

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
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** C00114108
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIPCODE

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 Quarterly 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 _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 09 30 2010

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 Mr. Bill Coyle

Signature of Treasurer Electronically Filed by Mr. Bill Coyle Date 10 15 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

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	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		119057.70
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	115783.70									
(c) Total Receipts (from Line 19)	9297.18	18098.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	125080.88	137155.88								
7. Total Disbursements (from Line 31)	24250.00	36750.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	100830.88	100405.88								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
American Society of Travel Agents PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	5504.00	10255.00
(ii) Unitemized	3645.00	7695.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9149.00	17950.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9149.00	17950.00
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.)	148.18	148.18
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))	9297.18	18098.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9297.18	18098.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	12000.00	12000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	12000.00	12000.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12250.00	24750.00
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.....	0.00	0.00
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))..	24250.00	36750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24250.00	36750.00

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	9149.00	17950.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9149.00	17950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12000.00	12000.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12000.00	12000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
Mrs. Marilyn Zelaya

Mailing Address 3927 Lux Ct

City San Jose State CA Zip Code 95136-1954

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

Name of Employer Willow Glen Travel Agency Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 02 / 2010

Transaction ID: AAF20A6E370884FD1830

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Jorge Sanchez

Mailing Address 5209 N Clark Street

City Chicago State IL Zip Code 60640-2101

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

Name of Employer Mena Tours & Travel Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 06 / 2010

Transaction ID: AA55B8DBDDAAC4826B19

Amount of Each Receipt this Period 250.00

C.

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

Mailing Address 1245 Young St #203

City Honolulu State HI Zip Code 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 07 / 12 / 2010

Transaction ID: AC8F9765F4AD748A4B27

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: (check only one)	PAGE 7 / 17
	<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)
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 Personalized Travel, Inc. Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2010

Transaction ID: A4CFA9E4C04D14FA3911

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. James Bailey

Mailing Address 25 E. White Willow Cr Suite 3a

City State Zip Code
Spring TX 77381-3737

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

Name of Employer Fox Travel/American Express Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2010

Transaction ID: A5CB5E8B55B5C47528FB

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
John Lovell

Mailing Address 1834 Whirlaway Ctse

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Breton Village Travel Services Occupation President/owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: ABD389729A7CB4BC8921

Amount of Each Receipt this Period
252.00

SUBTOTAL of Receipts This Page (optional) ► **1002.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 17
	<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) Mr. Jim Strong		Date of Receipt
	Mailing Address Stong Travel Services Inc. 8214 Westchester Drive		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Dallas	State TX	Zip Code 75225-6100
	FEC ID number of contributing federal political committee. C		Transaction ID: AF39E965D39B242268C8
	Amount of Each Receipt this Period		<input type="text" value="100.00"/>
Name of Employer Strong Travel Services		Occupation Travel Agency Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="600.00"/>

B.	Full Name (Last, First, Middle Initial) Mr. Dan Lanser		Date of Receipt
	Mailing Address 775 Arbury Ave SE		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City North Canton	State OH	Zip Code 44720-8708
	FEC ID number of contributing federal political committee. C		Transaction ID: A06FAEF4B2AFB491BA0D
	Amount of Each Receipt this Period		<input type="text" value="500.00"/>
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 ▼	<input type="text" value="1000.00"/>

C.	Full Name (Last, First, Middle Initial) Ms. Barbara Markham		Date of Receipt
	Mailing Address 30328 Lake Rd		<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City Bay Village	State OH	Zip Code 44140-1245
	FEC ID number of contributing federal political committee. C		Transaction ID: AB8C90C51D7ED45FFA20
	Amount of Each Receipt this Period		<input type="text" value="250.00"/>
Name of Employer Bay Travel Center		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="850.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 / 17
	<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)
Ricky Ardis

Mailing Address

City State Zip Code
East Rutherford

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

Name of Employer
Ardis Travel

Occupation
Travel Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
MM / DD / YYYY
08 / 09 / 2010

Transaction ID: A52DE5567890A4BE79CB

Amount of Each Receipt this Period
252.00

B.

Full Name (Last, First, Middle Initial)
Jason Coleman

Mailing Address 7100 Playa Vista Dr. # 422

City State Zip Code
Playa Vista CA 90094-2276

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

Name of Employer
Jason Coleman, Inc.

Occupation
Travel Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: A1D7A560D760C45F2A14

