

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) C00114108 082796 P 264

THOMAS J ROMANO

AMERICAN SOCIETY OF TRAVEL AGE

NTS PAC

1101 KING STREET

ALEXANDRIA VA 22314

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Oct 15 12 06 PM '96

2. FEC IDENTIFICATION NUMBER
C00114108

3. This committee has qualified as a multi-candidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

February 20 June 20 October 20

March 20 July 20 November 20

April 20 August 20 December 20

May 20 September 20 January 31

Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <u>7/1/96</u> through <u>9/30/96</u>		This Period	Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 19 <u>96</u>		\$ 45,848.32
	(b) Cash on Hand at Beginning of Reporting Period	\$ 16,642.07	
	(c) Total Receipts (from Line 1B)	\$ 9,163.72	\$ 23,844.60
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 25,805.79	\$ 69,692.92
7.	Total Disbursements (from Line 3C)	\$ 14,371.12	\$ 58,258.25
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 11,434.67	\$ 11,434.67
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-6530
Local 202-219-3420

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

Signature of Treasurer Thomas J Romano Date 10/8/96

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

--	--	--	--	--	--	--	--	--	--

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE <i>American Society of Travel Agents PAC</i>	REPORT COVERING PERIOD	
	FROM: 07/01/96	TO: 09/30/96
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	250.00	250.00
ii. Unitemized.....	8,750.00	22,977.50
iii. Total..... (add i and ii) >	9,000.00	23,227.50
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions..... (add all, b and c) >	9,000.00	23,227.50
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
16. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
18. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	163.72	617.10
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	9,163.72	23,844.60
20. Total Federal Receipts..... (subtract line 18 from line 19) >	9,163.72	23,844.60
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	471.12	933.25
c. Total Operating Expenditures..... (Add a.i, a.ii, and b) >	471.12	933.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13,900.00	56,375.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees.....	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	0.00
d. Total Contribution Refunds..... (Add a, b, and c) >	0.00	0.00
29. Other Disbursements.....	0.00	950.00
30. Total Disbursements..... (Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	14,371.12	58,258.25
31. Total Federal Disbursements..... (Subtract line 21 aii from line 30) >	14,371.12	58,258.25
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) (from line 11d).....	9,000.00	23,227.50
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32).....	9,000.00	23,227.50
35. Total Federal Operating Expenditures..... (add 21 ai and 21 b) >	471.12	933.25
36. Offsets to Operating Expenditures (from line 16).....	0.00	0.00
37. Net Operating Expenditures..... (subtract line 36 from 35) >	471.12	933.25

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 a 1

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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)
American Society of Travel Agents PAC

A. Full Name, Mailing Address and Zip Code Mario Perillo 577 Chestnut Ridge Road Woodcliff Lake, NJ 07675-8400	Name of Employer Perillo Tours, Inc. Occupation	Date (Month day, Year) 07/18/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 250.00	
B. Full Name, Mailing Address and Zip Code Name of Employer Date (Month day, Year) Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$	
C. Full Name, Mailing Address and Zip Code Name of Employer Date (Month day, Year) Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$	
D. Full Name, Mailing Address and Zip Code Name of Employer Date (Month day, Year) Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$	
E. Full Name, Mailing Address and Zip Code Name of Employer Date (Month day, Year) Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$	
F. Full Name, Mailing Address and Zip Code Name of Employer Date (Month day, Year) Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$	
G. Full Name, Mailing Address and Zip Code Name of Employer Date (Month day, Year) Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$	

SUB TOTAL of Receipts This Page (Optional).....> 250.00

TOTAL this Period (Last page this line number only).....> 250.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE	OF
1	1
FOR LINE NUMBER	
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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)
American Society of Travel Agents PAC

A. Full Name, Mailing Address and Zip Code P. O. Box 11063 Church Station, NY 10249	Name of Employer	Date (Month day, Year) 09/30/96	Amount of Each Receipt this Period 163.72
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 617.10		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	163.72
TOTAL this Period (Last page this line number only).....>	163.72

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE	OF
1	1
FOR LINE NUMBER	
21B	

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 or any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
American Society of Travel Agents 801 King Street Alexandria, VA 22314	operating expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/30/96	471.12
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

