

**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
Alexandria VA 22314

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00114108

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 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 (12G)

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 01 01 2009 through 06 30 2009

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 12 23 2009

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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		136974.70
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	136974.70									
(c) Total Receipts (from Line 19)	14302.00	14302.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	151276.70	151276.70								
7. Total Disbursements (from Line 31)	26229.00	26229.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	125047.70	125047.70								
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: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3750.00	3750.00
(ii) Unitemized	8052.00	8052.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11802.00	11802.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	2500.00	2500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14302.00	14302.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	14302.00	14302.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14302.00	14302.00

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.....	6729.00	6729.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	6729.00	6729.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	19500.00
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))..	26229.00	26229.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26229.00	26229.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	14302.00	14302.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14302.00	14302.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6729.00	6729.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6729.00	6729.00

**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. Carol Wagner		Date of Receipt MM / DD / YYYY 03 / 03 / 2009		
	Mailing Address 1959 Alpha Dr		Transaction ID: A2ACE9A697437452F99C		
	City Commerce Township	State MI	Zip Code 48382-2302	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	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			

B.	Full Name (Last, First, Middle Initial) Mr. George Delanoy		Date of Receipt MM / DD / YYYY 03 / 30 / 2009		
	Mailing Address 2209 Ladera Vista Dr		Transaction ID: A520D31D4BCE44AFEBAC		
	City Fullerton	State CA	Zip Code 92831-1261	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Brea Travel	Occupation President			
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) John Lovell		Date of Receipt MM / DD / YYYY 03 / 30 / 2009		
	Mailing Address 1834 Whirlaway Ctse		Transaction ID: A2B8E211468134847A26		
	City Kentwood	State MI	Zip Code 49546	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Breton Village Travel Services	Occupation President/owner			
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)	▶	1500.00
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"/> 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 Maxwell

Mailing Address 11169 Oakenshied Circle

City Columbia State MD Zip Code 21044-1046

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 03 / 30 / 2009

Transaction ID: A9B92771E7EF24291ADA

Amount of Each Receipt this Period 250.00

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

Mailing Address 250 River St #432

City Santa Cruz State CA Zip Code 95060-2755

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

Name of Employer Santa Cruz Travel, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2009

Transaction ID: A7957F89A452A44D98AF

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Chris Russo

Mailing Address 6824 Newland St

City Arvada State CO Zip Code 80003-3638

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

Name of Employer The Travel Junction Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 10 / 2009

Transaction ID: A5DB7492689FE43DE887

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 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)
Vicki Powell

Mailing Address 610 N. Washington St

City Naperville State IL Zip Code 60563-3102

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

Name of Employer Viking Travel Occupation Travel Consultant

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 5 / 0 5 / 2 0 0 9

Transaction ID: A3D7A7931CB2A4ED6991

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 4315 Sussex Dr

City Columbia State MO Zip Code 65203-6406

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

Name of Employer Viking Travel Service, Lp Occupation Travel Consultant

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 5 / 0 5 / 2 0 0 9

Transaction ID: AFA1D366F916C47BFB48

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 861 Hawthorn Circle

City Lombard State IL Zip Code 60148-3636

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

Name of Employer Viking Travel Service, Lp Occupation 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 5 / 2 7 / 2 0 0 9

Transaction ID: A40B6B148FD934DEBB7C

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 9 / 17
(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) Mr. Henry Donaldson	Date of Receipt MM / DD / YYYY 06 / 04 / 2009
	Mailing Address 20 W. 107th St City Bloomington State MN Zip Code 55420-5502	Transaction ID: ADBDE60CCE3E142C3B93
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
	Name of Employer A-1 Travel Occupation Vice President	
	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) Ms. Cheryl Hudak	Date of Receipt MM / DD / YYYY 06 / 12 / 2009
	Mailing Address 8286 Camella Dr City Poland State OH Zip Code 44514-2752	Transaction ID: A4696700FB8D04FD7A0C
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
	Name of Employer Travel Dimensions, Inc. Occupation President	
	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)	500.00
TOTAL This Period (last page this line number only)	3750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 17	
	(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"/> 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)
Enterprise Rent-a-car Company Pac

Mailing Address 600 Corporate Park Drive

City State Zip Code
Saint Louis MO 63105

FEC ID number of contributing federal political committee. **C** C00219642

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: AC855B0002EA840C3AD3

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	2500.00

**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 11 / 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) Internal Revenue Service <hr/> Mailing Address Department Of Treasury <hr/> City Philadelphia State PA Zip Code 19255-0001 <hr/> Purpose of Disbursement 2008 Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B44721BC852DD4836842 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 729.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Aristotle, Inc. <hr/> Mailing Address 205 Pennsylvania Ave, SE <hr/> City Washington State DC Zip Code 20003-1164 <hr/> Purpose of Disbursement PAC Software/Service 2009 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BAD834307BD3040A6A16 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 6000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

