

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

U.S. Travel Association PAC

ADDRESS (number and street) 1100 New York Avenue Suite 450W Washington DC 20005-3934

2. FEC IDENTIFICATION NUMBER C C00457754 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, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 10 / 01 / 2021 through 10 / 31 / 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer

Signature of Treasurer [Electronically Filed] Date 11 / 18 / 2021

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

U.S. Travel Association 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="2021"/>	<input type="text" value="195025.87"/>	<input type="text" value="195025.87"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="265328.18"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="24030.53"/>	<input type="text" value="296180.20"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="289358.71"/>	<input type="text" value="491206.07"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21413.59"/>	<input type="text" value="223260.95"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="267945.12"/>	<input type="text" value="267945.12"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

U.S. Travel Association PAC

Report Covering the Period: From: / / To: / /

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).....	20320.00	275110.00
(ii) Unitemized	60.00	5626.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	20380.00	280736.00
(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)	20380.00	285736.00
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).....	3650.53	5444.20
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
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 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)).....▶	24030.53	296180.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	24030.53	296180.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	13398.59	25290.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	13398.59	25290.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	171000.00
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	6675.00
(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	6675.00
29. Other Disbursements (Including Non-Federal Donations).....	8015.00	20295.00
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)) ..	21413.59	223260.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21413.59	223260.95

DETAILED SUMMARY PAGE
of Disbursements

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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)	20380.00	285736.00
34. Total Contribution Refunds (from Line 28(d))	0.00	6675.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20380.00	279061.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	13398.59	25290.95
37. Offsets to Operating Expenditures (from Line 15, page 3).....	3650.53	5444.20
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9748.06	19846.75

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN

Transaction ID :

Report includes contributions over the limit. Report includes refund of the overcontributions for September and October

Form/Schedule:

Transaction ID:

**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 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
U.S. Travel Association PAC

A. Presutti, Anna Marie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9322 Big Ben Ct
 City Vallejo State CA Zip Code 94591-8599
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Okura/Nikko Hotels International Occupation (for Individual) Vice President & General Manager, Hot
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 8727.50

Date of Receipt 10 / 01 / 2021
Transaction ID : A68261F17A57147EB8A1
 Amount of Each Receipt this Period 6977.50
 Memo Item

B. Ruiz, Manny, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 Mason St
 City San Francisco State CA Zip Code 94102-2115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hotel Nikko San Francisco Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 6977.50

Date of Receipt 10 / 01 / 2021
Transaction ID : A50B2EFFFFE6A14D23944
 Amount of Each Receipt this Period 6977.50
 Memo Item

C. Thompson, Christopher, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8515 Congressional Dr
 City Tallahassee State FL Zip Code 32312-4019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brand USA Occupation (for Individual) President & Ceo
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt 10 / 01 / 2021
Transaction ID : A9E0A4B0D25364AB3AA6
 Amount of Each Receipt this Period 2750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	16705.00
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 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
U.S. Travel Association PAC

A. Thompson, Susan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8515 Congressional Dr

City Tallahassee State FL Zip Code 32312-4019

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

Name of Employer (for Individual) Smith Thompson Shaw Minacci & Coln Occupation (for Individual) Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 10 / 01 / 2021
Transaction ID : A274EE5C52B0B4495B83

Amount of Each Receipt this Period 2750.00

Memo Item

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

Mailing Address 1613 Isherwood St NE Apt 2

City Washington State DC Zip Code 20002-5531

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

Name of Employer (for Individual) U.S. Travel Association Occupation (for Individual) Senior Director, Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3490.00

Date of Receipt 10 / 31 / 2021
Transaction ID : AD4ECA5D5FD4B46DE8D6

Amount of Each Receipt this Period 90.00

Memo Item
Payroll Deduction: \$45.00/Bi-Weekly

C. Hansen, Erik, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1100 New York Ave NW Ste 450

City Washington State DC Zip Code 20005-3934

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

Name of Employer (for Individual) U.S. Travel Association Occupation (for Individual) Vice President of Government Relations

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 3120.00

Date of Receipt 10 / 31 / 2021
Transaction ID : A22822932B17149D1812

Amount of Each Receipt this Period 150.00

Memo Item
Payroll Deduction: \$75.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 2990.00

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 OF 14
	<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)
U.S. Travel Association PAC

