PAGE 1 / 12

# **FEC** FORM 3X

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

TOKWI OX	For Other Than An Aut	thorized Committee	Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
AMERICAN SOCIETY	Y OF TRAVEL ADVIS	ORS, INC. PAC	
ADDRESS (number and street)	123 N. Pitt. St.		
▼ Obserts " d''' avect	Suite 400		
Check if different than previously reported. (ACC)	ALEXANDRIA		VA 22314
2. FEC IDENTIFICATION N	IUMBER ▼ CI	TY 🛦	STATE ▲ ZIP CODE ▲
C C00114108		S THIS NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	0 20 (M2) May 20 (M2)	(Non-Election Year Only)
(a) Quarterly Reports:		r 20 (M3) Jun 20 (	(Non-Election Year Only)
April 15 Quarterly Report (		20 (M4) Jul 20 (M	17) Oct 20 (M10) Jan 31 (YE)
July 15	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report ( October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report ( January 31 Year-End Report (		on on	in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		on on	in the State of
5. Covering Period	02 01 7 2023	through 0.	2 28 2023
I certify that I have examined t	this Report and to the best of	f my knowledge and belief it	s true, correct and complete.
Type or Print Name of Treasur	Peck, Eben, , ,		
Signature of Treasurer	k, Eben, , ,	[Electronically Filed]	Date 03 / 15 / 2023
NOTE: Submission of false, erro	neous, or incomplete informatio	on may subject the person sign	ng this Report to the penalties of 52 U.S.C. § 30109
Office			FEC FORM 3X
Use Only			Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

### AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC

Report Covering the Period: From: 02 01 2023 To: 02 28 2023

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2023		375321.59
	(b) Cash on Hand at Beginning of Reporting Period	376639.56	
	(c) Total Receipts (from Line 19)	11875.13	18431.89
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	388514.69	393753.48
7.	Total Disbursements (from Line 31)	5416.18	10654.97
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	383098.51	383098.51
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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

### AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC

R	eport Covering the Period: From:		02 28 2023
	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)	8302.54	8752.54
	(ii) Unitemized(iii) TOTAL (add	5676.28	7107.36
	Lines 11(a)(i) and (ii)	13978.82	15859.90
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii), (b), and (c)) (Carry  Totals to Line 33, page 5)▶	13978.82	15859.90
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)  Transfers from Non-Federal and Levin Funds	- 2103.69	2571.99
	(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))▶	11875.13	18431.89
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	11875.13	18431.89

#### **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
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Admirity (form Only adult 144)		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(i) i ederal Share		1 1 1 1 1 1 1 1
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating  Expenditures	416.18	654.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	416.18	654.97
Transfers to Affiliated/Other Party	410.10	301.07
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	5000.00	10000.00
Independent Expenditures		
(use Schedule E)	0.00	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
4) 5 1111 15 1 6 111		
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101)  (a) Allocated Federal Election Activity	(20))	
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid	7 7	4 4 4
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5416.18	10654.97
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5416.18	1005:00
	5410.16	10654.97

#### **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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	13978.82	15859.90
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13978.82	15859.90
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	416.18	654.97
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	416.18	654.97

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

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

FOR LINE NUMBER:				PAGE	6	OF	12			
(check only one)										
		X	11a	11b		11c	12	2		
			13	14		15	16	6	17	

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF TRA	VEL ADVISORS, INC. PAC	
Full Name of Individual (Last, First, Middle In Ardis, Rick, , ,  Mailing Address 229 Paterson Avenue	itial) or Full Organization Name	Date of Receipt
Suite 1		02 22 2023
City	State Zip Code	Transaction ID : SA11AI.14059
East Rutherford	NJ 07073	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Ardis Travel	General Manger	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggiogate four to Bute 1	
Other (specify) ▼	500.00	
Full Name of Individual (Last, First, Middle In Carpenter, Thomas, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 408 E. 7th Street		02 08 2023
City	State Zip Code	Transaction ID : SA11AI.14014
Brooklyn	NY 11218	Amount of Each Receipt this Period
		san or East Hossipt this Fortion
FEC ID number of contributing federal political committee.	C	1230.76
Name of Employer (for Individual) Huckleberry Travel	Occupation (for Individual) Owner	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1282.04	
Full Name of Individual (Last, First, Middle In Carpenter, Thomas, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 408 E. 7th Street		02 14 2023
City	State Zip Code	Transaction ID : SA11AI.14040
Brooklyn	NY 11218	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	51.28
Name of Employer (for Individual) Huckleberry Travel	Occupation (for Individual) Owner	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	1333.32	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1782.04
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

