

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) **123 N. Pitt. St.**
Suite 400
 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 / / 2023 through / / 2023

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 **Klement, Jessica, , ,**

Signature of Treasurer **Klement, Jessica, , ,** Date / / 2023

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="2023"/>		<input type="text" value="375321.59"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="432472.17"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="10479.16"/>	<input type="text" value="199817.04"/>
(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="442951.33"/>	<input type="text" value="575138.63"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3500.00"/>	<input type="text" value="135687.30"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="439451.33"/>	<input type="text" value="439451.33"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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).....	2595.91	143409.36
(ii) Unitemized	2318.58	42420.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4914.49	185829.66
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	7500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	4914.49	193329.66
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.).....	5564.67	6487.38
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)).....▶	10479.16	199817.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10479.16	199817.04

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	0.00	1687.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1687.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	134000.00
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)) ..	3500.00	135687.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3500.00	135687.30

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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)	4914.49	193329.66
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4914.49	193329.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1687.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1687.30

**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 14
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bonin, Pamela, , ,		Date of Receipt MM / DD / YYYY 11 / 09 / 2023 Transaction ID : SA11AI.17281
Mailing Address 123 N. Pitt St. Ste 400		Amount of Each Receipt this Period 25.64
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) ASTA	Occupation (for Individual) Director, Strategic Member Partnership	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.28	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Carpenter, Thomas, , ,		Date of Receipt MM / DD / YYYY 11 / 14 / 2023 Transaction ID : SA11AI.17314
Mailing Address 408 E. 7th Street		Amount of Each Receipt this Period 51.28
City Brooklyn	State NY	Zip Code 11218
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Huckleberry Travel	Occupation (for Individual) Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2307.66	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Dane, Chrstopher, , ,		Date of Receipt MM / DD / YYYY 11 / 09 / 2023 Transaction ID : SA11AI.17284
Mailing Address 664 Lakewoode Cir W		Amount of Each Receipt this Period 250.00
City Delray Beach	State FL	Zip Code 33445
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Hickory Global Partners, LLC	Occupation (for Individual) President	
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).....▶	326.92
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 7 OF 14
	(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

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC

A. de Perez, Laurie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 712 E 145th St
 City Burnsville State MN Zip Code 55337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GetAway Travel LLC Occupation (for Individual) Owner/Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.80

Date of Receipt 11 / 24 / 2023
Transaction ID : SA11AI.17316
 Amount of Each Receipt this Period 25.64
 Memo Item
 Contribution

B. Ford, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 791 Inverness Dr
 City Aurora State IL Zip Code 60504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIG Travel Occupation (for Individual) Travel Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 08 / 2023
Transaction ID : SA11AI.17277
 Amount of Each Receipt this Period 100.00
 Memo Item
 Contribution

C. Hale, Rob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15285 E 7th Circle
 City Aurora State CO Zip Code 80011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travel N Relax Occupation (for Individual) Travel Advisor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1899.99

Date of Receipt 11 / 08 / 2023
Transaction ID : SA11AI.17279
 Amount of Each Receipt this Period 230.76
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	356.40
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 8 OF 14
	<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. Hemmings, Sonya, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 970 Caradon Ct. NW
 City Salem State OR Zip Code 97304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Direct Travel Inc. Occupation (for Individual) Director of Leisure Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.56

Date of Receipt 11 / 09 / 2023
Transaction ID : SA11AI.17283
 Amount of Each Receipt this Period 102.56
 Memo Item
 Contribution

B. Hershberger, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1232 Hearthiside Dr
 City Loveland State OH Zip Code 45140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Prestige Travel Leaders Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3179.48

Date of Receipt 11 / 09 / 2023
Transaction ID : SA11AI.17299
 Amount of Each Receipt this Period 512.82
 Memo Item
 Contribution

C. Irwin, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3674 S Bentley Ave.
 City Los Angeles State CA Zip Code 90034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Monsour Travel Occupation (for Individual) VP, Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 09 / 2023
Transaction ID : SA11AI.17295
 Amount of Each Receipt this Period 100.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	715.38
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 OF 14
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kerby, Zane, , ,			Date of Receipt MM / DD / YYYY 11 / 09 / 2023 Transaction ID : SA11AI.17292		
Mailing Address 123 N. Pitt St. Ste. 400			Amount of Each Receipt this Period 102.56		
City Alexandria	State VA	Zip Code 22314	<input type="checkbox"/> Memo Item Contribution		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2115.38			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Klimak, Amanda, , ,			Date of Receipt MM / DD / YYYY 11 / 09 / 2023 Transaction ID : SA11AI.17287		
Mailing Address 1525 Hamilton Avenue			Amount of Each Receipt this Period 102.56		
City Waterbury	State CT	Zip Code 06706	<input type="checkbox"/> Memo Item Contribution		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Largay Travel		Occupation (for Individual) President/Co-Owner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1578.97			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Klimak, Amanda, , ,			Date of Receipt MM / DD / YYYY 11 / 12 / 2023 Transaction ID : SA11AI.17313		
Mailing Address 1525 Hamilton Avenue			Amount of Each Receipt this Period 62.00		
City Waterbury	State CT	Zip Code 06706	<input type="checkbox"/> Memo Item Contribution		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Largay Travel		Occupation (for Individual) President/Co-Owner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1640.97			

