

# 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

American Society of Travel Agents PAC

ADDRESS (number and street) 1101 King St.

▼ Suite 200

Check if different than previously reported. (ACC) Alexandria VA 22314 -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00114108

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:

- Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2012 through M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2012

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 Mrs. Deborah Mangas

Signature of Treasurer Mrs. Deborah Mangas [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2012"/>		<input type="text" value="124626.07"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="124626.07"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="15115.00"/>	<input type="text" value="15115.00"/>
(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="139741.07"/>	<input type="text" value="139741.07"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3424.06"/>	<input type="text" value="3424.06"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="136317.01"/>	<input type="text" value="136317.01"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Society of Travel Agents 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).....	6500.00	6500.00
(ii) Unitemized .....	3615.00	3615.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	10115.00	10115.00
(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) .....	15115.00	15115.00
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 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))..... ▶	15115.00	15115.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15115.00	15115.00

**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 .....	424.06	424.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	424.06	424.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	3000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) 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)) ..	3424.06	3424.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3424.06	3424.06

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	15115.00	15115.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15115.00	15115.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	424.06	424.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	424.06	424.06

**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 15
	(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"/> 12
		<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**

Full Name (Last, First, Middle Initial) <b>A. Lauren Matthews</b>		Date of Receipt
Mailing Address 4315 Sussex Drive		<input type="text" value="01"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbia	MO	65203-6406
FEC ID number of contributing federal political committee.		Transaction ID : <b>A243C164359844A95A</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Viking Travel Service, Lp	Travel Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. John Haskins</b>		Date of Receipt
Mailing Address 861 Hawthorn Circle		<input type="text" value="01"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Lombard	IL	60148-3636
FEC ID number of contributing federal political committee.		Transaction ID : <b>AFDD7D2405E9947998B8</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Viking Travel Service, Lp	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Nina Meyer</b>		Date of Receipt
Mailing Address 1701 Ponce De Leon Blvd		<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code
Coral Gables	FL	33134-4414
FEC ID number of contributing federal political committee.		Transaction ID : <b>AAC268490BD4B4693896</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Traveleaders	Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1250.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Travel Agents PAC**

Full Name (Last, First, Middle Initial)  
**A. Robert Roach**

Mailing Address 17235 NE 16th Place

City Bellevue State WA Zip Code 98008-3134

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

Name of Employer Roche's Travel Occupation Owner/manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 09 / 2012  
**Transaction ID : A50C7FCBF9BF24D4A959**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Mary Louise Seifert**

Mailing Address 7004 Via Camello Del Sur #29

City Scottsdale State AZ Zip Code 85258-3649

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

Name of Employer Welcome Aboard Vacation Center Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 10 / 2012  
**Transaction ID : A764D5B8A6C674B31862**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 861 Hawthorn Circle

City Lombard State IL Zip Code 60148-3636

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 17 / 2012  
**Transaction ID : AF5C6F9DCA7EF4D18A08**

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 OF 15
	(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"/> 12
		<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. Mr. Robert Poland**  
Full Name (Last, First, Middle Initial)

Mailing Address 59 Burroughs Street

City State Zip Code  
Jamaica Plain MA 02130-4018

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

Name of Employer Occupation  
Don't Go There Travel Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 17 / 2012

**Transaction ID : A022E92706B3448C0994**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1315 West 22nd St  
Suite 205

City State Zip Code  
Oak Brook IL 60523-2060

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

Name of Employer Occupation  
Individual Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 17 / 2012

**Transaction ID : A788D7BE26FA6480BBB6**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 610 N. Washington St

City State Zip Code  
Naperville IL 60563-3102

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

Name of Employer Occupation  
Viking Travel Travel Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 22 / 2012

**Transaction ID : AFF2B6CD707554265B52**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Gloria Stock Mickelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3704 Westmark Circle  
 City State Zip Code  
 Minnetonka MN 55345-2242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Travel Leaders Franchise Group Sr. Manager, Education and Training  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2012  
**Transaction ID : A2C4117148DE94E32861**  
 Amount of Each Receipt this Period  
 500.00

**B. Mrs. Deborah Mangas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9720 Old Port Cove  
 City State Zip Code  
 Bristol IN 46507-8789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Menno Travel Service, Inc./ame Vacation Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2012  
**Transaction ID : AA610AFDD5B8F4D7F9FF**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Doug Risser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3110 Marrard Ln  
 City State Zip Code  
 Goshen IN 46526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Menno Travel Service, Inc./ame President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2012  
**Transaction ID : A8DD15CEFA25E4917813**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> 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 OF 15  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Society of Travel Agents PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Geoffrey Landis**

