

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 ALEXANDRIA VA 22314 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00114108 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, 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 M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 01 2019 through 12 31 2019

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 01 29 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)

Page 2

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="2019"/>		296423.27
(b) Cash on Hand at Beginning of Reporting Period.....	279973.46	
(c) Total Receipts (from Line 19)	45828.38	139603.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	325801.84	436027.07
7. Total Disbursements (from Line 31).....	11834.51	122059.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	313967.33	313967.33
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 (Rev. 05/2016)

Write or Type Committee Name

AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2019 To: M M / D D / Y Y Y Y 12 / 31 / 2019

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).....	27662.46	107482.01
(ii) Unitemized	12281.48	25714.42
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	39943.94	133196.43
(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)	39943.94	133196.43
12. Transfers From Affiliated/Other Party Committees.....	5000.00	5000.00
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.).....	884.44	1407.37
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)).....▶	45828.38	139603.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	45828.38	139603.80

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	834.51	8559.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	834.51	8559.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	113500.00
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)) ..	11834.51	122059.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11834.51	122059.74

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)	39943.94	133196.43
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39943.94	133196.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	834.51	8559.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	834.51	8559.74

**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 35
<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. Anderson, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4555 Southlake Parkway
 City Birmingham State AL Zip Code 35244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ADTRAV Travel Management Occupation (for Individual) Travel Agent
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 08 / 09 / 2019
Transaction ID : SA11AI.5967
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Bailey, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5701 I-45 North Ste 3A
 City Springfield State TX Zip Code 77380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fox Travel Occupation (for Individual) Owner
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 03 / 2019
Transaction ID : SA11AI.5915
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Bohn, Laurie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 888 Brickell Key Drive
 City Miami State FL Zip Code 33131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Royal Caribbean International Occupation (for Individual) Director, Trade Sales
 Receipt For: 2020
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 23 / 2019
Transaction ID : SA11AI.5924
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	6208.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 35
<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. Burchfield, Cynthia, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4555 Southlake Parkway

City Birmingham	State AL	Zip Code 35244
--------------------	-------------	-------------------

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

Name of Employer (for Individual) ADTRAV Travel Management	Occupation (for Individual) Travel Agent
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
403.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2019

Transaction ID : SA11AI.5941

Amount of Each Receipt this Period
403.76

Memo Item

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

Mailing Address 7755 33rd Ave NW

City Seattle	State WA	Zip Code 98117-4714
-----------------	-------------	------------------------

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

Name of Employer (for Individual) ASTA	Occupation (for Individual) SVP
---	------------------------------------

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
08	/	24	/	2019

Transaction ID : SA11AI.5925

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 4555 Southlake Parkway

City Birmingham	State AL	Zip Code 35244
--------------------	-------------	-------------------

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

Name of Employer (for Individual) ADTRAV Travel Management	Occupation (for Individual) Travel Agent
---	---

Receipt For: 2020
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2019

Transaction ID : SA11AI.5946

Amount of Each Receipt this Period
288.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1691.76
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 35
	<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. Dada, Leila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16434 South Second Avenue
 City Pheonix State AZ Zip Code 85045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cruise Planners Occupation (for Individual) Owner
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1005.00

Date of Receipt **07 / 23 / 2019**
Transaction ID : SA11AI.5922
 Amount of Each Receipt this Period 1005.00
 Memo Item

B. Enriquez, Helen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 256 West 38th Street, 11th Floor
 City New York State NY Zip Code 10018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ensemble Travel Group Occupation (for Individual) VP Product Development & Technolog
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1029.86

Date of Receipt **08 / 08 / 2019**
Transaction ID : SA11AI.5926
 Amount of Each Receipt this Period 514.93
 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 ▼ 2919.00

Date of Receipt **07 / 09 / 2019**
Transaction ID : SA11AI.5934
 Amount of Each Receipt this Period 417.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1936.93
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 35
	<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. 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 ▼ 3336.00

