

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Society of Travel Agents PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		129737.91
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	129737.91									
(c) Total Receipts (from Line 19)	48103.15	48103.15								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	177841.06	177841.06								
7. Total Disbursements (from Line 31)	37001.14	37001.14								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	140839.92	140839.92								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Society of Travel Agents PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	24991.00	24991.00
(i) Itemized (use Schedule A)	17655.00	17655.00
(ii) Unitemized	42646.00	42646.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	5000.00	5000.00
(c) Other Political Committees (such as PACs)	47646.00	47646.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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.)	457.15	457.15
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	48103.15	48103.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	48103.15	48103.15

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	12705.00	12705.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	12705.00	12705.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24000.00	24000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	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.....	296.14	296.14
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	37001.14	37001.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	37001.14	37001.14

DETAILED SUMMARY PAGE
of Disbursements

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)	47646.00	47646.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47646.00	47646.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12705.00	12705.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12705.00	12705.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 39
	<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

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) A. Lori Zinda		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7	
Mailing Address 2745 N 73rd St.		Transaction ID: 13728776	
City State Zip Code Wauwatosa WI 53210	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Ms. Joanne Gardner, CTC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7	
Mailing Address 26 W 310 Menomini Drive		Transaction ID: 13728819	
City State Zip Code Wheaton IL 60187	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Owner Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Carol Kalisz		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7	
Mailing Address 117 Blackhawk Trail		Transaction ID: 13728821	
City State Zip Code Algonquin IL 60102	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 39
	<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. Full Name (Last, First, Middle Initial)
Mrs. Nina Meyer, CTC,MCC,DS

Mailing Address 1701 Ponce De Leon Blvd

City State Zip Code
Coral Gables FL 33134-4416

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

Name of Employer Occupation
TravelLeaders Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2007

Transaction ID: 13728826

Amount of Each Receipt this Period
250.00

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

Mailing Address 48 Rolling Hills Drive

City State Zip Code
Orchard Park NY 14127

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

Name of Employer Occupation
M.P.B. Travel Service, Inc.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2007

Transaction ID: 13728830

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mrs. Bonnie S. Kessler

Mailing Address 1988 Morris Avenue
Post Office Box 2037

City State Zip Code
Union NJ 07083-2037

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

Name of Employer Occupation
Lloyd Exchange Travel, Inc. Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2007

Transaction ID: 13728833

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 39
	<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. Full Name (Last, First, Middle Initial)
Ms. Arlene H. Blosch

Mailing Address 34 Lewis Drive

City State Zip Code
Mays Landing NJ 08330-5702

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

Name of Employer Preferred Travel Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2007

Transaction ID: 13728838

Amount of Each Receipt this Period
250.00

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

Mailing Address 1245 Young Street #203

City State Zip Code
Honolulu HI 96814-1958

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

Name of Employer HNL Travel Associates Occupation President/Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2007

Transaction ID: 13728840

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Harriet Roop

Mailing Address 3400 Wimbledon Way

City State Zip Code
Costa Mesa CA 92626-1600

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

Name of Employer Worldview Travel Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2007

Transaction ID: 13728845

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 39
	<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. Full Name (Last, First, Middle Initial) Megan Matthews Mailing Address 610 N. Washington St. City Naperville State IL Zip Code 60563-3102 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7 Transaction ID: 13728847 Amount of Each Receipt this Period 250.00
Name of Employer Viking Travel Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Mr. Michael Greenwald Mailing Address 3261 NW 3rd Avenue City Oakland Park State FL Zip Code 33309-6001 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7 Transaction ID: 13790191 Amount of Each Receipt this Period 500.00
Name of Employer Personalized Travel, Inc. Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Mrs. Nina Meyer, CTC,MCC,DS Mailing Address 1701 Ponce De Leon Blvd City Coral Gables State FL Zip Code 33134-4416 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7 Transaction ID: 13790192 Amount of Each Receipt this Period 250.00
Name of Employer TraveLeaders Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 39
	<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. Full Name (Last, First, Middle Initial)
Don Johnson

Mailing Address 4 Woodrose Dr.

City State Zip Code
Webster NY 14580

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

Name of Employer
Town & Country Travel, In-c.