A. Holmberg, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8334 Ridge Crossing Ln
 City Springfield State VA Zip Code 22152-3562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S. Travel Association Occupation (for Individual) Vice President, Program & Marketing S
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 31 / 2021
Transaction ID : A589015A723BB4F1FAFD
 Amount of Each Receipt this Period 45.00
 Memo Item
 Payroll Deduction: \$22.50/Bi-Weekly

B. Sandberg, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8820 Dayton Ave
 City North Beach State MD Zip Code 20714-4081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S. Travel Association Occupation (for Individual) Meeting Planner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2021
Transaction ID : AF1FB3B0E665244A9808
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction: \$15.00/Bi-Weekly

C. Vance, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1645 Lozano Dr
 City Vienna State VA Zip Code 22182-1947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S. Travel Association Occupation (for Individual) Executive Vice President, Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 31 / 2021
Transaction ID : A837B6E3C261944E5A42
 Amount of Each Receipt this Period 150.00
 Memo Item
 Payroll Deduction: \$75.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	225.00
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 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
U.S. Travel Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Briggs, Angie, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2021
Mailing Address 1100 New York Ave NW # 450			Transaction ID : AA4A3FE652B3F4F208CA
City Washington	State DC	Zip Code 20005-3934	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) U.S. Travel Association		Occupation (for Individual) Vice President, Industry Relations	<input type="checkbox"/> Memo Item Payroll Deduction: \$400.00/Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

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

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

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	20320.00

**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 11 OF 14
<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)
U.S. Travel Association PAC

A. U.S. Travel Association

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
U.S. Travel Association

Mailing Address 1100 New York Ave NW

City Washington	State DC	Zip Code 20005-3918
--------------------	-------------	------------------------

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 ▼
5444.20

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	01	/	2021

Transaction ID : A4851788BECF843A1899

Amount of Each Receipt this Period
3650.53

Memo Item
Offset of September/October Credit Card Fees

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
	/		/	

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
	/		/	

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3650.53
TOTAL This Period (last page this line number only).....▶	3650.53

**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)
U.S. Travel Association PAC

Full Name (Last, First, Middle Initial)

A. BidPal

Mailing Address 8440 Woodfield Crossing Blvd
Ste 500

City Indianapolis State IN Zip Code 46240-7313

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 / 01 / 2021

FEC Identification Number

C
Transaction ID : B1ACD81922
Amount of Each Disbursement this Period
857.26

Memo Item

Full Name (Last, First, Middle Initial)

B. U.S. Travel Association

Mailing Address 1100 New York Ave NW

City Washington State DC Zip Code 20005-3918

Purpose of Disbursement
1/3 Rule Reimbursement- Fundraising Prize Value

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2021

FEC Identification Number

C
Transaction ID : B3700F77021
Amount of Each Disbursement this Period
12541.33

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) ▼

Date of Disbursement

MM / DD / YYYY

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)..... ▶

13398.59
13398.59

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 type="checkbox"/> 23	<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)
U.S. Travel Association PAC

A. Presutti, Anna Marie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 9322 Big Ben Ct

City Vallejo State CA Zip Code 94591-8599

Purpose of Disbursement Refund for 10/01 overcontribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 10 / 31 / 2021

FEC Identification Number C

Transaction ID : B5C1E8CD63

Amount of Each Disbursement this Period 3227.50

Memo Item

B. Burgess, David, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 963 Indian Beach Dr

City Sarasota State FL Zip Code 34234-7304

Purpose of Disbursement Refund for 9/22/2021 overcontribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 10 / 31 / 2021

FEC Identification Number C

Transaction ID : BCE57670341

Amount of Each Disbursement this Period 2310.00

Memo Item

C. Ruiz, Manny, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 222 Mason St

City San Francisco State CA Zip Code 94102-2115

Purpose of Disbursement Refund for 10/01 overcontribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 10 / 31 / 2021

FEC Identification Number C

Transaction ID : B11AE5EB05

Amount of Each Disbursement this Period 1977.50

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	0.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
U.S. Travel Association PAC

Full Name (Last, First, Middle Initial) A. U.S. Travel Association		Date of Disbursement MM / DD / YYYY 10 / 31 / 2021	
Mailing Address 1100 New York Ave NW		FEC Identification Number C []	
City Washington	State DC	Zip Code 20005-3918	Transaction ID : B824C1E651 Amount of Each Disbursement this Period 8015.00
Purpose of Disbursement Refund for September and October overcontributions		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	8015.00
TOTAL This Period (last page this line number only).....▶	8015.00