Date of Receipt
 08 / 09 / 2019
Transaction ID : SA11AI.5935
 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 ▼ 3753.00

Date of Receipt
 09 / 09 / 2019
Transaction ID : SA11AI.5936
 Amount of Each Receipt this Period
 417.00
 Memo Item

C. Friedman, Jackie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4701 O Connor Ct
 City Irving State TX Zip Code 75062-3761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nexion Occupation (for Individual) Travel Executive
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 4170.00

Date of Receipt
 10 / 09 / 2019
Transaction ID : SA11AI.5937
 Amount of Each Receipt this Period
 417.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1251.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 35
<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. 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 ▼ 4587.00

Date of Receipt
 11 / 09 / 2019
Transaction ID : SA11AI.5938
 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 ▼ 5004.00

Date of Receipt
 12 / 10 / 2019
Transaction ID : SA11AI.5939
 Amount of Each Receipt this Period
 417.00
 Memo Item

C. Keller, Stephney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4555 Southlake Parkway
 City Birmingham State AL Zip Code 35244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ADTRAV Travel Management Occupation (for Individual) Travel Agent
 Receipt For: 2020
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 461.00

Date of Receipt
 08 / 09 / 2019
Transaction ID : SA11AI.5933
 Amount of Each Receipt this Period
 461.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1295.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 35
<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. Klimak, Amanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1525 Hamilton Ave
 City Waterbury State CT Zip Code 06706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Largay Travel Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 26 / 2019
Transaction ID : SA11AI.6500
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Landis, Geoffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 66467 SR 15
 City Goshen State IN Zip Code 46526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Menno Travel/ Branch of Tzell Travel G Occupation (for Individual) President/CEO
 Receipt For: 2020 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 514.93

Date of Receipt 07 / 23 / 2019
Transaction ID : SA11AI.5930
 Amount of Each Receipt this Period 514.93
 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 ▼ 2500.00

Date of Receipt 09 / 05 / 2019
Transaction ID : SA11AI.5931
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1264.93
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 35
<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. Lewis, Denny, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 304 Chesapeake Dr.
 City Great Falls State VA Zip Code 22066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WorldTravelService Occupation (for Individual) President
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1029.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2019
Transaction ID : SA11AI.5919
 Amount of Each Receipt this Period
 1029.86
 Memo Item

B. Macdonald, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4555 Southlake Parkway
 City Birmingham State AL Zip Code 35244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ADTRAV Travel Management Occupation (for Individual) Travel Agent
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2019
Transaction ID : SA11AI.5943
 Amount of Each Receipt this Period
 384.00
 Memo Item

C. Maryanov, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2001 S Barrington Ave Ste 316
 City Los Angeles State CA Zip Code 90025-5379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) All Travel Occupation (for Individual) President
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1132.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2019
Transaction ID : SA11AI.5917
 Amount of Each Receipt this Period
 1029.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2443.72
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 13 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. McCabe, Damian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10559 Fox Forest Drive
 City Great Falls State VA Zip Code 22066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McCabe World Travel, Inc. Occupation (for Individual) CEO
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 257.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2019
Transaction ID : SA11AI.5952
 Amount of Each Receipt this Period
 257.46
 Memo Item

B. MCGOWEN, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4555 Southlake Parkway
 City Birmingham State AL Zip Code 35244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ADTRAV Travel Management Occupation (for Individual) Travel Agent
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 268.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2019
Transaction ID : SA11AI.5948
 Amount of Each Receipt this Period
 268.00
 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 ▼ 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2019
Transaction ID : SA11AI.6082
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	610.46
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 14 OF 35
	<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. 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 ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2019

Transaction ID : SA11AI.6083

Amount of Each Receipt this Period
85.00

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
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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 ▼
765.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2019

Transaction ID : SA11AI.6084

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 ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2019

