

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**AMERICAN SOCIETY OF TRAVEL AGENTS PAC**

ADDRESS (number and street) **675 NORTH WASHINGTON STREET**  
**SUITE 490**  
 Check if different than previously reported. (ACC) **ALEXANDRIA VA 22314**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C 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 Year-End 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  /  /  2018 through  /  /  2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Peck, Eben, , ,  
Type or Print Name of Treasurer

Signature of Treasurer *Peck, Eben, , ,* [Electronically Filed] Date  /  /  2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**AMERICAN SOCIETY OF TRAVEL AGENTS PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="274314.23"/>	<input type="text" value="274314.23"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="304443.47"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="42905.94"/>	<input type="text" value="91984.18"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="347349.41"/>	<input type="text" value="366298.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="73782.17"/>	<input type="text" value="92731.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="273567.24"/>	<input type="text" value="273567.24"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

**AMERICAN SOCIETY OF TRAVEL AGENTS PAC**

Report Covering the Period: From:  /  /  To:  /  /

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).....	36527.87	69671.01
(ii) Unitemized .....	6041.57	16890.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	42569.44	86561.35
(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) .....	42569.44	91561.35
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.).....	336.50	422.83
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 Transfers (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)).....▶	42905.94	91984.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	42905.94	91984.18

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	1782.17	10731.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1782.17	10731.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	72000.00	82000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	73782.17	92731.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	73782.17	92731.17

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	42569.44	91561.35
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	42569.44	91561.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1782.17	10731.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1782.17	10731.17

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 24
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Bohn, Laurie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 888 Brickell Key Drive  
 City Miami State FL Zip Code 33131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Royal Caribbean International Occupation (for Individual) Director, Trade Sales & National Train  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2018  
**Transaction ID : SA11AI.5017**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Bursch, Fred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1148 pearl road  
 City Brunswick State OH Zip Code 44212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bursch Travel Agency, Inc. Occupation (for Individual) Owner  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2018  
**Transaction ID : SA11AI.5021**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Coyle, Bill, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7219 Roaring Springs Dr  
 City Austin State TX Zip Code 78736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Encompass the World Occupation (for Individual) Travel Agent  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 512.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2018  
**Transaction ID : SA11AI.5023**  
 Amount of Each Receipt this Period  
 512.82  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2012.82
<b>TOTAL</b> 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 OF 24
<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. Cruse, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 787 Armada Ter  
 City San Diego State CA Zip Code 92106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Balboa Travel Occupation (for Individual) Chief Operating Officer  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2018  
**Transaction ID : SA11AI.5025**  
 Amount of Each Receipt this Period  
 410.25  
 Memo Item

**B. Da Rosa, Jose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 150 N Main Ste 200  
 City Bountiful State UT Zip Code 84010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Balboa Travel Occupation (for Individual) Chairman  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2018  
**Transaction ID : SA11AI.5027**  
 Amount of Each Receipt this Period  
 650.00  
 Memo Item

**C. Davidson, Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4418 Iroquois Avenue  
 City Nashville State TN Zip Code 37205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hess Corporate Travel Occupation (for Individual) Chief Operating Officer  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2018  
**Transaction ID : SA11AI.5029**  
 Amount of Each Receipt this Period  
 512.82  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1573.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
<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. Dixon, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6564 N MacArthur Blvd  
 Ste 400  
 City Irving State TX Zip Code 75039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travelink/American Express Occupation (for Individual) President  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2564.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2018  
**Transaction ID : SA11AI.5031**  
 Amount of Each Receipt this Period  
 2564.10  
 Memo Item

**B. Friedman, Jackie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4701 O Connor Ct  
 City Irving State TX Zip Code 75062-3761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Occupation (for Individual) Travel Executive  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 834.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2018  
**Transaction ID : SA11AI.5033**  
 Amount of Each Receipt this Period  
 417.00  
 Memo Item

**C. Friedman, Jackie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4701 O Connor Ct  
 City Irving State TX Zip Code 75062-3761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Occupation (for Individual) Travel Executive  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1251.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2018  
**Transaction ID : SA11AI.5032**  
 Amount of Each Receipt this Period  
 417.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3398.10
<b>TOTAL</b> 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 OF 24
<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. Haire, William, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 107 Lexington Court