	FO	PAGE	7	OF	12			
(check only one)								
	>	<b>1</b> 1a	11b		11c	12		
		13	14		15	16		17

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF TRA	AVEL ADVISORS, INC. PAC	
Full Name of Individual (Last, First, Middle In Corbitt, Summer, , ,  Mailing Address 675 N Washington Street  Suite 490  City  Alexandria  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  ASTA  Receipt For:  Primary  General  Other (specify)	State Zip Code 22314  C  Occupation (for Individual) Director  Aggregate Year-to-Date  205.12	Date of Receipt  02 28 2023  Transaction ID: SA11AI.14076  Amount of Each Receipt this Period  205.12  Memo Item
Full Name of Individual (Last, First, Middle In Friedman, Jackie, , ,  Mailing Address 6565 N. MacArthur Blvd Suite 400  City Irving  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Nexion Travel Group  Receipt For: Primary General Other (specify)	State Zip Code 75039  C  Occupation (for Individual) President  Aggregate Year-to-Date   5000.00	Date of Receipt    M
Full Name of Individual (Last, First, Middle In Geiser, Elizabeth, , ,  Mailing Address 4540 Campus Dr.  Suite 127  City  Newport Beach  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Uniglobe Travel Center  Receipt For:  Primary  General  Other (specify)	State Zip Code CA 92660  C  Occupation (for Individual) Vice President  Aggregate Year-to-Date   512.82	Date of Receipt  M M M / D D / 2023  Transaction ID : SA11AI.14003  Amount of Each Receipt this Period  512.82  Memo Item
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	5717.94
TOTAL This Period (last page this line number	only)	

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

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

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

	FOR LINE NUMBER:					PAGE	8	OF	12	
(check only one)										
		X	11a		11b		11c	12		
			13		14		15	16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hale, Lisa, , , Date of Receipt Mailing Address 15285 E 7th Circle 19 2023 City Zip Code State Transaction ID: SA11AI.14054 CO Aurora 80011 Amount of Each Receipt this Period FEC ID number of contributing C 225.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Travel N Relax Travel Advisor Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hale, Robert, , , Date of Receipt Mailing Address 15285 E 7th Circle 2023 City State Zip Code Transaction ID: SA11AI.14075 CO Aurora 80011 Amount of Each Receipt this Period FEC ID number of contributing 225.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Travel N Relax Travel Advisor Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Okamura, Mike and Dana, , , Date of Receipt Mailing Address 125 Cheltenham Court 25 2023 City State Zip Code Transaction ID: SA11AI.14069 CA San Jose 95139 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) No Worries Travel Travel Advisor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional).....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

	FOR LINE NUMBER:				PAGE	9	OF	12		
(check only one)										
		X	11a		11b		11c	12	2	
			13		14		15	16	6	17

	nd Statements may not be sold or used by any positive name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF TE	RAVEL ADVISORS, INC. PAC	
Full Name of Individual (Last, First, Middle Paugh, Jean, , ,  Mailing Address 1240 US Hwy 1 Ste 6	e Initial) or Full Organization Name	Date of Receipt  O2 24 2023
City	State Zip Code	Transaction ID : SA11AI.14064
Rockledge	FL 32955	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	102.56
Name of Employer (for Individual) All About You Travel Unlimted	Occupation (for Individual) Owner	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  205.12	
Full Name of Individual (Last, First, Middle  Mailing Address	e Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle	e Initial) or Full Organization Name	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional	)	102.56
TOTAL This Period (last page this line num	ber only)	8302.54

# S П

or fo	or commercial purposes, other than using the r			FOR LINE NUMBER: PAGE 10 OF 12 (check only one)  11a 11b 11c 12 13 14 15 16 🗶 17			
F		name and ad		erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
	AMERICAN SOCIETY OF TRAV	'EL ADV	ISORS, INC. PAC				
A.	ull Name of Individual (Last, First, Middle Initia PNC Bank NA	Date of Receipt					
M	failing Address 8800 Tinicum Blvd.	02 28 2023					
	ity Philidelphia	State PA	Zip Code 19153	Transaction ID : SA17.14239  Amount of Each Receipt this Period			
	EC ID number of contributing ederal political committee.	С		- 2103.69			
N	ame of Employer (for Individual)	Occu	pation (for Individual)	Memo Item Interest/Dividends Income plus Unrealized Loss or			
R	Primary General Other (specify)   General	Aggregate `	Year-to-Date ▼ 2571.99	Investments			
— <sub>F</sub>	ull Name of Individual (Last, First, Middle Initia	Date of Receipt					
M	failing Address	M = M / D = D / Y = Y = Y					
C	ity	State	Zip Code	Amount of Each Receipt this Period			
	EC ID number of contributing ederal political committee.	C		Allount of Lacif Necept this Period			
N	lame of Employer (for Individual)	Осси	pation (for Individual)	Memo Item			
R	Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼	]			
— <sub>Г</sub>	ull Name of Individual (Last, First, Middle Initia	Date of Receipt					
_	lailing Address	M M / D D / Y Y Y Y					
C	rity	State	Zip Code	Amount of Each Receipt this Period			
	EC ID number of contributing ederal political committee.	C	Allount of Each record this Forton				
N	ame of Employer (for Individual)	Occu	pation (for Individual)	Memo Item			
R	Primary General Other (specify)	Aggregate `	Year-to-Date ▼				

