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**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines. **12PE4M5**  
American Society of Travel Agents PAC

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

2. **FEC IDENTIFICATION NUMBER** **C** 000114108 **CITY** **STATE** **ZIP CODE**  
3. **IS THIS REPORT** **NEW (N)** **OR** **A** **AMENDED (A)**

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report (Q3)			Convention (12C)	Special (12S)	
✓ January 31 Year-End Report (YE)			Election on _____ in the State of _____		
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)			Election on _____ in the State of _____		

5. Covering Period 11 28 2000 through 12 31 2000

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 Robert A. Burge BARBARA E. O'HARA, ASST. TREAS.  
Signature of Treasurer Barbara E. O'Hara Date 08 21 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only **FEC FORM 3X** (Revised 1/01)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

American Society of Travel Agents PAC

Report Covering the Period: From: 11 28 2000 To: 12 31 2000

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2000		\$89,777.50
(b) Cash on Hand at Beginning of Reporting Period	\$85,559.28	
(c) Total Receipts (from Line 19)	\$857.55	\$47,842.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$86,416.83	\$117,620.43
7. Total Disbursements (from Line 30)	\$622.28	\$32,025.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$85,594.55	\$85,594.55
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

American Society of Travel Agents PAC

Report Covering the Period: From: 11 26 2000 To: 12 31 2000

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) .....	\$0.00	
(ii) Unitemized .....	\$680.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	\$680.00	\$46,884.00
(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 32, page 4) .....	\$680.00	\$46,884.00
12. Transfers From Affiliated/Other Party Committees .....	\$0.00	\$0.00
13. All Loans Received .....	\$0.00	\$0.00
14. Loan Repayments Received .....	\$0.00	\$0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	\$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.) .....	\$177.55	\$958.83
18. Transfers from Nonfederal Account for Joint Activity .....	\$0.00	\$0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	\$857.55	\$47,842.83
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	\$857.55	\$47,842.83

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

<b>II. Disbursements</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
<b>21. Operating Expenditures:</b>		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	\$0.00	\$0.00
(ii) Non-Federal Share .....	\$0.00	\$0.00
(b) Other Federal Operating Expenditures .....	\$422.28	\$1,175.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	\$422.28	\$1,175.88
<b>22. Transfers to Affiliated/Other Party Committees .....</b>	\$0.00	\$0.00
<b>23. Contributions to Federal Candidates/Committees and Other Political Committees .....</b>	\$400.00	\$30,850.00
<b>24. Independent Expenditures (use Schedule E) .....</b>	\$0.00	\$0.00
<b>25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F) .....</b>	\$0.00	\$0.00
<b>26. Loan Repayments Made .....</b>	\$0.00	\$0.00
<b>27. Loans Made .....</b>	\$0.00	\$0.00
<b>28. Refunds of Contributions To:</b>		
(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
<b>29. Other Disbursements .....</b>	\$0.00	\$0.00
<b>30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) .....</b>	\$822.28	\$32,025.88
<b>31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) .....</b>	\$822.28	\$32,025.88
<b>III. Net Contributions/Operating Expenditures</b>		
<b>32. Total Contributions (other than loans) (from Line 11(d), page 3) .....</b>	\$680.00	\$46,864.00
<b>33. Total Contribution Refunds (from Line 28(d)) .....</b>	\$0.00	\$0.00
<b>34. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....</b>	\$680.00	\$46,864.00
<b>35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....</b>	\$422.28	\$1,175.88
<b>36. Offsets to Operating Expenditures (from Line 15, page 3) .....</b>	\$0.00	\$0.00
<b>37. Net Operating Expenditures (subtract Line 36 from Line 35) .....</b>	\$422.28	\$1,175.88

**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 1 OF 1
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input checked="" 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**

Full Name (Last, First, Middle Initial) <b>A. Merrill Lynch Ready Assets</b>			Date of Receipt <b>11 30 2000</b>		
Mailing Address <b>PO Box 11063</b>			Amount of Each Receipt this Period <b>\$77.45</b>		
City <b>Church Station</b>	State <b>NY</b>	Zip Code <b>10249</b>			
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <b>\$858.83</b>		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			

Full Name (Last, First, Middle Initial) <b>B. Merrill Lynch Ready Assets</b>			Date of Receipt <b>12 31 2000</b>		
Mailing Address <b>PO Box 11063</b>			Amount of Each Receipt this Period <b>\$100.10</b>		
City <b>Church Station</b>	State <b>NY</b>	Zip Code <b>10249</b>			
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <b>\$958.93</b>		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Receipt Y M D . . . . . Y Y		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code			
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>\$177.55</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>\$177.55</b>

**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)

PAGE 1 OF 1

21b  22  23  24  25  
 26  27  28a  28b  28c  29

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

Full Name (Last, First, Middle Initial) <b>A. Riggs National Bank</b>			Date of Disbursement <b>12 31 2000</b>
Mailing Address <b>PO Box 96758</b>			Amount of Each Disbursement this Period <b>\$422.28</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20090-6758</b>	
Purpose of Disbursement <b>ASTAPAC Operating expenses</b>		Category/ Type <b>001</b>	ASTAPAC Operating expenses
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <input type="checkbox"/> District: <input type="checkbox"/>			
Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <input type="checkbox"/> District: <input type="checkbox"/>			
Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <input type="checkbox"/> District: <input type="checkbox"/>			
<b>SUBTOTAL of Disbursements This Page (optional)</b> .....			<b>\$422.28</b>
<b>TOTAL This Period (last page this line number only)</b> .....			<b>\$422.28</b>

**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)

PAGE 1 OF 1

21b  22  23  24  25  
 26  27  28a  28b  28c  29

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

Full Name (Last, First, Middle Initial) A. Simmons for Congress		Date of Disbursement 11 28 2000
Mailing Address 12 Roosevelt Ave. Box 4		Amount of Each Disbursement this Period <b>\$400.00</b>
City Mystic	State CT	
Zip Code 06355		
Purpose of Disbursement YTD:\$500.00 Robert Simmons, U.S. HOUSE 2		011 Category/ Type
Candidate Name Robert Simmons		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 2	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional) .....	\$400.00
TOTAL This Period (last page this line number only) .....	\$400.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 8-21-01
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>Amv</i> PREPARER	 8-23-01 DATE PREPARED