City Nashville	State TN	Zip Code 37218
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Travelink/American Express	Occupation (for Individual) Managing Partner
---	---

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2564.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2018

**Transaction ID : SA11AI.5035**

Amount of Each Receipt this Period  
2564.10

Memo Item

**B. Hale, Roger, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7514 Stratford Place

City Vestavia Hls	State AL	Zip Code 35242
----------------------	-------------	-------------------

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

Name of Employer (for Individual) ADTRAV Travel Management	Occupation (for Individual) President/CEO
---	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2018

**Transaction ID : SA11AI.5037**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. Haskins, Margaret, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 610 N. Washington St.

City Naperville	State IL	Zip Code 60563
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Viking Travel Service	Occupation (for Individual) President
--	--

Receipt For: 2018  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2018

**Transaction ID : SA11AI.5039**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10064.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 24  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**AMERICAN SOCIETY OF TRAVEL AGENTS PAC**

**A. Jackson, Denise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4128 Via Mar De Delfinas  
 City San Diego State CA Zip Code 92130-2670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Balboa Travel Inc. Occupation (for Individual) President &CEO  
 Receipt For: 2018  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3100.00

Date of Receipt  
 05 / 02 / 2018  
**Transaction ID : SA11AI.5040**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Jackson, Denise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4128 Via Mar De Delfinas  
 City San Diego State CA Zip Code 92130-2670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Balboa Travel Inc. Occupation (for Individual) President &CEO  
 Receipt For: 2018  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 05 / 07 / 2018  
**Transaction ID : SA11AI.5042**  
 Amount of Each Receipt this Period  
 1900.00  
 Memo Item

**C. Landis, Geoffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66467 SR 15  
 City Goshen State IN Zip Code 46526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Menno Travel/ Branch of Tzell Travel G Occupation (for Individual) President/CEO  
 Receipt For: 2018  
 Primary     General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 05 / 15 / 2018  
**Transaction ID : SA11AI.5044**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 3400.00  
**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 OF 24
	<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. Lobasso, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8910 Kenilworth Drive  
 City Burke State VA Zip Code 22015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Society of Travel Agents Occupation (for Individual) General Counsel  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 256.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2018  
**Transaction ID : SA11AI.5047**  
 Amount of Each Receipt this Period  
 256.41  
 Memo Item

**B. Peck, Eben, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 675 N Washington St Ste 490  
 City Alexandria State VA Zip Code 22314-1940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Society of Travel Agents Occupation (for Individual) SVP, Government & Public Affairs  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 272.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2018  
**Transaction ID : SA11AI.4900**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Peck, Eben, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 675 N Washington St Ste 490  
 City Alexandria State VA Zip Code 22314-1940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Society of Travel Agents Occupation (for Individual) SVP, Government & Public Affairs  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 322.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2018  
**Transaction ID : SA11AI.4905**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	356.41
<b>TOTAL</b> 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 12 OF 24
	<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. Perry, Patty, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 620 Hungerford Dr  
 14  
 City Rockville State MD Zip Code 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cruise Vacations International Inc. Occupation (for Individual) President/Owner  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2051.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2018  
**Transaction ID : SA11AI.5049**  
 Amount of Each Receipt this Period  
 2051.58  
 Memo Item

**B. Peters, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8432 Old Keene Mill Road  
 49608425  
 City Springfield State VA Zip Code 22152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Friendly Travel Inc. Occupation (for Individual) President  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : SA11AI.5051**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Phillippi, Lynda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 811  
 City McMinnville State OR Zip Code 97128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Renaissance Travel and Events Occupation (for Individual) Professional Travel Advisor  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 2051.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2018  
**Transaction ID : SA11AI.5053**  
 Amount of Each Receipt this Period  
 2051.28  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4602.86
<b>TOTAL</b> 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 13 OF 24
	<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. Powell, Vicki, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22903 Rachels Manor Drive  
 City Katy State TX Zip Code 77494  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Viking Travel Service Occupation (for Individual) Director of Sales  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 16 / 2018  
**Transaction ID : SA11AI.5055**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Ramudo, Olga, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 299 Alhambra Cir Ste 501  
 City Coral Gables State FL Zip Code 33134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Express Travel Occupation (for Individual) President & CEO  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 14 / 2018  
**Transaction ID : SA11AI.5057**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Rice, Libbie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Riverside Drive Apt 9a  
 City New York State NY Zip Code 10025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ensemble Travel Group Occupation (for Individual) Co-President  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼ 512.82