GUS TOTAL of Disbursements this page (Optional)..... > 471.12

TOTAL this Period (Last page this line number only)..... > 471.12

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE	OF
1	6
FOR LINE NUMBER	
23	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Ballenger for Congress P.O. Box 2552 Hickory, NC 28603	Cass Ballenger, U.S. HOUSE 10th NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/12/96	200.00
Ed Bryant for Congress Committee P.O. Box 40175 Washington, DC 20016	Ed Bryant, U.S. HOUSE 7th TN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/26/96	200.00
Burr for Congress 1212 North Vernon Street Arlington, VA 22201	Richard M. Burr, U.S. HOUSE 5th NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/12/96	200.00
Tom Campbell for Congress Committee 672 Oak Park Way Redwood City, CA 94062-4040	Tom Campbell, U.S. HOUSE 15th CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/26/96	200.00
Jon Christensen for Congress P.O. Box 540621 Omaha, NE 68154-0621	Jon Christensen, U.S. HOUSE 2nd NE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/26/96	1,000.00
Congressman Hob Clement Committee 7757 Inversham Drive Suite 235 Falls Church, VA 22042	Bob Clement, U.S. HOUSE 5th TN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/26/96	200.00
Coble for Congress P.O. Box 1177 Greensboro, NC 27402	Howard Coble, U.S. HOUSE 6th NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/12/96	200.00
Castello for Congress Committee P.O. Box 8250 Belleville, IL 62222	Jerry F. Castello, U.S. HOUSE 12th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/26/96	200.00
Craig for U.S. Senate Committee c/o 1200 N. Veitch #628 Arlington, VA 22201	Larry E. Craig, U.S. SENATE ID Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/26/96	200.00

SUB TOTAL of Disbursements this page (Optional).....> **2,600.00**

TOTAL this Period (Last page this line number only).....>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 6
FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Crane for Congress 4451 Brookfield Corp. Dr. Ste. 200 Chantilly, VA 20151-1652	Philip M. Crane, U.S. HOUSE 8th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/26/96	200.00
Cubin for Congress 4451 Brookfield Corp Dr. Suite 200 Chantilly, VA 22021-1652	Barbara Cubin, U.S. HOUSE AL WY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/26/96	200.00
Democratic National Committee 430 S. Capitol St., SE Washington, DC 20003	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/12/96	3,000.00
Dornan for Congress 4451 Brookfield Corp. Drive Ste. 200 Chantilly, VA 20151-1652	Robert K. Dornan, U.S. HOUSE 46th CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/12/96	200.00
Duncan for Congress 6436 Scrivner Court Friendship, MD 20758	John J. "Jimmy" Duncan, U.S. HOUSE 2nd TN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/26/96	200.00
Ehrlich for Congress 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 22021-1652	Robert Ehrlich, U.S. HOUSE 2nd MD Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/26/96	200.00
Eilert for Congress Committee P.O. Box 12141 Overland Park, KS 66282-2141	Ed Eilert, KS Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/12/96	200.00
Friends of Farr Committee 635-B Pennsylvania Avenue, SE Washington, DC 20003	Sam Farr, U.S. HOUSE 17th CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/26/96	300.00
Foglietta for Congress P.O. Box 15052 Washington, DC 20003-0052	Thomas M. Foglietta, U.S. HOUSE 1st PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/26/96	200.00

SUB TOTAL of Disbursements this page (Optional)..... > 4,700.00

TOTAL this Period (Last page this line number only)..... >

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 or any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Franks for Congress 219 South Street New Providence, NJ 07974	Bob Franks, U.S. HOUSE 7th NJ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/26/96	200.00
B. Full Name, Mailing Address and Zip Code Friends of Newt Gingrich 1085 Holcomb Bridge Rd. Suite 190A Roswell, GA 30076	Newt Gingrich, 6th GA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/12/96	500.00
C. Full Name, Mailing Address and Zip Code Gramm '96 Senate Reflection Committee c/o 3001 Park Center Drive Suite 1105 Alexandria, VA 22302	Phil Gramm, U.S. SENATE TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/12/96	200.00
D. Full Name, Mailing Address and Zip Code Friends of Doc Hastings 2612 C Arlington Mill Dr. Arlington, VA 22206	Richard "Doc" Hastings, U.S. HOUSE 4th WA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/26/96	200.00
E. Full Name, Mailing Address and Zip Code Jimmy Hayes for Senate 128 North Columbus Street Alexandria, VA 22314	Jimmy Hayes, U.S. HOUSE 7th LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/12/96	200.00
F. Full Name, Mailing Address and Zip Code Hobson for Congress Committee 1212 North Verano Street Arlington, VA 22201	David L. Hobson, U.S. HOUSE 7th OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/26/96	200.00
G. Full Name, Mailing Address and Zip Code Citizens Committee for Ernest F. Hollings P.O. Box 65271 Washington, DC 20035	Ernest F. Hollings, U.S. SENATE SC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/12/96	500.00
H. Full Name, Mailing Address and Zip Code Jackson Lee for Congress P.O. Box 75214 Washington, DC 20013	Sheila Jackson Lee, U.S. HOUSE 18th TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/12/96	200.00
I. Full Name, Mailing Address and Zip Code Robert Jannel Campaign P.O. Box 3362 San Angelo, TX 76902	Robert Jannel, STATE HOUSE REP. TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/26/96	100.00

