

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
AMERICAN SOCIETY OF TRAVEL AGENTS PAC

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / 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 / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Deborah Mangas

Signature of Treasurer Mrs. Deborah Mangas [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN SOCIETY OF TRAVEL AGENTS PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		<input type="text" value="160708.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="160708.84"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="40663.00"/>	<input type="text" value="40663.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="201371.84"/>	<input type="text" value="201371.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19568.17"/>	<input type="text" value="19568.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="181803.67"/>	<input type="text" value="181803.67"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	26961.00	26961.00
(ii) Unitemized	13702.00	13702.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	40663.00	40663.00
(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)	40663.00	40663.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	40663.00	40663.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	40663.00	40663.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1568.17	1568.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1568.17	1568.17
22. Transfers to Affiliated/Other Party Committees.....	2500.00	2500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500.00	15500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	19568.17	19568.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19568.17	19568.17

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	40663.00	40663.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40663.00	40663.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1568.17	1568.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1568.17	1568.17

**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 OF 40
<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. Philip Banks
Full Name (Last, First, Middle Initial)

Mailing Address 2929 Custer Rd. Suite #305

City Plano State TX Zip Code 75075

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

Name of Employer Legacy Travel, Inc. Occupation Travel Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 13 / 2013
Transaction ID : C2336470

Amount of Each Receipt this Period
250.00

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

Mailing Address 3033 Campus Dr Ste W320

City Plymouth State MN Zip Code 55441

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

Name of Employer Travel Leaders Franchise Group Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
04 / 05 / 2013
Transaction ID : C2316781

Amount of Each Receipt this Period
500.00

C. Amy Boche
Full Name (Last, First, Middle Initial)

Mailing Address 3601 W 76th St Ste 190

City Edina State MN Zip Code 55435-3005

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

Name of Employer Blue Ribbon Business Travel Internatio Occupation Co - President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 13 / 2013
Transaction ID : C2336469

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 40
	<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. Linda Bourgeois
Full Name (Last, First, Middle Initial)

Mailing Address 492 Perkins Extended

City	State	Zip Code
Memphis	TN	38117-4404

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

Name of Employer	Occupation
Travel Leaders	Travel Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2013

Transaction ID : C2336472

Amount of Each Receipt this Period
500.00

B. Frederic Bursch
Full Name (Last, First, Middle Initial)

Mailing Address 817 Broadway

City	State	Zip Code
Alexandria	MN	56308-1856

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

Name of Employer	Occupation
Bursch Travel/American Express	Travel Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : C2296357

Amount of Each Receipt this Period
250.00

C. Marc Casto
Full Name (Last, First, Middle Initial)

Mailing Address 2560 North First St Ste 150

City	State	Zip Code
San Jose	CA	95131

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

Name of Employer	Occupation
Casto	President & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2013

Transaction ID : C2295806

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF TRAVEL AGENTS PAC

Full Name (Last, First, Middle Initial)
A. Alexandre Chemla

Mailing Address 1270 Avenue of the Americas

City State Zip Code
New York NY 10020-1702

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

Name of Employer Occupation
Altour President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2013
Transaction ID : C2336481

Amount of Each Receipt this Period
5000.00

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

Mailing Address 3002 Midvale Ave Ste 202

City State Zip Code
Los Angeles CA 90034

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

Name of Employer Occupation
Jason Coleman, Inc. Owner

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 11 / 2013
Transaction ID : C2621482

Amount of Each Receipt this Period
50.00

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

Mailing Address 3002 Midvale Ave Ste 202

City State Zip Code
Los Angeles CA 90034

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

Name of Employer Occupation
Jason Coleman, Inc. Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 11 / 2013
Transaction ID : C1976156

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5100.00

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 9 OF 40
<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. Jason Coleman
Full Name (Last, First, Middle Initial)

Mailing Address 3002 Midvale Ave Ste 202

City Los Angeles	State CA	Zip Code 90034
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FEC ID number of contributing federal political committee. **C**

Name of Employer Jason Coleman, Inc.	Occupation Owner
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2013

Transaction ID : C2295784

Amount of Each Receipt this Period

50.00

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

Mailing Address 3002 Midvale Ave Ste 202

City Los Angeles	State CA	Zip Code 90034
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FEC ID number of contributing federal political committee. **C**

Name of Employer Jason Coleman, Inc.	Occupation Owner
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2013

Transaction ID : C2316785

Amount of Each Receipt this Period

50.00

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

Mailing Address 3002 Midvale Ave Ste 202

City Los Angeles	State CA	Zip Code 90034
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FEC ID number of contributing federal political committee. **C**

Name of Employer Jason Coleman, Inc.	Occupation Owner
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2013