Mailing Address 210 S. Main St

City State Zip Code  
Goshen IN 46526-3723

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

Name of Employer Occupation  
Menno Travel Service, Inc./ame Manager/co-owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012

**Transaction ID : A7DC84B134CDD45B1870**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Anthony Gonchar**

Mailing Address 18856 SE 42nd Street

City State Zip Code  
Issaquah WA 98027-9366

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

Name of Employer Occupation  
Asta CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012

**Transaction ID : A30C0994EE42745D2A3B**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. 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 Occupation  
Personalized Travel, Inc. Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2012

**Transaction ID : AFA999B40D7F44A6086C**

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: (check only one)	PAGE 11 OF 15
<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. Jennifer Wilson-Buttigieg**  
Full Name (Last, First, Middle Initial)

Mailing Address 39 White Plains Road

City State Zip Code  
Bronxville NY 10708-5129

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

Name of Employer Occupation  
Valerie Wilson Travel Travel Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 28 / 2012  
**Transaction ID : A9B5F2EB64C944E40A5A**

Amount of Each Receipt this Period  
500.00

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

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  
Altour International, Inc. President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 30 / 2012  
**Transaction ID : AEDA258D9317B421DBBE**

Amount of Each Receipt this Period  
1000.00

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

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  
03 / 30 / 2012  
**Transaction ID : AFC869C080165411AA87**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	6500.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 12 OF 15	
<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. Sabre Inc. Pac**

Full Name (Last, First, Middle Initial)  
Mailing Address 1101 17th St. Nw  
Suite 602

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00325811

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2012

**Transaction ID : A54D6D9E33C5F469393A**

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> 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)

<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**

Full Name (Last, First, Middle Initial)

**A. Aristotle, Inc.**

Mailing Address 205 Pennsylvania Ave, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
CC Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2012

Transaction ID : B17374F4BCACF44D6B70

Amount of Each Disbursement this Period

27.75

Full Name (Last, First, Middle Initial)

**B. Aristotle, Inc.**

Mailing Address 205 Pennsylvania Ave, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
CC Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2012

Transaction ID : B3354F7F04B5A4489BF2

Amount of Each Disbursement this Period

4.50

Full Name (Last, First, Middle Initial)

**C. Aristotle, Inc.**

Mailing Address 205 Pennsylvania Ave, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
CC Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2012

Transaction ID : BCB504C848A2E4C06B36

Amount of Each Disbursement this Period

37.50

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

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

69.75

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Society of Travel Agents PAC**

Full Name (Last, First, Middle Initial)

**A. Aristotle, Inc.**

Mailing Address 205 Pennsylvania Ave, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
CC Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2012

**Transaction ID : BBC87FD25035D44A0BC3**

Amount of Each Disbursement this Period

37.50

Full Name (Last, First, Middle Initial)

**B. Aristotle, Inc.**

Mailing Address 205 Pennsylvania Ave, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
CC Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2012

**Transaction ID : BFF3185FB56194C8BBC0**

Amount of Each Disbursement this Period

114.38

Full Name (Last, First, Middle Initial)

**C. Aristotle, Inc.**

Mailing Address 205 Pennsylvania Ave, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
CC Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2012

**Transaction ID : B1EACBA031F40450BB65**

Amount of Each Disbursement this Period

3.60

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

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

155.48

225.23

**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**

Full Name (Last, First, Middle Initial)

**A. Pallone For Congress**

Mailing Address Po Box 3176

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement

Candidate Name  
**Rep. Frank Pallone Jr.**

Office Sought:  House  
 Senate  
 President  
State: NJ District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	06	/	2012

**Transaction ID : B751F88E839414916A02**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Ros-Lehtinen for Congress**

Mailing Address PO Box 522784

City State Zip Code  
Miami FL 33152

Purpose of Disbursement

Candidate Name  
**Rep. Ileana Ros-Lehtinen**

Office Sought:  House  
 Senate  
 President  
State: FL District: 18

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2012

**Transaction ID : BF2DD2F3D544D4083987**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Jo Bonner for Congress**

Mailing Address P.O. Box 851232

City State Zip Code  
Mobile AL 36685

Purpose of Disbursement

Candidate Name  
**Rep. Jo Bonner**

Office Sought:  House  
 Senate  
 President  
State: AL District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2012

**Transaction ID : BF5C00F1F938B4B08A02**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3000.00
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3000.00
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