SUB TOTAL of Disbursements this page (Optional)..... > 2,300.00

TOTAL this Period (Last page this line number only)..... >

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 or any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Re-Elect Nancy Johnson 4451 Brookfield Corp. Dr. Suite 200 Chantilly, VA 22021-1652	Nancy L. Johnson, U.S. HOUSE 6th CT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/12/96	500.00
B. Full Name, Mailing Address and Zip Code Knollenberg for Congress Committee 27877 Orchard Lake Road Farmington Hills, MI 48334	Joe Knollenberg, U.S. HOUSE 11th MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/26/96	200.00
C. Full Name, Mailing Address and Zip Code LoBiondo for Congress P.O. Box 16021 Alexandria, VA 22302	Frank A. LoBiondo, U.S. HOUSE 2nd NJ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/26/96	200.00
D. Full Name, Mailing Address and Zip Code Mica for Congress P.O. Box 181546 Casselberry, FL 32718-1546	John J. Mica, U.S. HOUSE 7th FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/26/96	200.00
E. Full Name, Mailing Address and Zip Code Friends of Connie Morella P.O. Box 5945 Bethesda, MD 20824	Constance A. Morella, U.S. HOUSE 8th MD Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/26/96	200.00
F. Full Name, Mailing Address and Zip Code Richard Pombo for Congress P.O. Box 16021 Alexandria, VA 22302	Richard W. Pombo, U.S. HOUSE 11th CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/26/96	200.00
G. Full Name, Mailing Address and Zip Code Porter for Congress P.O. Box 7126 Deerfield, IL 60015	John Porter, U.S. HOUSE 10th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/26/96	200.00
H. Full Name, Mailing Address and Zip Code Prosser for Congress P.O. Box 476 Appleton, WI 54912	David Prosser, U.S. HOUSE WI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/26/96	200.00
I. Full Name, Mailing Address and Zip Code Jim Ramstad Volunteer Committee 8100 Penn Avenue South Suite 104 Bloomington, MN 55431-1325	Jim Ramstad, U.S. HOUSE 3rd MN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/26/96	200.00

SUB TOTAL of Disbursements this page (Optional)..... > 2,100.00

TOTAL this Period (last page this line number only)..... >

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
The Reed Committee P.O. Box 8628 Cranston, RI 02920	Jack Reed, U.S. HOUSE 2nd RI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/26/96	200.00
Pat Roberts for Senate P.O. Box 433 Great Bend, KS 67530	Pat Roberts, U.S. HOUSE 1st KS Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/12/96	200.00
The Bud Shuster for Congress Committee P.O. Box 25703 Alexandria, VA 22313	Bud Shuster, U.S. HOUSE 9th PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/12/96	200.00
Joe Skeen for Congress P.O. Box 2446 Roswell, GA 88202	Joe Skeen, U.S. HOUSE 2nd NM Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/26/96	200.00
Ike Skelton for Congress Committee P.O. Box A Harrisonville, MO 64701	Ike Skelton, U.S. HOUSE 4th MO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/26/96	300.00
Mark Edward Souder for Congress P.O. Box 16021 Alexandria, VA 22302	Mark Edward Souder, U.S. HOUSE 4th IN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/26/96	200.00
Bill Sutton for Congress P.O. Box 10505 Tallahassee, FL 32302	Bill Sutton, STATE HOUSE REP. 2nd FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	08/26/96	200.00
Orson Swindle for Congress 733 Bishop Street #170-119 Honolulu, HI 96813	Orson Swindle, U.S. HOUSE HI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/26/96	300.00
Upton For All Of Us 4451 Brookfield Corp. Dr. Ste. 200 Chantilly, VA 20151-1652	Fred Upton, U.S. HOUSE 6th MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	09/26/96	200.00

SUB TOTAL of Disbursements this page (Optional).....> **2,000.00**

TOTAL this Period (Last page this line number only).....>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **6** OF **6**
FOR LINE NUMBER **23**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Westbrock for Congress 23 Jasper Street Dayton, OH 45409	David A. Westbrock, OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/12/96	200.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....> 200.00

TOTAL this Period (Last page this line number only).....> 13,900.00

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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

10-3-96

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

Jeb
PREPARER

10-15-96
DATE PREPARED