

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Society of Travel Agents 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="2011"/>		106770.20
(b) Cash on Hand at Beginning of Reporting Period	106770.20	
(c) Total Receipts (from Line 19)	19511.00	19511.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	126281.20	126281.20
7. Total Disbursements (from Line 31)	10379.74	10379.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	115901.46	115901.46
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**

Write or Type Committee Name
American Society of Travel Agents PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	6801.00	6801.00
(ii) Unitemized	7710.00	7710.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14511.00	14511.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	19511.00	19511.00
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.)	0.00	0.00
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))	19511.00	19511.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19511.00	19511.00

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.....	529.74	529.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	529.74	529.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	9500.00	9500.00
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	350.00	350.00
(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))	350.00	350.00
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))..	10379.74	10379.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10379.74	10379.74

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)	19511.00	19511.00
34. Total Contribution Refunds (from Line 28(d))	350.00	350.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19161.00	19161.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	529.74	529.74
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	529.74	529.74

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 20
(check only one)

<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. Mary Peters

Mailing Address 8002 Fairfax Rd

City State Zip Code
Alexandria VA 22308-1102

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

Name of Employer Occupation
Friendly Travel, Inc./ame- President
rican

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2011

Transaction ID: AD112A3CA681240A382B

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Anthony Lee Thomas

Mailing Address 2801 Chestnut Ridge Place

City State Zip Code
Louisville KY 40245-5307

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

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2011

Transaction ID: A00CA4E082E0A45B0AFB

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Dan Lanser

Mailing Address 775 Arbury Ave SE

City State Zip Code
North Canton OH 44720-8708

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

Name of Employer Occupation
A Plus Travel Adventures President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2011

Transaction ID: ADEDAB3A946234569A11

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **875.00**

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 / 20
	<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 Agents PAC

A. Full Name (Last, First, Middle Initial)
Richard Haymaker

Mailing Address 1315 West 22nd St
Suite 205

City Oak Brook State IL Zip Code 60523-2060

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

Name of Employer Individual Occupation Unknown

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 16 / 2011
Transaction ID: A0542FD28021B45FD82F
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Vicki Powell

Mailing Address 610 N. Washington St

City Naperville State IL Zip Code 60563-3102

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

Name of Employer Viking Travel Occupation Travel Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 16 / 2011
Transaction ID: A33535188311D451FA64
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Lauren Matthews

Mailing Address 4315 Sussex Drive

City Columbia State MO Zip Code 65203-6406

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

Name of Employer Viking Travel Service, Lp Occupation Travel Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 16 / 2011
Transaction ID: A0E04DDF091F84067B9D
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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: PAGE 8 / 20
(check only one)

<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 Agents PAC

A.

Full Name (Last, First, Middle Initial)
Mr. John Haskins

Mailing Address 861 Hawthorn Circle

City State Zip Code
Lombard IL 60148-3636

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

Name of Employer Occupation
Viking Travel Service, Lp Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2011

Transaction ID: A306FEFF1AC99440CA53

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Margaret Haskins

Mailing Address 861 Hawthorn Circle

City State Zip Code
Lombard IL 60148-3636

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

Name of Employer Occupation
Viking Travel Service, Lp President / Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2011

Transaction ID: A800F6402934946DF8C6

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Susan Aft

Mailing Address 1880 Willshire Glen

City State Zip Code
Alpharetta GA 30009-1874

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

Name of Employer Occupation
Discount Travel And Cruise President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: ADA1D680D0DD74778855

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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 9 / 20
	<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 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 The Travel Specialist Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: A075292901F284002B7D

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Jorge Sanchez

Mailing Address 5209 N Clark Street

City State Zip Code
Chicago IL 60640-2101

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

Name of Employer Mena Tours & Travel Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: AE7362BF2CCCC4980B31

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Michael Greenwald

Mailing Address 3261 NW 3rd Ave

City State Zip Code
Fort Lauderdale FL 33309-6001

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

Name of Employer Personalized Travel, Inc. Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2011

Transaction ID: A4BED566118F449818D9

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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: PAGE 10 / 20
(check only one)

<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 Agents PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Dan Lanser

Mailing Address 775 Arbury Ave SE

City North Canton State OH Zip Code 44720-8708

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

Name of Employer A Plus Travel Adventures Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 04 / 08 / 2011
Transaction ID: A1A04DF752F5148DF9AE
 Amount of Each Receipt this Period 125.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Wendy Goodenow