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2007

Transaction ID: 13790194

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Roger Block, CTC

Mailing Address PO Box 59159

City State Zip Code
Minneapolis MN 55459-8200

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

Name of Employer
Carlson Leisure Group

Occupation
Executive VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2007

Transaction ID: 13790195

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert Poole

Mailing Address 610 N. Washington Street

City State Zip Code
Naperville IL 60563-3165

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

Name of Employer
Naperville Travel Bureau

Occupation
Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2007

Transaction ID: 13835502

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 39
	<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. Full Name (Last, First, Middle Initial)
Debra Quinn

Mailing Address 361 Sherwood Sr

City Aurora State IL Zip Code 60505

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

Name of Employer Viking Travel Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 07 / 2007

Transaction ID: 13835507

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Mary Peters, CTC

Mailing Address 8002 Fairfax Road

City Alexandria State VA Zip Code 22308

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

Name of Employer Friendly Travel, Inc./American Express Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 14 / 2007

Transaction ID: 13865254

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Jan Hammond, CTC, DS

Mailing Address 111 N Pine Island Road Suite 203

City Fort Lauderdale State FL Zip Code 33324-1836

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

Name of Employer Sixth Star Travel, Inc. Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 14 / 2007

Transaction ID: 13865259

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 39
	<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. Full Name (Last, First, Middle Initial)
Mrs. Lynda P. Maxwell, CTC

Mailing Address 11169 Oakenshied Circle

City State Zip Code
Columbia MD 21044

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

Name of Employer Destinations, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2007

Transaction ID: 13865717

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jay M. Ellenby

Mailing Address 1419 E. MacPhall Road

City State Zip Code
Bel Air MD 21015

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

Name of Employer Safe Harbors Business Travel Group, In Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2007

Transaction ID: 13865720

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mrs. Lila Ford, CTC,DS,ACC

Mailing Address 125 White Spruce Blvd

City State Zip Code
Rochester NY 14623-1607

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

Name of Employer Gallery of Travel, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2007

Transaction ID: 13871593

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 39
	<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. Full Name (Last, First, Middle Initial)
William A. Maloney, CTC

Mailing Address 2933 Eddington Terrace

City State Zip Code
Alexandria VA 22302-3503

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

Name of Employer American Society of Travel Agents
Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2007

Transaction ID: 13871609

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Cheryl Corey Hudak, CTC

Mailing Address 8286 Camella Drive

City State Zip Code
Poland OH 44514-2752

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

Name of Employer Travel Dimensions, Inc.
Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2007

Transaction ID: 13873795

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Thomas A. Jackson, CTC

Mailing Address 2143 Vista Entrada

City State Zip Code
Newport Beach CA 92660

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

Name of Employer World Travel Bureau, Inc.
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2007

Transaction ID: 13873801

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 1959 Alpha Drive

City Commerce Township State MI Zip Code 48382-2302

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

Name of Employer Travel Plus, Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 19 / 2007

Transaction ID: 13873805

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. George Delaney

Mailing Address 2209 Ladera Vista Drive

City Fullerton State CA Zip Code 92831

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

Name of Employer Brea Travel Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 19 / 2007

Transaction ID: 13873816

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Laurette Karuhn

Mailing Address 201 E Ogden Avenue Suite 100

City Hinsdale State IL Zip Code 60521-3633

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

Name of Employer Hinsdale Travel Service, Inc. Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 20 / 2007

Transaction ID: 13892398

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 39
(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

A. Full Name (Last, First, Middle Initial)
Ms. Marilyn Allegra

Mailing Address 15 Devonshire Ln

City State Zip Code
Oak Brook IL 60523-1712

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

Name of Employer Occupation
Grove Travel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2007

Transaction ID: 13944281

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Neal Kraemer

Mailing Address 6625 Lyndale Avenue S

City State Zip Code
Minneapolis MN 55423-2373

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

Name of Employer Occupation
Carrousel Travel President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2007

Transaction ID: 13944327

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Charles Sturm

Mailing Address 5970 Guilford Road

City State Zip Code
Rockford IL 61107-2518

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

Name of Employer Occupation
Lindstrom Travel Bureau, Inc. Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 09 / 2007