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

- 2103.69

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Use separate schedule(s) for each category of the Detailed Summary Page    Variable   Va	SCHEDULE B (FEC Form 3X)				FOR LINE	FOR LINE NUMBER: PAGE 11 OF 12				
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicting contributions for occommencial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC  Full Name (Last, First, Middle Initial)  AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC  FEC Identification Number  Category Type  General President State District  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State District  Formary General President Districts  FEC Identification Number  Category Type  Conditions Number  Category Type  Category Type  Category Type  Conditions Number  Conditions	ITEMIZED DISBURSEMENTS				_	OIT EINE HOMBETT				
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC  Full Name (Last. First, Middle Initial)  A. PNC Bank NA  Mailing Address 8800 Tinicum Blvd.  City  State  Purpose of Disbursement  Credit Card Processing Fee  Cardiddite Name  Office Sought:  Full Name (Last. First, Middle Initial)  B.  Mailing Address  City  State  Disbursement For:  City  State  Disbursement  Candidate Name  Office Sought:  Furpose of Disbursement  Candidate Name  Office Sought:  Maining Address  City  State  Disbursement For:  Candidate Name  Office Sought:  Manual of Each Disbursement Inis Period  Office Sought:  Manual of Each Disbursement Inis Period  Manual of Each Disbursement Inis Period  Office Sought:  Manual of Each Disbursement Inis Period  Amount of Each Disbursement Inis Period  Office Sought:  Manual of Disbursement  Manual of Each Disbursement Inis Period  Amount of Each Disbursement										
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 Pull)  AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC  Full Name (Last, First, Middle Initial)  A. PNC Bank NA  Malling Address 8800 Tinicum Blvd.  City  State  Purpose of Disbursement  Credit Card Processing Fee  Cardiddite Name  Office Sought:  Full Name (Last, First, Middle Initial)  B. Malling Address  City  State  Prince of Disbursement For:  State:  District  Full Name (Last, First, Middle Initial)  Malling Address  City  State  Purpose of Disbursement  Candidate Name  Office Sought:  House  Purpose of Disbursement  Candidate Name  Office Sought:  Name (Last, First, Middle Initial)  City  State  Prinary  General  Prinary  General  Prinary  General  FEC Identification Number  Calegory'  Type  Type  Amount of Each Disbursement this Period  Purpose of Disbursement  Candidate Name  Office Sought:  N										
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC  Full Name (Last, First, Middle Initial)  Name (Last, First, M										
A. PNC Bank NA  Mailing Address 8800 Tinicum Blvd.  City Phildelphia Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Disbursement Candidate Name Office Sought: House Purpose of Disbursement Candidate Name Category Office Sought: House President State: District:  Full Name (Last, First, Middle Initial) State: District:  Full Name (Last, First, Middle Initial) C.  Mailing Address City State Disbursement For: Senate President Other (specify) Office Sought: House President Candidate Name Category/ Office Sought: House Disbursement Candidate Name Category/ Office Sought: House President State: District:  Full Name (Last, First, Middle Initial) C.  Mailing Address City State District:  Full Name (Last, First, Middle Initial) C.  Mailing Address City State District:  Full Name (Last, First, Middle Initial) C.  Mailing Address City State District:  Full Name (Last, First, Middle Initial) C.  Mailing Address City State District:  Fec Identification Number Category/ Type  Amount of Each Disbursement this Period  Fec Identification Number Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Fec Identification Number Category/ Type  Memo Item  Substrate:  District:  Fec Identification Number Category/ Type  Memo Item  Substrate Districts  Amount of Each Disbursement this Period  Memo Item  Substrate Districts  Memo Item  Amount of Each Disbursement this Period  Memo Item  Memo Item	\ \ \	IAME OF COMMITTEE (In Full)		, ,						