Mailing Address 1245 Young St #203

City Honolulu State HI Zip Code 96814-1958

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

Name of Employer Hnl Travel Associates Occupation President/owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 12 / 2011
Transaction ID: AD5775A31AF37488C8BB
 Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Patrick Byrne

Mailing Address 48 Rolling Hills Dr

City Orchard Park State NY Zip Code 14127-2906

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

Name of Employer M.p.b. Travel Service, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 21 / 2011
Transaction ID: A410BF2875A094E7D8BC
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► **875.00**

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: PAGE 11 / 20
(check only one)

<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 Agents PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Scott Pinheiro

Mailing Address 250 River St #432

City State Zip Code
Santa Cruz CA 95060-2755

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

Name of Employer Occupation
Santa Cruz Travel, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 251.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2011

Transaction ID: AFF8711D38C4E4156973

Amount of Each Receipt this Period
251.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Carol Wagner

Mailing Address 1959 Alpha Dr

City State Zip Code
Commerce Township MI 48382-2302

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

Name of Employer Occupation
Travel Plus, Inc. Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2011

Transaction ID: A35AA414605474FFF889

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Nina Meyer

Mailing Address 1701 Ponce De Leon Blvd

City State Zip Code
Coral Gables FL 33134-4414

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

Name of Employer Occupation
Traveleaders Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2011

Transaction ID: AA5A03E1147254105943

Amount of Each Receipt this Period
500.00

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 12 / 20
	<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 Agents PAC

A.	Full Name (Last, First, Middle Initial) Karl Rosen		Date of Receipt
	Mailing Address 1118 S. Diamond Bar Blvd		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Diamond Bar	CA	91765-2203
	FEC ID number of contributing federal political committee. C		Transaction ID: A349630EA4A1844EC972
Name of Employer Towne Centre Travel & Cruises		Occupation Owner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

B.	Full Name (Last, First, Middle Initial) Mr. Dan Lanser		Date of Receipt
	Mailing Address 775 Arbury Ave SE		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	North Canton	OH	44720-8708
	FEC ID number of contributing federal political committee. C		Transaction ID: AACEEE4BB2B7E402296D
Name of Employer A Plus Travel Adventures		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="125.00"/>
		<input type="text" value="500.00"/>	

C.	Full Name (Last, First, Middle Initial) Mrs. Marilyn Zelaya		Date of Receipt
	Mailing Address 3927 Lux Ct		<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	San Jose	CA	95136-1954
	FEC ID number of contributing federal political committee. C		Transaction ID: A86CF04A586084AB48D8
Name of Employer Willow Glen Travel Agency		Occupation Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="625.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 20
(check only one)

<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 Agents PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Robbi Hamida

Mailing Address 6225 North State Highway 161
Suite 450

City Irving State TX Zip Code 75038-2223

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

Name of Employer Tur Travel Occupation Outside Sales Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: A16C74C73AB64426D85D

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Dan Lanser

Mailing Address 775 Arbury Ave SE

City North Canton State OH Zip Code 44720-8708

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

Name of Employer A Plus Travel Adventures Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: AB9ABF4D0133246A0AA2

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Jason Coleman

Mailing Address 7100 Playa Vista
Dr. # 422

City Playa Vista State CA Zip Code 90094-2276

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

Name of Employer Jason Coleman, Inc. Occupation Travel Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: AC11785546DD64530803

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	425.00
TOTAL This Period (last page this line number only)	6801.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 20
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 Agents PAC

A.	Full Name (Last, First, Middle Initial) Sabre Inc. Pac		Date of Receipt																				
	Mailing Address 1101 17th St. Nw Suite 602		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	2		2	2		2	0	1	1													
	City	State	Zip Code																				
	Washington	DC	20036																				
FEC ID number of contributing federal political committee.		C C00325811																					
Name of Employer		Occupation																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00																					
			Transaction ID: A5BCAA96C515A4AB79AC																				
			Amount of Each Receipt this Period 5000.00																				

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

**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)

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<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. <hr/> Mailing Address 205 Pennsylvania Ave, SE <hr/> City Washington State DC Zip Code 20003-1164 Purpose of Disbursement CC Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2427E32F57EA491C946 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period 79.22
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Aristotle, Inc. <hr/> Mailing Address 205 Pennsylvania Ave, SE <hr/> City Washington State DC Zip Code 20003-1164 Purpose of Disbursement CC Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDD22564ABEC04B83A93 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 1
	Amount of Each Disbursement this Period 53.52
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Aristotle, Inc. <hr/> Mailing Address 205 Pennsylvania Ave, SE <hr/> City Washington State DC Zip Code 20003-1164 Purpose of Disbursement CC Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B50DD7EEC79D24459B5F Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 1 1
	Amount of Each Disbursement this Period 22.51
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional)	155.25
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)