Transaction ID: 13989305

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Randi Becker		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 7	
Mailing Address 8907 N. Port Wash Road		Transaction ID: 13989307	
City State Zip Code Milwaukee WI 53217	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Funjet Vacations	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) B. Randi Becker		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 7	
Mailing Address 8907 N. Port Wash Road		Transaction ID: 13989308	
City State Zip Code Milwaukee WI 53217	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Funjet Vacations	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Frederic W. Bursch		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 7	
Mailing Address 3610 N. Nokomis NE #101		Transaction ID: 13989313	
City State Zip Code Alexandria MN 56308-9165	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Bursch Travel/American Ex-press	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 39
	<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

Full Name (Last, First, Middle Initial) A. Ms. Sherrie J. Bindrim		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7	
Mailing Address 955 Main Street Suite C		Transaction ID: 13989314	
City State Zip Code Mukwonago WI 53149-1752	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer All About Travel, Inc.	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Dan Lekki		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7	
Mailing Address 15750 S Harlem Avenue		Transaction ID: 14001526	
City State Zip Code Orland Park IL 60462-5279	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Carol's Travel Service & Cruise Center	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Dan Lanser, CTC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7	
Mailing Address 775 Arbury Ave. SE		Transaction ID: 14001528	
City State Zip Code North Canton OH 44720-8708	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer A Plus Travel Adventures	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)
American Society of Travel Agents PAC

A. Full Name (Last, First, Middle Initial)
Mr. James L. Bailey, CTC, MCC

Mailing Address 25701 I-45 N Suite 3A

City State Zip Code
Spring TX 77380-3500

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

Name of Employer Occupation
Fox Travel/American Express Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2007

Transaction ID: 14001533

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Dianne M. Moore, CTC

Mailing Address 4260 South Victoria Circle

City State Zip Code
New Berlin WI 53151-6149

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

Name of Employer Occupation
Crossroads Travel President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2007

Transaction ID: 14001534

Amount of Each Receipt this Period
250.00

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

Mailing Address 861 Hawthorn Circle

City State Zip Code
Lombard IL 60148-3636

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

Name of Employer Occupation
Viking Travel Service, LP Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2007

Transaction ID: 14001536

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)
American Society of Travel Agents PAC

A. Full Name (Last, First, Middle Initial)
Stuart Lindsey

Mailing Address 500 Orland Square

City State Zip Code
Orland Park IL 60462

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

Name of Employer
Orland Square Travel and Cruises

Occupation
Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 7

Transaction ID: 14021295

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mrs. Deborah S. Mangas, CTC

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
Menno Travel Service, Inc- /American Ex

Occupation
Vacation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 7

Transaction ID: 14093809

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Henry Donaldson

Mailing Address 20 W. 107th St.

City State Zip Code
Bloomington MN 55420-5502

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

Name of Employer
A-1 Travel

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 7

Transaction ID: 14093844

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 39
(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

A. Full Name (Last, First, Middle Initial)
Irene D. Donaldson

Mailing Address 20 W. 107th St.

City State Zip Code
Bloomington MN 55420-5502

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

Name of Employer Occupation
A-1 Travel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 7

Transaction ID: 14093848

Amount of Each Receipt this Period
250.00

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

Mailing Address 250 River Street #432

City State Zip Code
Santa Cruz CA 95060

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

Name of Employer Occupation
Santa Cruz Travel, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 7

Transaction ID: 14093851

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Guy A. Bernacchi, CTC

Mailing Address 1640 N. 77 Ave

City State Zip Code
Elmwood Park IL 60707-4105

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

Name of Employer Occupation
Best Travel & Tours, Inc. President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 7

Transaction ID: 14093859

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 39
	<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. Full Name (Last, First, Middle Initial)
Ms. Irene C. Ross, CTC

Mailing Address 111 Perkins St

City State Zip Code
Boston MA 02130-4313

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

Name of Employer
Ross Travel Consultants, Inc.

Occupation
President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 27 / 2007

Transaction ID: 14093885

Amount of Each Receipt this Period
240.00

B. Full Name (Last, First, Middle Initial)
Ms. Jan Hammond, CTC, DS

Mailing Address 111 N Pine Island Road
Suite 203

City State Zip Code
Fort Lauderdale FL 33324-1836

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

Name of Employer
Sixth Star Travel, Inc.

Occupation
General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 16 / 2007

Transaction ID: 14154089

Amount of Each Receipt this Period
250.00

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

Mailing Address 861 Hawthorn Circle

City State Zip Code
Lombard IL 60148-3636

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

Name of Employer
Viking Travel Service, Inc.