A. PNC Bank NA  Mailing Address 8800 Triicum Bivd.  City Philidelphia PLurpose of Disbursement Credit Card Processing Fee Candidate Name City President City President Candidate Name City President Candidate Name City President City State District:  Full Name (Last, First, Middle Initial) City State: District:  Full Name (Last, First, Middle Initial) City State: District:  Full Name (Last, First, Middle Initial) City State: District:  Full Name (Last, First, Middle Initial) City State: District:  Full Name (Last, First, Middle Initial) City State: District:  Full Name (Last, First, Middle Initial) City State: District:  Full Name (Last, First, Middle Initial) City State: District:  Full Name (Last, First, Middle Initial) City State: District:  Candidate Name Category/ Office Sought:  President Cher (specify)  State Zip Code Primary General President Candidate Name Category/ Office Sought:  Purpose of Disbursement Candidate Name Category/ Amount of Each Disbursement bis Period  Memo Item  Substotal Atlast  Atlast  Amount of Each Disbursement bis Period  Memo Item  Substotal Atlast  Amount of Each Disbursement bis Period  Memo Item	angle ,	AMERICAN SOCIETY OF TRAVE	L ADVIS	SORS, INC.	PAC					
A. PNC Bank NA  Mailing Address 8800 Triicum Bivd.  City Philidelphia PLurpose of Disbursement Credit Card Processing Fee Candidate Name City President City President Candidate Name City President Candidate Name City President City State District:  Full Name (Last, First, Middle Initial) City State: District:  Full Name (Last, First, Middle Initial) City State: District:  Full Name (Last, First, Middle Initial) City State: District:  Full Name (Last, First, Middle Initial) City State: District:  Full Name (Last, First, Middle Initial) City State: District:  Full Name (Last, First, Middle Initial) City State: District:  Full Name (Last, First, Middle Initial) City State: District:  Full Name (Last, First, Middle Initial) City State: District:  Candidate Name Category/ Office Sought:  President Cher (specify)  State Zip Code Primary General President Candidate Name Category/ Office Sought:  Purpose of Disbursement Candidate Name Category/ Amount of Each Disbursement bis Period  Memo Item  Substotal Atlast  Atlast  Amount of Each Disbursement bis Period  Memo Item  Substotal Atlast  Amount of Each Disbursement bis Period  Memo Item	<u></u>	full Name (Last. First, Middle Initial)								
Amount of Each Disbursement this Period  City Prilidelphia PA 19153  City Princes of Disbursement Credit Card Processing Fee  Candidate Name  Office Sought:	_					Date of Disbursement				
City Philideliphia Purpose of Disbursement City City Philideliphia Purpose of Disbursement City City Piresident State: District: Full Name (Last, First, Middle Initial) B.  Mailing Address City Purpose of Disbursement Candidate Name  Disbursement For: Senate President City State: District:  First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Category/ Type  Category/ Type  City State: District:  First, Middle Initial)  Date of Disbursement this Period  Category/ Type  City State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State: District:  Candidate Name  City Purpose of Disbursement Candidate Name  Category/ Office Sought:  Memo Item  Amount of Each Disbursement this Period  City Purpose of Disbursement Candidate Name  Cit	-	A III A LL COOO Tieler Pleat								
Philidelphia Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought:	IV	Mailing Address 8800 Finicum Biva.	02 20 2023							
Purpose of Disbursement Credit Card Processing Fee Candidate Name  Office Sought:		-	l = .			FEC Identification Number				
Cradidate Name  Category/ Office Sought:		•	PA 19153							
Candidate Name  Office Sought: House Senate President State: District: House Senate President State: District: Senate President State: District: Other (specify) V  Bill Name (Last, First, Middle Initial)  Bill Name (Last, First, Middle Initial)  Candidate Name  Office Sought: House Senate President State: District: Senate President State: District: Senate President State: District: District: Senate President State: District: Senate President State: Disbursement For: Senate President Senate Se			001							
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SCHEDULE B (FEC Form 3X)	Lloo sees	wata aabadula/-\	FOR LINE NUMBER: PAGE 12 OF 1							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check or		76 77					
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Any information copied from such Reports and Statem	l nents may r	not he sold or us								
or for commercial purposes, other than using the nam										
NAME OF COMMITTEE (In Full)										
AMERICAN SOCIETY OF TRAVEL	_ ADVIS	ORS, INC.	PAC							
Full Name (Last, First, Middle Initial)	Full Name (Last, First, Middle Initial)									
CITIZENS TO ELECT RICK LARSEN					of Disbursem	_				
Mailing Address PO BOX 326					02 16 2023					
City State Zip Code					FEC Identification Number					
	WA	98206								
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