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<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. <hr/> Mailing Address 205 Pennsylvania Ave, SE <hr/> City Washington State DC Zip Code 20003-1164 Purpose of Disbursement CC Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE87960573A29421C897 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 1
	Amount of Each Disbursement this Period 7.50
B. Full Name (Last, First, Middle Initial) Aristotle, Inc. <hr/> Mailing Address 205 Pennsylvania Ave, SE <hr/> City Washington State DC Zip Code 20003-1164 Purpose of Disbursement CC Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8429A29CA9C846F0A44 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 1 1
	Amount of Each Disbursement this Period 25.23
C. Full Name (Last, First, Middle Initial) Aristotle, Inc. <hr/> Mailing Address 205 Pennsylvania Ave, SE <hr/> City Washington State DC Zip Code 20003-1164 Purpose of Disbursement CC Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BEA229A9EE8CB4105A14 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 33.75

SUBTOTAL of Disbursements This Page (optional)	66.48
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)

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<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: B103AA4E7A9FA4C73BA7
	Mailing Address 205 Pennsylvania Ave, SE	Date of Disbursement MM / DD / YYYY 06 / 10 / 2011
	City Washington State DC Zip Code 20003-1164	Amount of Each Disbursement this Period 32.26
	Purpose of Disbursement CC Processing Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Aristotle, Inc.	Transaction ID: B83A5C8D04A9342D3AA9
	Mailing Address 205 Pennsylvania Ave, SE	Date of Disbursement MM / DD / YYYY 06 / 17 / 2011
	City Washington State DC Zip Code 20003-1164	Amount of Each Disbursement this Period 4.50
	Purpose of Disbursement CC Processing Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Aristotle, Inc.	Transaction ID: B76F1EEAA015B466692E
	Mailing Address 205 Pennsylvania Ave, SE	Date of Disbursement MM / DD / YYYY 06 / 30 / 2011
	City Washington State DC Zip Code 20003-1164	Amount of Each Disbursement this Period 44.33
	Purpose of Disbursement CC Processing Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	81.09
TOTAL This Period (last page this line number only)	302.82

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

A. Full Name (Last, First, Middle Initial) Friends Of Farr <hr/> Mailing Address 729 15th Street, Nw Third Floor <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name Rep. Sam Farr <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD8D37CE4FF864E8AA16 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17
B. Full Name (Last, First, Middle Initial) Laura Richardson for Congress <hr/> Mailing Address 100 West Broadway <hr/> City Long Beach State CA Zip Code 90802 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name Rep. Laura Richardson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB3294F74BF8C40A39E4 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37
C. Full Name (Last, First, Middle Initial) Hoyer For Congress Committee <hr/> Mailing Address 4201 Northview Drive Suite 307 <hr/> City Bowie State MD Zip Code 20716 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name Rep. Steny H. Hoyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B936762FFFAC240DCA11 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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)

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<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) Cantor For Congress <hr/> Mailing Address PO Box 17813 <hr/> City Richmond State VA Zip Code 23226 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Eric Cantor <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD583E554F09B44C9BEA Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Graves for Congress <hr/> Mailing Address 1534 Burlington Avenue <hr/> City North Kansas City State MO Zip Code 64116 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Sam B. Graves <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE162F770C7DB4EF5A67 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Alamo PAC <hr/> Mailing Address 919 Congress Avenue Suite 1400 <hr/> City Austin State TX Zip Code 78701 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BEA459473DD924A0CA0C Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	9500.00

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)

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<input 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 checked="" 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) Mr. Robert Endres	Transaction ID: BE60EE18C804640AEAE2 Date of Disbursement 06 / 13 / 2011
	Mailing Address 277 Main Street #9 City East Aurora State NY Zip Code 14052-1600 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 175.00	
B. Full Name (Last, First, Middle Initial) Mr. Robert Endres	Transaction ID: BB6F65F7259814EE2AEB Date of Disbursement 06 / 13 / 2011
	Mailing Address 277 Main Street #9 City East Aurora State NY Zip Code 14052-1600 Purpose of Disbursement Refund-Originally unitemized on previous report Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 175.00	

SUBTOTAL of Disbursements This Page (optional) ▶

350.00

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

350.00