Transaction ID : SA11AI.6085

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. 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 ▼ 935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2019
Transaction ID : SA11AI.6086
 Amount of Each Receipt this Period 85.00
 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 ▼ 1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2019
Transaction ID : SA11AI.6087
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Peck, Eben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 675 N Washington St Ste 490
 City Alexandria State VA Zip Code 22314-1940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Am. Soc. of Travel Advisors Occupation (for Individual) EVP, Advocacy
 Receipt For: 2020
 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
 07 / 19 / 2019
Transaction ID : SA11AI.6054
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	270.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 35
<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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2019
Transaction ID : SA11AI.6055
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Peck, Eben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 675 N Washington St
 Ste 490
 City Alexandria State VA Zip Code 22314-1940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Am. Soc. of Travel Advisors Occupation (for Individual) EVP, Advocacy
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2019
Transaction ID : SA11AI.6056
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Peck, Eben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 675 N Washington St
 Ste 490
 City Alexandria State VA Zip Code 22314-1940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Am. Soc. of Travel Advisors Occupation (for Individual) EVP, Advocacy
 Receipt For: 2020
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2019
Transaction ID : SA11AI.6057
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 35
<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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2019
Transaction ID : SA11AI.6058
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Peck, Eben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 675 N Washington St
 Ste 490
 City Alexandria State VA Zip Code 22314-1940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Am. Soc. of Travel Advisors Occupation (for Individual) EVP, Advocacy
 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
 12 / 19 / 2019
Transaction ID : SA11AI.6059
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Peters, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8432 Old Keene Mill Road
 49608425
 City Springfield State VA Zip Code 22152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Friendly Travel Inc. Occupation (for Individual) President
 Receipt For: 2020
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 514.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2019
Transaction ID : SA11AI.5929
 Amount of Each Receipt this Period
 514.93
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	714.93
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 18 OF 35
	<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. Peterson, Virginia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 750 Main St #105
 City St. Paul State MN Zip Code 55118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travel Leaders Group Occupation (for Individual) Director, Finance
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2019
Transaction ID : SA11AI.6326
 Amount of Each Receipt this Period
 20.59
 Memo Item

B. Peterson, Virginia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 750 Main St #105
 City St. Paul State MN Zip Code 55118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travel Leaders Group Occupation (for Individual) Director, Finance
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 226.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2019
Transaction ID : SA11AI.6327
 Amount of Each Receipt this Period
 20.59
 Memo Item

C. Peterson, Virginia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 750 Main St #105
 City St. Paul State MN Zip Code 55118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travel Leaders Group Occupation (for Individual) Director, Finance
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2019
Transaction ID : SA11AI.6328
 Amount of Each Receipt this Period
 20.59
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	61.77
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 19 OF 35
<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. Peterson, Virginia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 750 Main St #105
 City St. Paul State MN Zip Code 55118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travel Leaders Group Occupation (for Individual) Director, Finance
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.57

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : SA11AI.5957
 Amount of Each Receipt this Period
 257.46
 Memo Item

B. Peterson, Virginia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 750 Main St #105
 City St. Paul State MN Zip Code 55118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travel Leaders Group Occupation (for Individual) Director, Finance
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 514.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : SA11AI.6397
 Amount of Each Receipt this Period
 10.29
 Memo Item

C. Phillips, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4555 Southlake Parkway
 City Birmingham State AL Zip Code 35244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ADTRAV Travel Management Occupation (for Individual) Travel Agent
 Receipt For: 2020
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2019
Transaction ID : SA11AI.5969
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	475.75
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 20 OF 35
	<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. Qualls, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1736 Gascony Road
 City Encinitas State CA Zip Code 92024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tasteful Voyages Occupation (for Individual) Owner
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 514.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2019
Transaction ID : SA11AI.5928
 Amount of Each Receipt this Period
 514.93
 Memo Item