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Humberto Rodriguez

Mailing Address P o 132

City State Zip Code
Caguas PR 00726

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

Name of Employer
Action Travel Agency

Occupation
Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2010

Transaction ID: A7713568960B54A859E9

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **602.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 17
	<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) Daphne Barbeito		Date of Receipt		
	Mailing Address Cruceros To Go Corporate Office Parke		M M / D D / Y Y Y Y 08 / 24 / 2010		
	City Guaynabo	State PR	Zip Code 00966	Transaction ID: A793B90E522254B9B87B	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00		
	Name of Employer Cruceros to Go		Occupation Travel Agent		
	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) Mrs. Carol Wagner		Date of Receipt		
	Mailing Address 1959 Alpha Dr		M M / D D / Y Y Y Y 09 / 03 / 2010		
	City Commerce Township	State MI	Zip Code 48382-2302	Transaction ID: AE34B57E2BB2542A6BC4	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00		
	Name of Employer Travel Plus, Inc.		Occupation Manager		
	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. Christie Seddelmeyer		Date of Receipt		
	Mailing Address PO Box 698 230 N Main St		M M / D D / Y Y Y Y 09 / 03 / 2010		
	City Lima	State OH	Zip Code 45802-0698	Transaction ID: AABF17AD1BF194F8595E	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00		
	Name of Employer Seddelmeyer Travel Concep- ts		Occupation Owner		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 17
	<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) Jason Coleman		Date of Receipt MM / DD / YYYY 09 / 13 / 2010		
	Mailing Address 7100 Playa Vista Dr. # 422		Transaction ID: A0960484EA8844053A7E		
	City Playa Vista	State CA	Zip Code 90094-2276	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Jason Coleman, Inc.	Occupation Travel Agent			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Ms. Barbara Markham		Date of Receipt MM / DD / YYYY 09 / 13 / 2010		
	Mailing Address 30328 Lake Rd		Transaction ID: ABC2E707B09CD40849F8		
	City Bay Village	State OH	Zip Code 44140-1245	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bay Travel Center	Occupation President			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00			

C.	Full Name (Last, First, Middle Initial) Mr. Arthur Salus		Date of Receipt MM / DD / YYYY 09 / 17 / 2010		
	Mailing Address 3067 Main St		Transaction ID: A50DC77F383E34B84AFD		
	City Duluth	State GA	Zip Code 30096-3261	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Duluth Travel - Uniglobe	Occupation Unknown			
	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)	▶	800.00
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 12 / 17
(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)
Ms. Mary Louise Seifert

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Mailing Address 7004 Via Camello Del Sur #29

Transaction ID: A6D2C90F0BB1740F9ABC

City	State	Zip Code
Scottsdale	AZ	85258-3649

Amount of Each Receipt this Period

500.00

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 ▼

500.00

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	5504.00

**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 13 / 17

<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

A.

Full Name (Last, First, Middle Initial)
Aristotle, Inc.

Transaction ID: B5008235DD6CB4706BA9

Date of Disbursement

Mailing Address 205 Pennsylvania Ave, SE

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

City Washington State DC Zip Code 20003-1164

Amount of Each Disbursement this Period

12000.00

Purpose of Disbursement
PAC Software/Service 2010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

12000.00

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

<p>A. Full Name (Last, First, Middle Initial) Steve Chabot For Congress</p> <p>Mailing Address 3339 Harrison Ave. 3014 Harrison Ave.</p> <p>City Cincinnati State OH Zip Code 45211</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: BD06957F06EA340FDBFE Date of Disbursement: 09 / 10 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="500.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Mike Kelly for Congress</p> <p>Mailing Address PO Box 476</p> <p>City Lyndora State PA Zip Code 16045</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: B39B9980B66BA4CDA8E0 Date of Disbursement: 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Arcuri For Congress</p> <p>Mailing Address P.o. Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Michael A. Arcuri Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 24</p>	<p>Transaction ID: B778007AFEC0F45BA808 Date of Disbursement: 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="1500.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

A. Full Name (Last, First, Middle Initial) People For Patty Murray U S Senate Campa <hr/> Mailing Address 1602 Belle View Boulevard #510 <hr/> City Alexandria State VA Zip Code 22307 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Patty Murray <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6ED265DEAF784A84A8F Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Schock for Congress <hr/> Mailing Address PO Box 10555 <hr/> City Peoria State IL Zip Code 61612 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8C2D693D0B7549AA8DF Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 750.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Richardson For Congress <hr/> Mailing Address 1212 S Victory Blvd <hr/> City Burbank State CA Zip Code 91502 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Laura Richardson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD683E23C059740239C2 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4250.00

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

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

Use separate schedule(s)
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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

A. Full Name (Last, First, Middle Initial) Roskam For Congress Committee <hr/> Mailing Address P. O. Box 713 <hr/> City Wheaton State IL Zip Code 60187 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Peter Roskam <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2320C63F1FC04E21A72 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Pallone For Congress <hr/> Mailing Address Po Box 3176 <hr/> City Long Branch State NJ Zip Code 7740 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Frank Pallone, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4442E0B3A9384336B52 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RANDY HULTGREN FOR CONGRESS <hr/> Mailing Address P.O. BOX 39 <hr/> City BATAVIA State IL Zip Code 60510 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4E83B19740444647B96 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="500.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

A. Full Name (Last, First, Middle Initial) Arcuri For Congress Mailing Address P.o. Box 75214 City Washington State DC Zip Code 20013 Purpose of Disbursement Candidate Name Rep. Michael A. Arcuri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA3252FEA66194490BE6 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00 Category/Type
B. Full Name (Last, First, Middle Initial) Arcuri For Congress Mailing Address P.o. Box 75214 City Washington State DC Zip Code 20013 Purpose of Disbursement Candidate Name Rep. Michael A. Arcuri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3D92613714524FD2AB4 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

12250.00