Transaction ID : C2325027

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 OF 40
	<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. Jason Coleman
Full Name (Last, First, Middle Initial)

Mailing Address 3002 Midvale Ave Ste 202

City Los Angeles	State CA	Zip Code 90034
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FEC ID number of contributing federal political committee. **C**

Name of Employer Jason Coleman, Inc.	Occupation Owner
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		26		2013

Transaction ID : C2325028

Amount of Each Receipt this Period

50.00

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

Mailing Address 3002 Midvale Ave Ste 202

City Los Angeles	State CA	Zip Code 90034
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FEC ID number of contributing federal political committee. **C**

Name of Employer Jason Coleman, Inc.	Occupation Owner
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		13		2013

Transaction ID : C2336462

Amount of Each Receipt this Period

50.00

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

Mailing Address 3002 Midvale Ave Ste 202

City Los Angeles	State CA	Zip Code 90034
---------------------	-------------	-------------------

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

Name of Employer Jason Coleman, Inc.	Occupation Owner
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		07		2013

Transaction ID : C2353333

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 40
	<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. Jason Coleman
Full Name (Last, First, Middle Initial)

Mailing Address 3002 Midvale Ave Ste 202

City	State	Zip Code
Los Angeles	CA	90034

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

Name of Employer	Occupation
Jason Coleman, Inc.	Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

Transaction ID : C2373751

Amount of Each Receipt this Period

1800.00

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

Mailing Address 1324 Pearl Rd Ste 3

City	State	Zip Code
Brunswick	OH	44212

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

Name of Employer	Occupation
Encompass The World Travel	Travel Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

Transaction ID : C2373754

Amount of Each Receipt this Period

250.00

C. Jackie Friedman
Full Name (Last, First, Middle Initial)

Mailing Address 6225 N. State Hwy 161
Ste 450

City	State	Zip Code
Irving	TX	75038

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

Name of Employer	Occupation
Nexion, LLC	General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	05	/	2013

Transaction ID : C2316782

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
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 12 OF 40
<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. Joanne Gardner
Full Name (Last, First, Middle Initial)

Mailing Address 26W310 Menomini Dr

City Wheaton	State IL	Zip Code 60189
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FEC ID number of contributing federal political committee. **C**

Name of Employer The Travel Specialist	Occupation Owner
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2013

Transaction ID : C2316778

Amount of Each Receipt this Period
250.00

B. Michael Greenwald
Full Name (Last, First, Middle Initial)

Mailing Address 3261 NW 3rd Ave

City Oakland Park	State FL	Zip Code 33309-6001
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FEC ID number of contributing federal political committee. **C**

Name of Employer Personalized Travel, Inc.	Occupation Owner
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : C2337852

Amount of Each Receipt this Period
500.00

C. Roger Hale
Full Name (Last, First, Middle Initial)

Mailing Address 4555 Southlake Parkway

City Birmingham	State AL	Zip Code 35244-3238
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FEC ID number of contributing federal political committee. **C**

Name of Employer ADTRAV Travel Management	Occupation President/CEO
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2013

Transaction ID : C2336453

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 13 OF 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF TRAVEL AGENTS PAC

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

Mailing Address 610 N Washington St

City State Zip Code
Naperville IL 60563-3102

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

Name of Employer Occupation
Viking Travel Service Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : C1976182

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Margaret Haskins

Mailing Address 700 Pasquinelli Dr Ste C

City State Zip Code
Westmont IL 60559-1383

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

Name of Employer Occupation
Viking Travel Service President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2013
Transaction ID : C1976183

Amount of Each Receipt this Period
500.00

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

Mailing Address 1315 West 22nd St
Suite 205

City State Zip Code
Oak Brook IL 60523-2060

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

Name of Employer Occupation
Viking Travel Service Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : C1976179

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00

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 14 OF 40
	<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. Ernie Held
Full Name (Last, First, Middle Initial)
Mailing Address 4170 Marine Dr 23L
City Chicago State IL Zip Code 60613
FEC ID number of contributing federal political committee. **C**
Name of Employer Held Travel Bureau, Inc. Occupation President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 18 / 2013**
Transaction ID : C2316768
Amount of Each Receipt this Period **200.00**

B. Ernie Held
Full Name (Last, First, Middle Initial)
Mailing Address 4170 Marine Dr 23L
City Chicago State IL Zip Code 60613
FEC ID number of contributing federal political committee. **C**
Name of Employer Held Travel Bureau, Inc. Occupation President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 18 / 2013**
Transaction ID : C2316769
Amount of Each Receipt this Period **50.00**