Date of Receipt 06 / 22 / 2018  
**Transaction ID : SA11AI.5059**  
 Amount of Each Receipt this Period 512.82  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3312.82
<b>TOTAL</b> 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 14 OF 24
	<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. Seddelmeyer, Chris, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 334 Ponderosa Ln

City Lima	State OH	Zip Code 45805
--------------	-------------	-------------------

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

Name of Employer (for Individual) Seddelmeyer Travel Concepts	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2018

**Transaction ID : SA11AI.5061**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Sharpe, Alex, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13710 SW 33rd Ct

City Davie	State FL	Zip Code 33330
---------------	-------------	-------------------

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

Name of Employer (for Individual) Signature Travel Network	Occupation (for Individual) President & CEO
---	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2018

**Transaction ID : SA11AI.5063**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Spain, Susan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5029 River Bluff Drive

City Fort Worth	State TX	Zip Code 76132
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Virtuoso	Occupation (for Individual) Director, Global Member Partnerships
---	---

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2018

**Transaction ID : SA11AI.5065**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> 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 15 OF 24
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN SOCIETY OF TRAVEL AGENTS PAC**

**A. Thomas-Schulere, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7900 Harbor Island Dr  
 City North Bay Village State FL Zip Code 33141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Balboa Occupation (for Individual) Senior Vice President, Strategic Solut  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2018  
**Transaction ID : SA11AI.5067**  
 Amount of Each Receipt this Period  
 307.69  
 Memo Item

**B. Zimerman, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1152 Pearl Road  
 City Brunswick State OH Zip Code 44212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KHM Travel Group Occupation (for Individual) President & CEO  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 17 / 2018  
**Transaction ID : SA11AI.5069**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5307.69
<b>TOTAL</b> This Period (last page this line number only).....▶	36527.87

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

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

FOR LINE NUMBER: PAGE 16 OF 24  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**AMERICAN SOCIETY OF TRAVEL AGENTS PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**PNC Bank NA**

Mailing Address 8800 Tinicum Blvd.

City Philidelphia State PA Zip Code 19153

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 422.83

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2018

**Transaction ID : SA17.5109**

Amount of Each Receipt this Period  
 336.50

Memo Item  
 Interest Income

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	336.50
<b>TOTAL</b> This Period (last page this line number only).....▶	336.50



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. PNC Bank NA**

Full Name (Last, First, Middle Initial)

Mailing Address 8800 Tinicum Blvd.

City Philadelphia State PA Zip Code 19153

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB21B.5071

Amount of Each Disbursement this Period: 1720.79

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1720.79
<b>TOTAL</b> This Period (last page this line number only).....▶	1720.79

**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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. BILIRAKIS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 05 / 14 / 2018
Mailing Address PO BOX 606		FEC Identification Number C00408534 <b>Transaction ID : SB23.5129</b> Amount of Each Disbursement this Period 3000.00
City TARPON SPRINGS	State FL	Zip Code 34688
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL District: 12		

Full Name (Last, First, Middle Initial) <b>B. BRENDA LAWRENCE FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2018
Mailing Address P.O. BOX 3060		FEC Identification Number C00552588 <b>Transaction ID : SB23.5107</b> Amount of Each Disbursement this Period 1000.00
City SOUTHFIELD	State MI	Zip Code 48037
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: MI District: 14		

