

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

▼ Check if different than previously reported. (ACC)

Suite 450W

Washington

DC

20005-3934

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00457754

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|---|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11)
(Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12)
(Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input checked="" type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 06 / 01 / 2020 through [MM] / [DD] / [YYYY] 06 / 30 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Djaouga, Contina, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Djaouga, Contina, , ,

[Electronically Filed]

Date

[MM] / [DD] / [YYYY] 07 / 14 / 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.

Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2020"/>	<input type="text" value="296612.59"/>	<input type="text" value="296612.59"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="214266.70"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1541.66"/>	<input type="text" value="23616.27"/>
(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="215808.36"/>	<input type="text" value="320228.86"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7039.50"/>	<input type="text" value="111460.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="208768.86"/>	<input type="text" value="208768.86"/>
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).....	1321.66	7705.44
(ii) Unitemized	220.00	3410.83
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1541.66	11116.27
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1541.66	21116.27
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	2500.00
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)).....▶	1541.66	23616.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1541.66	23616.27

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	39.50	460.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	39.50	460.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	111000.00
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)) ..	7039.50	111460.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7039.50	111460.00

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)	1541.66	21116.27
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1541.66	21116.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	39.50	460.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	39.50	460.00

**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 6 OF 12
	<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)
U.S. Travel Association PAC

A. Briggs, Angie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 New York Ave NW # 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, Industry Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 06 / 30 / 2020
Transaction ID : A912C7E536B9E4206B57
 Amount of Each Receipt this Period 420.00
 Memo Item
 Payroll Deduction: \$210.00/Bi-Weekly

B. Cowlishaw, Ben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 Army Navy Dr Apt 1019
 City Arlington State VA Zip Code 22202-2039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S. Travel Association Occupation (for Individual) Manager, Grassroots & PAC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2020
Transaction ID : A80B1E5A6CB9A41DAB65
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. 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 ▼ 540.00

Date of Receipt 06 / 30 / 2020
Transaction ID : ADFA50D5851C648EDB32
 Amount of Each Receipt this Period 90.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	530.00
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 12
	<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. Hansen, Erik, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1125 11th St NW
 Apt 603
 City Washington State DC Zip Code 20001-6425
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2020
Transaction ID : AD406BDD5CF184960B15
 Amount of Each Receipt this Period 150.00
 Memo Item
 Payroll Deduction: \$75.00/Bi-Weekly

B. 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 ▼ 270.00

Date of Receipt 06 / 30 / 2020
Transaction ID : A716F945B06FD48FFB1D
 Amount of Each Receipt this Period 45.00
 Memo Item
 Payroll Deduction: \$22.50/Bi-Weekly

C. Kennedy, Timothy, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1834 Massachusetts Ave SE
 City Washington State DC Zip Code 20003-2530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S. Travel Association Occupation (for Individual) Senior Director, Strategic Communicati
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2020
Transaction ID : AEAC0BBFCEC8D4EC394E
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	235.00
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 8 OF 12
	<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)
U.S. Travel Association PAC

A. Marchand, Djenane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3548 N Dickerson St
 City Arlington State VA Zip Code 22207-2908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S. Travel Association Occupation (for Individual) SVP, Membership & Industry Relations;
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2199.96

Date of Receipt 06 / 30 / 2020
Transaction ID : AF65F277BEB1A430E89F
 Amount of Each Receipt this Period 366.66
 Memo Item
 Payroll Deduction: \$183.33/Bi-Weekly

B. Shields, Sarah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8118 Chester St
 City Takoma Park State MD Zip Code 20912-7339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S. Travel Association Occupation (for Individual) Director, Industry Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2020
Transaction ID : A5276D5E2268948C7A96
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$20.00/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 ▼ 900.00

Date of Receipt 06 / 30 / 2020
Transaction ID : A945764559C25460BAF8
 Amount of Each Receipt this Period 150.00
 Memo Item
 Payroll Deduction: \$75.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	556.66
TOTAL This Period (last page this line number only).....	1321.66

