B778007AFEC0F45BA808 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) People For Patty Murray U S Senate Campa <hr/> Mailing Address 1602 Belle View Boulevard #510 <hr/> City Alexandria State VA Zip Code 22307 Purpose of Disbursement <hr/> Candidate Name Sen. Patty Murray Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6ED265DEAF784A84A8F Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Richardson For Congress <hr/> Mailing Address 1212 S Victory Blvd <hr/> City Burbank State CA Zip Code 91502 Purpose of Disbursement <hr/> Candidate Name Rep. Laura Richardson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD683E23C059740239C2 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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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<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)
American Society of Travel Agents PAC

A. Full Name (Last, First, Middle Initial) Roskam For Congress Committee <hr/> Mailing Address P. O. Box 713 <hr/> City Wheaton State IL Zip Code 60187 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Peter Roskam <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2320C63F1FC04E21A72 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2010
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Pallone For Congress <hr/> Mailing Address Po Box 3176 <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Frank Pallone, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4442E0B3A9384336B52 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2010
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RANDY HULTGREN FOR CONGRESS <hr/> Mailing Address P.O. BOX 39 <hr/> City BATAVIA State IL Zip Code 60510 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name RANDY HULTGREN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4E83B19740444647B96 Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2010
	Amount of Each Disbursement this Period <input type="text" value="500.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
(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)
American Society of Travel Agents PAC

A. Full Name (Last, First, Middle Initial) Arcuri For Congress <hr/> Mailing Address P.o. Box 75214 <hr/> City Washington State DC Zip Code 20013 Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Michael A. Arcuri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA3252FEA66194490BE6 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
B. Full Name (Last, First, Middle Initial) Arcuri For Congress <hr/> Mailing Address P.o. Box 75214 <hr/> City Washington State DC Zip Code 20013 Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Michael A. Arcuri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3D92613714524FD2AB4 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="500.00"/>

SUBTOTAL of Disbursements This Page (optional) ►

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