Full Name (Last, First, Middle Initial) <b>C. COMSTOCK FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2018
Mailing Address PO BOX 831		FEC Identification Number C00554261 <b>Transaction ID : SB23.5127</b> Amount of Each Disbursement this Period 1500.00
City MC LEAN	State VA	Zip Code 22101
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA District: 10		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5500.00
<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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF ROY BLUNT</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2018
Mailing Address PO BOX 10178		FEC Identification Number C00304758 <b>Transaction ID : SB23.5121</b> Amount of Each Disbursement this Period 5000.00
City COLUMBIA	State MO	Zip Code 65205
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MO	District: 00	

Full Name (Last, First, Middle Initial) <b>B. GARAMENDI FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2018
Mailing Address PO BOX 65322		FEC Identification Number C00462697 <b>Transaction ID : SB23.5103</b> Amount of Each Disbursement this Period 2500.00
City WASHINGTON	State DC	Zip Code 20035
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 03	

Full Name (Last, First, Middle Initial) <b>C. HAWAII PAC</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2018
Mailing Address 918 PENNSYLVANIA AVE SE		FEC Identification Number C00567693 <b>Transaction ID : SB23.5096</b> Amount of Each Disbursement this Period 5000.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement Leadership PAC Contribution		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

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

12500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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**

Full Name (Last, First, Middle Initial)

**A. LEE PAC**

Mailing Address 47 FLINTLOCK DRIVE

City SHIRLEY State NY Zip Code 11967

Purpose of Disbursement  
Leadership PAC Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2018

FEC Identification Number

**C** C00573626

**Transaction ID : SB23.5093**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LOWCOUNTRY PALMETTO PAC**

Mailing Address PO BOX 160

City SULLIVANS ISLAND State SC Zip Code 29482

Purpose of Disbursement  
Leadership PAC Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2018

FEC Identification Number

**C** C00579516

**Transaction ID : SB23.5091**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. NUTMEG PAC**

Mailing Address C/O CACACE TUSCH & SANTAGATA  
777 SUMMER ST

City STAMFORD State CT Zip Code 06901

Purpose of Disbursement  
Leadership PAC Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2018

FEC Identification Number

**C** C00492983

**Transaction ID : SB23.5088**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

10000.00

**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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. PINEAPPLE PAC</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2018
Mailing Address PO BOX 15293		FEC Identification Number C 00539601 <b>Transaction ID : SB23.5102</b> Amount of Each Disbursement this Period 2000.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement Leadership PAC Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SCHATZ FOR SENATE</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2018
Mailing Address PO BOX 3828		FEC Identification Number C 00540732 <b>Transaction ID : SB23.5095</b> Amount of Each Disbursement this Period 5000.00
City HONOLULU	State HI	Zip Code 96812
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: HI District: 00		

Full Name (Last, First, Middle Initial) <b>C. TED DEUTCH FOR CONGRESS COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2018
Mailing Address 910 17TH ST NW STE 925		FEC Identification Number C 00469163 <b>Transaction ID : SB23.5108</b> Amount of Each Disbursement this Period 5000.00
City WASHINGTON	State DC	Zip Code 20006
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL District: 22		

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

12000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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**

Full Name (Last, First, Middle Initial) <b>A. TITUS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2018
Mailing Address PO BOX 72454		FEC Identification Number C 000499467 <b>Transaction ID : SB23.5089</b> Amount of Each Disbursement this Period 5000.00
City LAS VEGAS	State NV	Zip Code 89170
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NV	District: 01	

Full Name (Last, First, Middle Initial) <b>B. UPCHURCH, JOHN NEHRING MR., , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 17 / 2018
Mailing Address 474 TRITON ROAD		FEC Identification Number C H8FL06130 <b>Transaction ID : SB23.5098</b> Amount of Each Disbursement this Period 2500.00
City ORMOND BEACH	State FL	Zip Code 32176
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: FL	District: 06	

Full Name (Last, First, Middle Initial) <b>C. UPCHURCH, JOHN NEHRING MR., , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 17 / 2018
Mailing Address 474 TRITON ROAD		FEC Identification Number C H8FL06130 <b>Transaction ID : SB23.5124</b> Amount of Each Disbursement this Period 5000.00
City ORMOND BEACH	State FL	Zip Code 32176
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL	District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	72000.00