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 16 / 2007

Transaction ID: 14154447

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	990.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 39
	(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)
American Society of Travel Agents PAC

Full Name (Last, First, Middle Initial) A. Ms. Susan Carraher		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	
Mailing Address Village Square 461 S Rand Rd		Transaction ID: 14174086	
City Lake Zurich	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60047-2358		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Lake Zurich Travel, Inc.	Occupation President	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Amount of Each Receipt this Period 250.00	

Full Name (Last, First, Middle Initial) B. Ms. Penelope Hawkins		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	
Mailing Address 8091 Commerce Road		Transaction ID: 14174087	
City Commerce Township	State MI	Amount of Each Receipt this Period 100.00	
Zip Code 48382-3575		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Lakes Area Travel Plus	Occupation Manager/COO	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	Amount of Each Receipt this Period 100.00	

Full Name (Last, First, Middle Initial) C. Mrs. Margaret Haskins, CTC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	
Mailing Address 861 Hawthorn Circle		Transaction ID: 14174098	
City Lombard	State IL	Amount of Each Receipt this Period 2500.00	
Zip Code 60148-3636		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer Viking Travel Service, Inc.	Occupation President	Amount of Each Receipt this Period 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	Amount of Each Receipt this Period 2500.00	

SUBTOTAL of Receipts This Page (optional) ▶	2850.00
TOTAL This Period (last page this line number only) ▶	2850.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Laurie Matthews

Mailing Address 4315 Sussex Drive

City State Zip Code
Columbia MO 65203

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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2007

Transaction ID: 14174542

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Penelope Hawkins

Mailing Address 8091 Commerce Road

City State Zip Code
Commerce Township MI 48382-3575

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

Name of Employer Occupation
Lakes Area Travel Plus Manager/COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2007

Transaction ID: 14195626

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Bill Coyle

Mailing Address 8417 Snow Road

City State Zip Code
Parma OH 44129-3100

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

Name of Employer Occupation
Encompass The World Travel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 31 / 2007

Transaction ID: 14197385

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 610 N. Washington St.

City State Zip Code
Naperville IL 60559

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

Name of Employer Occupation
Viking Travel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2007

Transaction ID: 14197390

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Thomas L. Keefe

Mailing Address 24 Chestnut Street

City State Zip Code
Andover MA 01810-3624

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

Name of Employer Occupation
Addison Travel President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2007

Transaction ID: 14197391

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Penelope Hawkins

Mailing Address 8091 Commerce Road

City State Zip Code
Commerce Township MI 48382-3575

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

Name of Employer Occupation
Lakes Area Travel Plus Manager/COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2007

Transaction ID: 14260445

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)	▶	1400.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Anthony J. Cimino

Mailing Address 125 S Bloomingdale Rd

City State Zip Code
Bloomingdale IL 60108-2952

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

Name of Employer
Carlson Wagonlit Travel/J-ourneys Inter

Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2007

Transaction ID: 14260446

Amount of Each Receipt this Period
101.00

B. Full Name (Last, First, Middle Initial)
Mrs. Christie A. Seddelmeyer

Mailing Address PO Box 698
230 N Main St

City State Zip Code
Lima OH 45802-0698

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

Name of Employer
Seddelmeyer Travel Concep-ts

Occupation
Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2007

Transaction ID: 14260483

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Mary Louise Seifert, CTC

Mailing Address 7004 Via Camello Del Sur #29

City State Zip Code
Scottsdale AZ 85258-3649

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

Name of Employer
Welcome Aboard Vacation Center, Inc.

Occupation
Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2007

Transaction ID: 14260525

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	851.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 39
	<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. Full Name (Last, First, Middle Initial)
Tony Hughes, CTC

Mailing Address 603 S Columbus St

City State Zip Code
Bethesda MD 20814-4408

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

Name of Employer
RADIUS

Occupation
President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2007

Transaction ID: 14260551

Amount of Each Receipt this Period
250.00

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

Mailing Address 1245 Young Street #203

City State Zip Code
Honolulu HI 96814-1958

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

Name of Employer
HNL Travel Associates

Occupation
President/Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2007

Transaction ID: 14276927

Amount of Each Receipt this Period
100.00

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

Mailing Address 1245 Young Street #203

City State Zip Code
Honolulu HI 96814-1958

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

Name of Employer
HNL Travel Associates

Occupation
President/Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2007

Transaction ID: 14276928

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 27 / 39	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Arthur Salus