B. Reynolds, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4555 Southlake Parkway
 City Birmingham State AL Zip Code 35244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ADTRAV Travel Management Occupation (for Individual) Travel Agent
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2019
Transaction ID : SA11AI.5950
 Amount of Each Receipt this Period
 260.00
 Memo Item

C. Schwartz, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1216 Spray Road
 City Greensboro State NC Zip Code 27406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amy Schwartz Travel Occupation (for Individual) Owner
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 257.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : SA11AI.5956
 Amount of Each Receipt this Period
 257.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1032.39
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 21 OF 35
	<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. Sharpe, Alex, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13710 SW 33rd Ct
 City Davie State FL Zip Code 33330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Signature Travel Network Occupation (for Individual) President & CEO
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 08 / 05 / 2019
Transaction ID : SA11AI.5916
 Amount of Each Receipt this Period 3000.00
 Memo Item

B. Sharpe, Alex, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13710 SW 33rd Ct
 City Davie State FL Zip Code 33330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Signature Travel Network Occupation (for Individual) President & CEO
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 08 / 05 / 2019
Transaction ID : SA11AI.5923
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Sinclair, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 US Hwy 46
 City Hackettstown State NJ Zip Code 07840-2733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Skyland World Travel Occupation (for Individual) Owner
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 08 / 26 / 2019
Transaction ID : SA11AI.6499
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4400.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 35
	<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. Strand, Genevieve, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12480 Kent Road

City King George	State VA	Zip Code 22485
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Am. Soc. of Travel Advisors	Occupation (for Individual) Director, Advocacy
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
572.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2019

Transaction ID : SA11AI.5960

Amount of Each Receipt this Period
235.00

Memo Item

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

Mailing Address 12480 Kent Road

City King George	State VA	Zip Code 22485
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Am. Soc. of Travel Advisors	Occupation (for Individual) Director, Advocacy
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
807.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2019

Transaction ID : SA11AI.5961

Amount of Each Receipt this Period
235.00

Memo Item

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

Mailing Address 12480 Kent Road

City King George	State VA	Zip Code 22485
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Am. Soc. of Travel Advisors	Occupation (for Individual) Director, Advocacy
--	---

Receipt For: 2020
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1042.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2019

Transaction ID : SA11AI.5962

Amount of Each Receipt this Period
235.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	705.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 35
<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. Strand, Genevieve, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12480 Kent Road

City King George	State VA	Zip Code 22485
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Am. Soc. of Travel Advisors	Occupation (for Individual) Director, Advocacy
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1277.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2019

Transaction ID : SA11AI.5963

Amount of Each Receipt this Period
235.00

Memo Item

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

Mailing Address 12480 Kent Road

City King George	State VA	Zip Code 22485
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Am. Soc. of Travel Advisors	Occupation (for Individual) Director, Advocacy
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1512.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2019

Transaction ID : SA11AI.5964

Amount of Each Receipt this Period
235.00

Memo Item

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

Mailing Address 12480 Kent Road

City King George	State VA	Zip Code 22485
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Am. Soc. of Travel Advisors	Occupation (for Individual) Director, Advocacy
--	---

Receipt For: 2020
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1747.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2019

Transaction ID : SA11AI.5965

Amount of Each Receipt this Period
235.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	705.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 35
<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. Thomas-Schulere, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7900 Harbor Island Dr
 City North Bay Village State FL Zip Code 33141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Balboa Occupation (for Individual) Senior Vice President, Strategic Solut
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2019
Transaction ID : SA11AI.5944
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Tomlinson, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4555 Southlake Parkway
 City Birmingham State AL Zip Code 35244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ADTRAV Travel Management Occupation (for Individual) Travel Agent
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 201.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2019
Transaction ID : SA11AI.5971
 Amount of Each Receipt this Period
 201.50
 Memo Item