**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 Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2020

FEC Identification Number

C []

Transaction ID : B1BB861478I

Amount of Each Disbursement this Period

[] 10.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address 833 7th St NW

City Washington State DC Zip Code 20001-3717

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2020

FEC Identification Number

C []

Transaction ID : BF42E7D2F11

Amount of Each Disbursement this Period

[] 29.50

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

MM / DD / YYYY

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

[] 39.50

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

[] 39.50

**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)
U.S. Travel Association PAC

A. JASON SMITH FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 439 New Jersey Ave SE

M M M	/	D D D	/	Y Y Y Y Y
06		02		2020

City Washington State DC Zip Code 20003-4034

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

C	C00541862
---	-----------

Candidate Name
Smith, Jason, T., ,

011
Category/ Type

Transaction ID : BEC5F150B7

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: MO District: 08

1000.00

Memo Item

B. JASON SMITH FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 439 New Jersey Ave SE

M M M	/	D D D	/	Y Y Y Y Y
06		02		2020

City Washington State DC Zip Code 20003-4034

FEC Identification Number

Purpose of Disbursement
VOID - Contribution to Committee

C	C00541862
---	-----------

Candidate Name
Smith, Jason, T., ,

011
Category/ Type

Transaction ID : B62552156DA

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: MO District: 08

- 1000.00

Memo Item

C. CHRIS PAPPAS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 313

M M M	/	D D D	/	Y Y Y Y Y
06		29		2020

City MANCHESTER State NH Zip Code 03105

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

C	C00660464
---	-----------

Candidate Name
Pappas, Christopher, C., ,

011
Category/ Type

Transaction ID : B6C378BCD

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: NH District: 01

1000.00

Memo Item

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

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

1000.00

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**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)
U.S. Travel Association PAC

A. DONNA SHALALA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 600 Pennsylvania Avenue SE
#15845

M M M	/	D D D	/	Y Y Y Y Y
06		29		2020

City Washington State DC Zip Code 20003-7534

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

011
Category/ Type

C C00672311

Transaction ID : B7D54F6E2D

Amount of Each Disbursement this Period

1000.00

Candidate Name

Shalala, Donna, , ,

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

Memo Item

State: FL District: 27

B. ELAINE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 66191

M M M	/	D D D	/	Y Y Y Y Y
06		29		2020

City VIRGINIA BEACH State VA Zip Code 23466

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

011
Category/ Type

C C00664375

Transaction ID : BE4E9A7EC9

Amount of Each Disbursement this Period

1000.00

Candidate Name

Luria, Elaine, G., ,

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

Memo Item

State: VA District: 02

C. MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 49 EAST 92ND ST
Apt 1A

M M M	/	D D D	/	Y Y Y Y Y
06		29		2020

City New York State NY Zip Code 10128-1326

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

011
Category/ Type

C C00273169

Transaction ID : B293D21699

Amount of Each Disbursement this Period

1000.00

Candidate Name

Maloney, Carolyn, B., ,

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

Memo Item

State: NY District: 12

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

3000.00

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

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**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)
U.S. Travel Association PAC

Full Name (Last, First, Middle Initial)

A. McConnell Senate Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		29		2020

Mailing Address HDL
228 S Washington St. #115

FEC Identification Number

C C00193342
Transaction ID : B3F7DD7A55
Amount of Each Disbursement this Period
2000.00

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement
Contribution to Committee

011
Category/
Type

Candidate Name
McConnell, Mitch, , ,

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

Memo Item

Full Name (Last, First, Middle Initial)

B. THOM TILLIS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		29		2020

Mailing Address PO BOX 97396

FEC Identification Number

C C00545772
Transaction ID : BAED60D05C
Amount of Each Disbursement this Period
1000.00

City Raleigh State NC Zip Code 27624-7396

Purpose of Disbursement
Contribution to Committee

011
Category/
Type

Candidate Name
Tillis, Thom, R., ,

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

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C
Amount of Each Disbursement this Period

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Memo Item

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

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

3000.00
7000.00