Mailing Address Suite 104
2976 Buford Highway

City State Zip Code
Duluth GA 30136-3498

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

Name of Employer Occupation
Duluth Travel - Uniglobe

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	0	7

Transaction ID: 14277482

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	24991.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 39
	<input 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 checked="" 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. Merrill Lynch Ready Assets		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2007	
Mailing Address PO Box 11063		Transaction ID: 13987548	
City State Zip Code Church Station NY 10249	Amount of Each Receipt this Period 88.25		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 225.99		

Full Name (Last, First, Middle Initial) B. Merrill Lynch Ready Assets		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2007	
Mailing Address PO Box 11063		Transaction ID: 14118822	
City State Zip Code Church Station NY 10249	Amount of Each Receipt this Period 70.81		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 296.80		

Full Name (Last, First, Middle Initial) C. Merrill Lynch Ready Assets		Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2007	
Mailing Address PO Box 11063		Transaction ID: 14222531	
City State Zip Code Church Station NY 10249	Amount of Each Receipt this Period 73.63		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 370.43		

SUBTOTAL of Receipts This Page (optional) ▶	232.69
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 29 / 39	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Merrill Lynch Ready Assets

Mailing Address PO Box 11063

City	State	Zip Code
Church Station	NY	10249

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

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 457.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	7

Transaction ID: 14291427

Amount of Each Receipt this Period

86.72

SUBTOTAL of Receipts This Page (optional)	▶	86.72
TOTAL This Period (last page this line number only)	▶	319.41

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 39
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Sabre Inc. PAC

Mailing Address 1101 17th St. NW
Suite 602

City State Zip Code
Washington DC 20036-4737

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
0	6	/	1	8	/	2	0	0	7

Transaction ID: 14260454

Amount of Each Receipt this Period
5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 / 39

<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. Vocus, Inc.

Mailing Address 4296 Forbes Blvd.

City Lanham State MD Zip Code 20706

Purpose of Disbursement
Renewal Subscription for PAC Management

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 14295389

Date of Disbursement

06 / 18 / 2007

Amount of Each Disbursement this Period

12705.00

Renewal Subscription for
PAC Management Software

SUBTOTAL of Disbursements This Page (optional)

12705.00

TOTAL This Period (last page this line number only)

12705.00

**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 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. Reynolds For Congress		Transaction ID: 14015077 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address PO Box 15388 Pittsford		Amount of Each Disbursement this Period 2000.00
City Rochester State NY Zip Code 14615	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Thomas Reynolds		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Congres	

Full Name (Last, First, Middle Initial) B. Arcuri For Congress		Transaction ID: 14015069 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address P.O. Box 75214		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20013-5214	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Michael Arcuri		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Congres	

Full Name (Last, First, Middle Initial) C. Friends of Farr		Transaction ID: 14015067 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address 729 15th Street, NW Third Floor		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20005	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sam Farr		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Congres	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

PAGE 33 / 39

<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. Friends of Jay Rockefeller		Transaction ID: 14015063
Mailing Address 245 2nd Street, NE Suite 300		Date of Disbursement MM / DD / YYYY 03 / 16 / 2007
City Washington	State DC	Zip Code 20002
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name John D. Rockefeller, IV		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Congres	
State: WV	District: 2	

Full Name (Last, First, Middle Initial) B. DONALD MANZULLO FOR CONGRESS		Transaction ID: 14015066
Mailing Address c/o 811 Chetworth Place		Date of Disbursement MM / DD / YYYY 03 / 16 / 2007
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name Donald Manzullo		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Congres	
State: IL	District: 16	

Full Name (Last, First, Middle Initial) C. Friends Of Bennie Thompson		Transaction ID: 14015110
Mailing Address 236 Massachusetts Ave, NE		Date of Disbursement MM / DD / YYYY 04 / 06 / 2007
City Washington	State DC	Zip Code 20002
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Bennie Thompson		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Congres	
State: MS	District: 2	

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 / 39

<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. Heath Shuler For Congress		Transaction ID: 14015111 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7	
Mailing Address PO Box 97		Amount of Each Disbursement this Period 1000.00	
City Hazelwood State NC Zip Code 28738	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Heath Shuler			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Congres		