C. Walsler, Marsha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4555 Southlake Parkway
 City Birmingham State AL Zip Code 35244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ADTRAV Travel Management Occupation (for Individual) Travel Agent
 Receipt For: 2020
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2019
Transaction ID : SA11AI.5959
 Amount of Each Receipt this Period
 252.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	753.50
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 25 OF 35
	<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. Young, Guy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 East Brookside Drive
 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: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 257.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2019
Transaction ID : SA11AI.5954
 Amount of Each Receipt this Period
 257.46
 Memo Item

B. Zelaya, Marilyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3927 Lux Court
 City San Jose State CA Zip Code 95136-1954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Willow Glen Travel Agency Occupation (for Individual) Owner
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1029.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : SA11AI.5920
 Amount of Each Receipt this Period
 1029.86
 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

SUBTOTAL of Receipts This Page (optional).....▶	1287.32
TOTAL This Period (last page this line number only).....▶	27662.46

**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 26 OF 35
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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. SABRE GLBL, INC. POLITICAL ACTION COMMITTEE

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

Mailing Address 1250 CONNECTICUT AVENUE NW
SUITE 825

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00325811

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 29 / 2019

Transaction ID : SA12.6501

Amount of Each Receipt this Period
5000.00

Memo Item
PAC to PAC Transfer

B.

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

C.

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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 27 OF 35
<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 Tincum 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 ▼
796.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2019

Transaction ID : SA17.6522

Amount of Each Receipt this Period
273.57

Memo Item
Interest Income

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

Mailing Address 8800 Tincum 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 ▼
914.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2019

Transaction ID : SA17.6523

Amount of Each Receipt this Period
117.51

Memo Item
Interest Income

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

Mailing Address 8800 Tincum 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 ▼
1048.07

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2019

Transaction ID : SA17.6524

Amount of Each Receipt this Period
134.06

Memo Item
Interest Income

SUBTOTAL of Receipts This Page (optional).....	525.14
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 28 OF 35
<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 Tincum 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 ▼
1143.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2019

Transaction ID : SA17.6525

Amount of Each Receipt this Period
95.51

Memo Item
Interest Income

B. PNC Bank NA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 8800 Tincum 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 ▼
1237.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2019

Transaction ID : SA17.6526

Amount of Each Receipt this Period
93.81

Memo Item

C. PNC Bank NA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 8800 Tincum 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 ▼
1331.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2019

Transaction ID : SA17.6527

Amount of Each Receipt this Period
94.31

Memo Item
Interest Income

SUBTOTAL of Receipts This Page (optional).....	283.63
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 29 OF 35
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PNC Bank NA

Mailing Address **8800 Tinicum Blvd.**

City Philidelphia	State PA	Zip Code 19153
-----------------------------	--------------------	--------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1407.37

Date of Receipt
12 / 31 / 2019

Transaction ID : SA17.6528

Amount of Each Receipt this Period
75.67

Memo Item
Interest Income

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

Mailing Address _____

City _____	State _____	Zip Code _____
------------	-------------	----------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.67
TOTAL This Period (last page this line number only).....▶	884.44

**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. CardConnect

Mailing Address 1000 Continental Dr
#300

City King of Prussia State PA Zip Code 19406

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2019

FEC Identification Number

C
Transaction ID : SB21B.6503
Amount of Each Disbursement this Period
141.83

Memo Item

Full Name (Last, First, Middle Initial)

B. CardConnect

Mailing Address 1000 Continental Dr
#300

City King of Prussia State PA Zip Code 19406

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2019

FEC Identification Number

C
Transaction ID : SB21B.6504
Amount of Each Disbursement this Period
301.28

Memo Item

Full Name (Last, First, Middle Initial)

