



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Society of Travel Agents PAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	X	Y	Y	Y	2	0	1	0		116586.02
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	104751.07									
(c) Total Receipts (from Line 19) .....	4197.02	28335.55								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	108948.09	144921.57								
7. Total Disbursements (from Line 31) .....	5047.19	41020.67								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	103900.90	103900.90								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
American Society of Travel Agents PAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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) .....	550.00	11980.00
(ii) Unitemized .....	3645.00	11350.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	4195.00	23330.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	4195.00	28330.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 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.) .....	2.02	5.55
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 Transfer (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)) .....	4197.02	28335.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4197.02	28335.55

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	47.19	770.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	47.19	770.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	5000.00	40250.00
24. Independent Expenditure (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 Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	5047.19	41020.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5047.19	41020.67

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) .....	4195.00	28330.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4195.00	28330.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	47.19	770.67
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	47.19	770.67

**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 / 10
	<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 Agents PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Joanne Gardner

Mailing Address 26 W. 310 Menomini Dr

City State Zip Code  
Wheaton IL 60189

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

Name of Employer Occupation  
The Travel Specialist Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 14 / 2010

**Transaction ID:** A05D351F296C74636A1F

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Jason Coleman

Mailing Address 7100 Playa Vista Dr. # 422

City State Zip Code  
Playa Vista CA 90094-2276

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

Name of Employer Occupation  
Jason Coleman, Inc. Travel Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2010

**Transaction ID:** A9DB0AE38A0E7409E8C1

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Monique Sattler

Mailing Address 6388 Kindling Ct

City State Zip Code  
Lisle IL 60532-3313

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2010

**Transaction ID:** A93CE004F69DB4843BBC

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	550.00

**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"/> 24	<input type="checkbox"/> 25	<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 Agents PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Aristotle, Inc.</p> <p>Mailing Address 205 Pennsylvania Ave, SE</p> <p>City Washington State DC Zip Code 20003-1164</p> <p>Purpose of Disbursement CC Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B4CDD618C9CB745B6AC4</p> <p>Date of Disbursement 10 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1.88</p> <p>Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) American Society Of Travel Agents</p> <p>Mailing Address 1101 King Street Suite 200</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B7AB8A42F8BE44618A32</p> <p>Date of Disbursement 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 31.43</p> <p>Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Aristotle, Inc.</p> <p>Mailing Address 205 Pennsylvania Ave, SE</p> <p>City Washington State DC Zip Code 20003-1164</p> <p>Purpose of Disbursement CC Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B8D5041064ABD4358AEA</p> <p>Date of Disbursement 11 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 3.75</p> <p>Category/Type</p>

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

37.06

**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)

PAGE 8 / 10

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<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 Agents PAC

A.	Full Name (Last, First, Middle Initial) Aristotle, Inc.			Transaction ID: BDF6951F98257499A8E9		
	Mailing Address 205 Pennsylvania Ave, SE			Date of Disbursement 11 / 19 / 2010		
City Washington		State DC	Zip Code 20003-1164		Amount of Each Disbursement this Period 10.13	
Purpose of Disbursement CC Processing Fee			Category/ Type			
Candidate Name						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:						

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

10.13

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

47.19



**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Agents PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) RIBBLE FOR CONGRESS</p> <p>Mailing Address PO BOX 7200</p> <p>City APPLETON State WI Zip Code 54912</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Reid Ribble Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BB8F8E1EBD54C48E19A1</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF MARK WARNER</p> <p>Mailing Address 201 NORTH UNION STREET SUITE 300</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Mark Robert Warner Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BA842DD9C516040A7932</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Arcuri For Congress</p> <p>Mailing Address P.o. Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Michael A. Arcuri Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B8BBCEE459FFC4F39831</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**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)

PAGE 10 / 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Agents PAC

A.	Full Name (Last, First, Middle Initial) SENSENBRENNER COMMITTEE			Transaction ID: B6D8359E224114E7DAD8	
	Mailing Address P. O. Box 575			Date of Disbursement 10 / 28 / 2010	
City Brookfield		State WI	Zip Code 53008	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement			Category/ Type		
Candidate Name Rep. F. James Sensenbrenner, Jr.			Disbursement For: 2010		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District: 05					

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

2500.00

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

5000.00