

# 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 ADVISORS, INC. 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  /  /  2020 through  /  /  2020

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  /  /  2020

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 ADVISORS, INC. 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="2020"/>		313967.33
(b) Cash on Hand at Beginning of Reporting Period.....	276273.79	
(c) Total Receipts (from Line 19) .....	12293.75	48949.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	288567.54	362916.71
7. Total Disbursements (from Line 31).....	14248.63	88597.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	274318.91	274318.91
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. 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).....	9205.41	36040.94
(ii) Unitemized .....	3066.49	12730.45
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12271.90	48771.39
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	12271.90	48771.39
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.).....	21.85	177.99
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)).....▶	12293.75	48949.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12293.75	48949.38

**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 .....	248.63	6097.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	248.63	6097.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	82500.00
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)) ..	14248.63	88597.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14248.63	88597.80

**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) .....	12271.90	48771.39
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12271.90	48771.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	248.63	6097.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	248.63	6097.80

**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 6 OF 15
<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

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 ADVISORS, INC. PAC**

**A. Ardis, Ricky, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 93 Mozart St  
 City East Rutherford State NJ Zip Code 07073-1369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ardis Travel Occupation (for Individual) Travel Agent  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2020  
**Transaction ID : SA11AI.7036**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Duglin, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 NE 59th Ct  
 City Fort Lauderdale State FL Zip Code 33308-2112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ASTA Occupation (for Individual) Vice President  
 Receipt For: 2020  
 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  
 04 / 23 / 2020  
**Transaction ID : SA11AI.7015**  
 Amount of Each Receipt this Period  
 1000.00  
 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: 2020  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1668.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2020  
**Transaction ID : SA11AI.7007**  
 Amount of Each Receipt this Period  
 417.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1667.00
<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:	PAGE 7 OF 15
	(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"/> 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 ADVISORS, INC. PAC**

**A. 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: 2020  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2085.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2020  
**Transaction ID : SA11AI.7033**  
 Amount of Each Receipt this Period  
 417.00  
 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: 2020  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2502.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2020  
**Transaction ID : SA11AI.7074**  
 Amount of Each Receipt this Period  
 417.00  
 Memo Item

**C. Godwin, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 Heritage Center Circle  
 City Round Rock State TX Zip Code 78664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Leisure Travel Alliance Occupation (for Individual) Vice President  
 Receipt For: 2020  
 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  
 04 / 13 / 2020  
**Transaction ID : SA11AI.7010**  
 Amount of Each Receipt this Period  
 256.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1090.41
<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 8 OF 15
	<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 ADVISORS, INC. PAC**

**A. 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Viking Travel Service Occupation (for Individual) President  
 Receipt For: 2020  
 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  
 06 / 30 / 2020  
**Transaction ID : SA11AI.7109**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**B. Kerby, Zane, , ,**  
 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) Am. Soc. of Travel Advisors Occupation (for Individual) CEO  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1025.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2020  
**Transaction ID : SA11AI.7098**  
 Amount of Each Receipt this Period  
 1025.64  
 Memo Item

**C. Lanotte-Day, Toni, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Circle Ln  
 City Levittown State NY Zip Code 11756-2703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Toni Tours, Inc. Occupation (for Individual) CFO  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2020  
**Transaction ID : SA11AI.7013**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3775.64
<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 15
<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 ADVISORS, INC. PAC**

**A. Lanotte-Day, Toni, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Circle Ln

City Levittown	State NY	Zip Code 11756-2703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Toni Tours, Inc.	Occupation (for Individual) CFO
---	------------------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2020

**Transaction ID : SA11AI.7048**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 1533 Independence Avenue SE

City Washington	State DC	Zip Code 20003-1548
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Amer. Soc. of Travel Advisors	Occupation (for Individual) SVP Industry Affairs
--	---

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2020

**Transaction ID : SA11AI.7014**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 1533 Independence Avenue SE

City Washington	State DC	Zip Code 20003-1548
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Amer. Soc. of Travel Advisors	Occupation (for Individual) SVP Industry Affairs
--	---

Receipt For: 2020  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2020

**Transaction ID : SA11AI.7039**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	670.00
<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 10 OF 15
	<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 ADVISORS, INC. PAC**

**A. Meader, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1533 Independence Avenue SE  
 City Washington State DC Zip Code 20003-1548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amer. Soc. of Travel Advisors Occupation (for Individual) SVP Industry Affairs  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt **06 / 23 / 2020**  
**Transaction ID : SA11AI.7100**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Paugh, Jean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1240 US Hwy 1 Ste 6  
 City Rockledge State FL Zip Code 32955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) All About You Travel Unlimited Occupation (for Individual) Owner  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 257.32

Date of Receipt **05 / 09 / 2020**  
**Transaction ID : SA11AI.7034**  
 Amount of Each Receipt this Period 66.66  
 Memo Item