C. CardConnect

Mailing Address 1000 Continental Dr
#300

City King of Prussia State PA Zip Code 19406

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2019

FEC Identification Number

C
Transaction ID : SB21B.6505
Amount of Each Disbursement this Period
212.37

Memo Item

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

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

655.48

**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. CardConnect

Mailing Address 1000 Continental Dr
#300

City King of Prussia State PA Zip Code 19406

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2019

FEC Identification Number

C
Transaction ID : **SB21B.6506**
Amount of Each Disbursement this Period
39.53

Memo Item

Full Name (Last, First, Middle Initial)

B. CardConnect

Mailing Address 1000 Continental Dr
#300

City King of Prussia State PA Zip Code 19406

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2019

FEC Identification Number

C
Transaction ID : **SB21B.6507**
Amount of Each Disbursement this Period
8.73

Memo Item

Full Name (Last, First, Middle Initial)

C. CardConnect

Mailing Address 1000 Continental Dr
#300

City King of Prussia State PA Zip Code 19406

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2019

FEC Identification Number

C
Transaction ID : **SB21B.6508**
Amount of Each Disbursement this Period
30.93

Memo Item

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

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

79.19

**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. CardConnect

Mailing Address 1000 Continental Dr
#300

City King of Prussia State PA Zip Code 19406

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

M M / D D / Y Y Y Y Y Y
12 / 31 / 2019

FEC Identification Number

C

Transaction ID : SB21B.6509

Amount of Each Disbursement this Period

99.84

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

99.84

834.51

**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. ANN WAGNER FOR CONGRESS

Mailing Address PO BOX 50

City
BALLWIN

State
DC

Zip Code
63022

Purpose of Disbursement
Contribution to Candidate Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2019			

FEC Identification Number

C C00495846

Transaction ID : SB23.6517

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ANN WAGNER FOR CONGRESS

Mailing Address PO BOX 50

City
BALLWIN

State
DC

Zip Code
63022

Purpose of Disbursement
Contribution to Candidate Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2019			

FEC Identification Number

C C00495846

Transaction ID : SB23.6518

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City
BANGOR

State
ME

Zip Code
04402

Purpose of Disbursement
Contribution to Candidate Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: ME District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2019			

FEC Identification Number

C C00314575

Transaction ID : SB23.6520

Amount of Each Disbursement this Period

1500.00

Memo Item

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

7500.00

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

A. CORY GARDNER FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address 9227 E. LINCOLN AVE., #200-234

City LONE TREE State CO Zip Code 80124

Purpose of Disbursement
Contribution to Candidate Committee

Candidate Name

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: CO District: 04

Date of Disbursement: 07 / 08 / 2019

FEC Identification Number: C00492454
Transaction ID : SB23.6513
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. FRIENDS OF BENNIE THOMPSON

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 100

City BOLTON State MS Zip Code 39041

Purpose of Disbursement
Contribution to Candidate Committee

Candidate Name

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: MS District: 02

Date of Disbursement: 10 / 08 / 2019

FEC Identification Number: C00279851
Transaction ID : SB23.6514
Amount of Each Disbursement this Period: 500.00

Memo Item

C. QUIGLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 2652 N SOUTHPORT AVENUE UNIT E

City CHICAGO State IL Zip Code 60614

Purpose of Disbursement
Contribution to Candidate Committee

Candidate Name

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: IL District: 05

Date of Disbursement: 12 / 06 / 2019

FEC Identification Number: C00457556
Transaction ID : SB23.6521
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2500.00

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. SCOTT PETERS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2019

Mailing Address PO BOX 22074

City SAN DIEGO	State CA	Zip Code 92192
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FEC Identification Number

C C00503110

Purpose of Disbursement
Contribution to Candidate Committee

Category/Type

Transaction ID : SB23.6519

Amount of Each Disbursement this Period

1000.00

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 1000
 Primary General
 Other (specify) ▼

State: CA District: 52

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code
------	-------	----------

FEC Identification Number

C

Purpose of Disbursement

Category/Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code
------	-------	----------

FEC Identification Number

C

Purpose of Disbursement

Category/Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item

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

1000.00

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

11000.00