SUBTOTAL of Receipts This Page (optional).....▶	267.12
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 OF 14
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Lee, Jenn, , ,			Date of Receipt MM / DD / YYYY 11 / 09 / 2023 Transaction ID : SA11AI.17282
Mailing Address 1100 Erie Ct			Amount of Each Receipt this Period 256.41
City Winter Springs	State FL	Zip Code 32708	<input type="checkbox"/> Memo Item Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Travel Planners International		Occupation (for Individual) VP, Industry Engagement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1419.23	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lennon, Lee, , ,			Date of Receipt MM / DD / YYYY 11 / 29 / 2023 Transaction ID : SA11AI.17317
Mailing Address 3801 Ponce de Leon Blvd			Amount of Each Receipt this Period 16.00
City Coral Gables	State FL	Zip Code 33134	<input type="checkbox"/> Memo Item Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Travel By Design, Inc.		Occupation (for Individual) Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 276.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Pagliasso, Anita, , ,			Date of Receipt MM / DD / YYYY 11 / 09 / 2023 Transaction ID : SA11AI.17297
Mailing Address 50 Pearl Road Suite 300			Amount of Each Receipt this Period 102.56
City Brunswick	State OH	Zip Code 44212	<input type="checkbox"/> Memo Item Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) KHM Travel Group		Occupation (for Individual) VP, Industry Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1076.91	

SUBTOTAL of Receipts This Page (optional).....	374.97
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 11 OF 14
(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 ADVISORS, INC. PAC

A. 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1476.89

Date of Receipt 11 / 17 / 2023
Transaction ID : SA11AI.17302
 Amount of Each Receipt this Period 100.00
 Memo Item
 Contribution

B. Speers, Lori, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9708 Summer Dr.
 City Frisco State TX Zip Code 75035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Levarte Travel Occupation (for Individual) Owner/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.12

Date of Receipt 11 / 09 / 2023
Transaction ID : SA11AI.17288
 Amount of Each Receipt this Period 102.56
 Memo Item
 Contribution

C. Swales, April, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1021 Larabee Lane
 City Apex State NC Zip Code 27523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Uniglobe Travel Occupation (for Individual) Travel Advisor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 512.80

Date of Receipt 11 / 17 / 2023
Transaction ID : SA11AI.17304
 Amount of Each Receipt this Period 102.56
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 305.12
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 12 OF 14
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Young, Guy, , ,

Mailing Address 44 Circle Avenue

City Larchmont	State NY	Zip Code 10538
-------------------	-------------	-------------------

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

Name of Employer (for Individual) The Travel Corporation	Occupation (for Individual) Chief Engagement Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2023

Transaction ID : SA11AL17293

Amount of Each Receipt this Period
250.00

Memo Item
Contribution

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
MM / DD / YYYY

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	2595.91

**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 14
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC

A. PNC Bank NA

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

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 ▼
6487.38

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2023

Transaction ID : SA17.17324

Amount of Each Receipt this Period
5564.67

Memo Item
Interest, dividends and capital gains (loss)

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5564.67
TOTAL This Period (last page this line number only).....	5564.67

**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. CANTWELL VICTORY 2024

Mailing Address 401 2ND AVENUE SOUTH
SUITE 303

City
SEATTLE

State
WA

Zip Code
98104

Purpose of Disbursement

Contribution

011

Candidate Name

CANTWELL, MARIA, , ,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: WA

District: 00

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2023

FEC Identification Number

C S8WA00194

Transaction ID : SB23.17321

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JIMMY PANETTA FOR CONGRESS

Mailing Address PO BOX 103

City
CARMEL VALLEY

State
CA

Zip Code
93924

Purpose of Disbursement

Contribution

011

Candidate Name

PANETTA, JIMMY, , ,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify)

State: CA

District: 19

Date of Disbursement

MM / DD / YYYY
11 / 27 / 2023

FEC Identification Number

C C00592154

Transaction ID : SB23.17322

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

3500.00

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

3500.00