**C. Paugh, Jean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1240 US Hwy 1 Ste 6  
 City Rockledge State FL Zip Code 32955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) All About You Travel Unlimited Occupation (for Individual) Owner  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 323.98

Date of Receipt **06 / 09 / 2020**  
**Transaction ID : SA11AI.7075**  
 Amount of Each Receipt this Period 66.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	218.32
<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 11 OF 15
<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 ADVISORS, INC. PAC**

**A. 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) Am. Soc. of Travel Advisors Occupation (for Individual) EVP, Advocacy  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 505.12

Date of Receipt **06 / 22 / 2020**  
**Transaction ID : SA11AI.7099**  
 Amount of Each Receipt this Period 205.12  
 Memo Item

**B. Phillips, Shelly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11929 Hearthstone Lane  
 City Birmingham State AL Zip Code 35111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travel by That Girl Occupation (for Individual) Independent Agent  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 358.97

Date of Receipt **04 / 15 / 2020**  
**Transaction ID : SA11AI.7012**  
 Amount of Each Receipt this Period 256.41  
 Memo Item

**C. 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: 2020  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 512.82

Date of Receipt **04 / 27 / 2020**  
**Transaction ID : SA11AI.7020**  
 Amount of Each Receipt this Period 512.82  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	974.35
<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 15
	<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 ADVISORS, INC. 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: 2020  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
335.33

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2020

**Transaction ID : SA11AI.7011**

Amount of Each Receipt this Period  
309.69

Memo Item

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

Mailing Address 2430 Eureka Rd

City Washington	State IL	Zip Code 61571
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Jennifer Walker Travel, Inc	Occupation (for Individual) Travel Agent
--	---

Receipt For:  
 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		09		2020

**Transaction ID : SA11AI.7117**

Amount of Each Receipt this Period  
500.00

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).....	809.69
<b>TOTAL</b> This Period (last page this line number only).....	9205.41

**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 ADVISORS, INC. PAC**

Full Name (Last, First, Middle Initial)

**A. PNC Bank NA**

Mailing Address 8800 Tincum 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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2020

FEC Identification Number

C  
Transaction ID : SB21B.7118  
Amount of Each Disbursement this Period  
100.28

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank NA**

Mailing Address 8800 Tincum 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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2020

FEC Identification Number

C  
Transaction ID : SB21B.7119  
Amount of Each Disbursement this Period  
62.35

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank NA**

Mailing Address 8800 Tincum 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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2020

FEC Identification Number

C  
Transaction ID : SB21B.7120  
Amount of Each Disbursement this Period  
86.00

Memo Item

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

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

248.63

248.63

**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 ADVISORS, INC. PAC**

Full Name (Last, First, Middle Initial)

**A. ANTHONY BROWN FOR CONGRESS**

Mailing Address 12138 CENTRAL AVE #671

City  
BOWIE

State  
MD

Zip Code  
20721

Purpose of Disbursement  
Contribution to Candidate Committee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: MD District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	2	0

FEC Identification Number

**C** C00574640

**Transaction ID : SB23.7122**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DEBBIE LESKO FOR CONGRESS**

Mailing Address PO BOX 45388

City  
PHOENIX

State  
AZ

Zip Code  
85064

Purpose of Disbursement  
Contribution to Candidate Committee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: AZ District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	0

FEC Identification Number

**C** C00663914

**Transaction ID : SB23.7126**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PERDUE FOR SENATE**

Mailing Address PO BOX 12077

City  
ATLANTA

State  
GA

Zip Code  
30355

Purpose of Disbursement  
Contribution to Candidate Committee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: GA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	2	0

FEC Identification Number

**C** C00547570

**Transaction ID : SB23.7124**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

7000.00

**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 ADVISORS, INC. PAC**

Full Name (Last, First, Middle Initial)

**A. RELY ON YOUR BELIEFS FUND**

Mailing Address ONE CONSTITUTION AVE NE STE 300

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contribution to Leadership PAC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	0

FEC Identification Number

**C** C00344648

**Transaction ID : SB23.7129**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. SCOTT PETERS FOR CONGRESS**

Mailing Address PO BOX 22074

City  
SAN DIEGO

State  
CA

Zip Code  
92192

Purpose of Disbursement  
Contribution to Candidate Committee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: CA District: 52

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	2	0

FEC Identification Number

**C** C00503110

**Transaction ID : SB23.7123**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TED DEUTCH FOR CONGRESS COMMITTEE**

Mailing Address 910 17TH ST NW STE 925

City  
WASHINGTON

State  
DC

Zip Code  
20006

Purpose of Disbursement  
Contribution to Candidate Committee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: FL District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	0

FEC Identification Number

**C** C00469163

**Transaction ID : SB23.7125**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

7000.00

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

14000.00