Full Name (Last, First, Middle Initial) B. Friends of Jim Oberstar		Transaction ID: 14093196 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7	
Mailing Address P.O. Box 465		Amount of Each Disbursement this Period 1000.00	
City Duluth State MN Zip Code 55802	Purpose of Disbursement 011 Category/ Type		
Candidate Name James L. Oberstar			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 8	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Congres		

Full Name (Last, First, Middle Initial) C. Defazio For Congress		Transaction ID: 14237216 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	
Mailing Address P.O. Box 1316		Amount of Each Disbursement this Period 2000.00	
City Springfield State OR Zip Code 97477	Purpose of Disbursement 011 Category/ Type		
Candidate Name Peter A. DeFazio			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 4	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Congres		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 39

<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. Michaud For Congress		Transaction ID: 14237217 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 499 South Capitol St., SW Suite 404		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Michael Michaud	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 2	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Congres

Full Name (Last, First, Middle Initial) B. Coleman For Senate		Transaction ID: 14237215 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 7300 Hudson Blvd Suite 270A		Amount of Each Disbursement this Period 1000.00
City St Paul State MN Zip Code 55128	Purpose of Disbursement 011 Category/Type	
Candidate Name Sen. Norm Coleman	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 2	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Congres

Full Name (Last, First, Middle Initial) C. Bilirakis For Congress		Transaction ID: 14205149 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 610 S. Boulevard		Amount of Each Disbursement this Period 1000.00
City Tampa State FL Zip Code 33606	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Gus Bilirakis	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 9	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Congres

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 36 / 39

<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. Judy Biggert For Congress		Transaction ID: 14205168 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	
Mailing Address P.O. Box 637		Amount of Each Disbursement this Period 1000.00	
City Hinsdale State IL Zip Code 60522	Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. Judy Biggert			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Congres		

Full Name (Last, First, Middle Initial) B. Comm. To Re-Elect Nydia M. Velazqu		Transaction ID: 14295156 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7	
Mailing Address 436 New Jersey Ave. SE		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement 011 Category/Type		
Candidate Name Nydia M. Velazquez			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Congres		

Full Name (Last, First, Middle Initial) C. Ryan for Congress		Transaction ID: 14271546 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7	
Mailing Address PO Box 2776		Amount of Each Disbursement this Period 500.00	
City Arlington State VA Zip Code 22202	Purpose of Disbursement 011 Category/Type		
Candidate Name Paul Ryan			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 1	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Congres		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Weller for Congress		Transaction ID: 14270741 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address 4451 Brookfield Corp. Dr. Suite 200		Amount of Each Disbursement this Period 1000.00
City Chantilly State VA Zip Code 22021-1652	Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type	
Candidate Name Gerald C. Jerry Weller		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11		Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Congres

Full Name (Last, First, Middle Initial) B. Citizens for Tom Petri		Transaction ID: 14271545 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address 4451 Brookfield Corp. Dr. Ste. 200		Amount of Each Disbursement this Period 500.00
City Chantilly State VA Zip Code 22021-1652	Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type	
Candidate Name Tom Petri		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 6		Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Congres

Full Name (Last, First, Middle Initial) C. Friends Of Mary Landrieu Inc		Transaction ID: 14267019 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address 607 14th Street Nw		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20005	Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type	
Candidate Name Sen. Mary Landrieu		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 1		Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Congres

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Roskam For Congress Committee		Transaction ID: 14270732	
Mailing Address P. O. Box 713		Date of Disbursement MM / DD / YYYY 06 / 19 / 2007	
City Wheaton	State IL	Zip Code 60187	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Peter Roskam			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Congres		
State: IL	District: 6		

Full Name (Last, First, Middle Initial) B. Georgians For Isakson		Transaction ID: 14271544	
Mailing Address Post Office Box 250116		Date of Disbursement MM / DD / YYYY 06 / 19 / 2007	
City Atlanta	State GA	Zip Code 30325	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Sen. Johnny Isakson			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Congres		
State: GA	District: 2		

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

24000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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)
American Society of Travel Agents PAC

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address 1500 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20220

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: 14125838

Date of Disbursement

05 / 07 / 2007

Amount of Each Disbursement this Period

294.00

SUBTOTAL of Disbursements This Page (optional)

294.00

TOTAL This Period (last page this line number only)

294.00