6729.00

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

6729.00

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) Friends of Glenn Nye</p> <p>Mailing Address Friends of Glenn Nye P.O. Box 68444</p> <p>City Virginia Beach State VA Zip Code 23471</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: B3D8222DBFE124351A86 Date of Disbursement: M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Charlie Dent for Congress</p> <p>Mailing Address Charlie Dent for Congress P.O. Box 442</p> <p>City Allentown State PA Zip Code 18105</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Charles W. Dent <input type="text"/> 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: PA District: 15</p>	<p>Transaction ID: B602EF0E349B440A1B58 Date of Disbursement: M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9</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 20013-5214</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Michael A. Arcuri <input type="text"/> 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: BEB55C23617984BC09CA Date of Disbursement: M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></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)

<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) Pallone For Congress <hr/> Mailing Address Po Box 3176 <hr/> City Long Branch State NJ Zip Code 7740 Purpose of Disbursement <hr/> Candidate Name Rep. Frank Pallone, Jr. 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: BAEC8A28211A74A3995C Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9
	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) Pete King For Congress Committee <hr/> Mailing Address Po Box 1428 <hr/> City Seaford State NY Zip Code 11783 Purpose of Disbursement <hr/> Candidate Name Rep. Peter T. King Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B31CE207D9BDE42A9960 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9
	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) ▼
C. Full Name (Last, First, Middle Initial) Judy Biggert For Congress <hr/> Mailing Address P.o. Box 637 <hr/> City Hinsdale State IL Zip Code 60522 Purpose of Disbursement <hr/> 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B859B2EEFACB94E008D4 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9
	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) ▼

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)

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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) Friends Of Jim Oberstar <hr/> Mailing Address P.o. Box 465 <hr/> City Duluth State MN Zip Code 55802 <hr/> Purpose of Disbursement <input type="text"/>	Transaction ID: B24C57E9E3E7B473DB67 Date of Disbursement <input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2009"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Candidate Name Rep. James L. Oberstar <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <input type="text"/>
B.	Full Name (Last, First, Middle Initial) Sestak for Congress <hr/> Mailing Address Sestak For Congress P.O. Box 16 <hr/> City Media State PA Zip Code 19063 <hr/> Purpose of Disbursement <input type="text"/>	Transaction ID: BA3EF1DD87C654C9CA6F Date of Disbursement <input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2009"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Candidate Name Rep. Joe Sestak <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <input type="text"/>
C.	Full Name (Last, First, Middle Initial) Chris Lee For Congress <hr/> Mailing Address Po Box 15395 <hr/> City Rochester State NY Zip Code 14615 <hr/> Purpose of Disbursement <input type="text"/>	Transaction ID: B406DF2D068814D5B86D Date of Disbursement <input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2009"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
	Candidate Name Chris Lee For Congress <hr/> Office Sought: <input checked="" 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) ▼	Category/Type <input type="text"/>

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) Friends Of Farr <hr/> Mailing Address 729 15th Street, Nw Third Floor <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Sam Farr Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9F7D8948B5E242BA916 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 9	
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	
	Category/ Type <input type="text"/>	
	Full Name (Last, First, Middle Initial) Tim Bishop For Congress <hr/> Mailing Address Po Box 437 <hr/> City Farmingville State NY Zip Code 11738 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Timothy H. Bishop Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3B541011146843C3A63 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 9
Amount of Each Disbursement this Period <input type="text" value="1000.00"/>		
Category/ Type <input type="text"/>	Full Name (Last, First, Middle Initial) Graves for Congress <hr/> Mailing Address 1534 Burlington Avenue <hr/> City North Kansas City State MO Zip Code 64116 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Sam B. Graves Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF9B29F8B7A904FE49FB Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9
Amount of Each Disbursement this Period <input type="text" value="1000.00"/>		
Category/ Type <input type="text"/>		

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) Friends Of Jim Oberstar <hr/> Mailing Address P.o. Box 465 <hr/> City Duluth State MN Zip Code 55802 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. James L. Oberstar <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA385B794B2B643CF8EB Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 9
	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) Arcuri For Congress <hr/> Mailing Address P.o. Box 75214 <hr/> City Washington State DC Zip Code 20013-5214 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Michael A. Arcuri <hr/> 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: B010B8B98AD6549C4A70 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	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) Committee to Re-Elect Nydia M. Velazquez to Congress <hr/> Mailing Address 315 Inspiration Lane <hr/> City Gaithersburg State MD Zip Code 20878 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Nydia M. Velazquez <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8F14ACF3A14745E8ABB Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 9
	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)	5000.00
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

A.	Full Name (Last, First, Middle Initial) Demint for Senate		Transaction ID: BB98232945C494803B9D	
	Mailing Address Jim DeMint Senate Committee, Inc. P.O. Box 12425		Date of Disbursement MM / DD / YYYY 01 / 26 / 2009	
City Columbia		State SC	Zip Code 29211	
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00		Category/ Type
Candidate Name Sen. Jim DeMint				
Office Sought:	<input type="checkbox"/> House <input checked="" 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: SC	District:			

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1950.00