C. Alan Hess
Full Name (Last, First, Middle Initial)
Mailing Address 150 North Main Street Suite 200
City Bountiful State UT Zip Code 84010-6117
FEC ID number of contributing federal political committee. **C**
Name of Employer Hess Corporate Travel Occupation Travel Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 13 / 2013**
Transaction ID : C2336471
Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **550.00**
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 15 OF 40
(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. Brian Howes
 Full Name (Last, First, Middle Initial)
 Mailing Address 1425C SE 17th St
 City Fort Lauderdale State FL Zip Code 33316-1727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Universal/Accent Travel - American Exp 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
 05 / 13 / 2013
Transaction ID : C2336475
 Amount of Each Receipt this Period
 500.00

B. Zane Kerby
 Full Name (Last, First, Middle Initial)
 Mailing Address 42439 Belmont Glen PI
 City Ashburn State VA Zip Code 20148-4319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASTA Occupation President and 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
 03 / 29 / 2013
Transaction ID : C2296378
 Amount of Each Receipt this Period
 250.00

C. Peter Klebanow
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 E 47th St 5th FL
 City New York State NY Zip Code 10017-1922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ultramar Travel Management Internation 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 / 13 / 2013
Transaction ID : C2336468
 Amount of Each Receipt this Period
 500.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 40
	<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

Full Name (Last, First, Middle Initial) A. Neal Kraemer		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 23 / 2013 Transaction ID : C2337848
Mailing Address 6625 Lyndale Ave South Suite 104		Amount of Each Receipt this Period 250.00
City Minneapolis	State MN	
Zip Code 55423-2373		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Carrousel Travel American Express	Occupation Travel Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Geoffrey Landis		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 29 / 2013 Transaction ID : C2296359
Mailing Address 210 S Main St		Amount of Each Receipt this Period 250.00
City Goshen	State IN	
Zip Code 46526-3723		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Menno Travel/American Express	Occupation Manager/Co-Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dennis Lewis		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 15 / 2013 Transaction ID : C2295805
Mailing Address 304 Chesapeake Dr		Amount of Each Receipt this Period 1000.00
City Great Falls	State VA	
Zip Code 22066-3817		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer World Travel Service	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 17 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF TRAVEL AGENTS PAC

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

Mailing Address 1650 King St Ste 450

City Alexandria State VA Zip Code 22314-2747

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

Name of Employer Vacation.com Occupation Travel Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2013
Transaction ID : C2316766

Amount of Each Receipt this Period
 250.00

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

Mailing Address 210 S Main St

City Goshen State IN Zip Code 46526-3723

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

Name of Employer Menno Travel/American Express Occupation Business Development Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : C1976186

Amount of Each Receipt this Period
 250.00

C. Deborah Mangas
Full Name (Last, First, Middle Initial)

Mailing Address 210 S Main St

City Goshen State IN Zip Code 46526-3723

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

Name of Employer Menno Travel/American Express Occupation Business Development Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : C2296356

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 18 OF 40
<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. Lauren Matthews
Full Name (Last, First, Middle Initial)

Mailing Address 4315 Sussex Drive

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 Agent
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2013

Transaction ID : C1976180

Amount of Each Receipt this Period

500.00

B. Nina Meyer
Full Name (Last, First, Middle Initial)

Mailing Address 5000 SW 75th Ave Ste 300

City Miami	State FL	Zip Code 33155
---------------	-------------	-------------------

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

Name of Employer Express Travel	Occupation Director of Sales & Marketing
------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2013

Transaction ID : C2286473

Amount of Each Receipt this Period

500.00

C. Eben Peck
Full Name (Last, First, Middle Initial)

Mailing Address 1101 King Street
Suite 200

City Alexandria	State VA	Zip Code 22314-2963
--------------------	-------------	------------------------

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

Name of Employer American Society Of Travel Agents	Occupation VP, Government Affairs
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

Transaction ID : C1976185

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 40
	<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

Full Name (Last, First, Middle Initial) A. Eben Peck		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2013 Transaction ID : C2296384
Mailing Address 1101 King Street Suite 200		Amount of Each Receipt this Period 811.00
City Alexandria	State VA	Zip Code 22314-2963
FEC ID number of contributing federal political committee. C		
Name of Employer American Society Of Travel Agents	Occupation VP, Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Mary Peters		Date of Receipt M M / D D / Y Y Y Y Y 05 / 17 / 2013 Transaction ID : C2336454
Mailing Address 1506-D Belle View Blvd		Amount of Each Receipt this Period 500.00
City Alexandria	State VA	Zip Code 22307-6530
FEC ID number of contributing federal political committee. C		
Name of Employer Friendly Travel Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Scott Pinheiro		Date of Receipt M M / D D / Y Y Y Y Y 04 / 05 / 2013 Transaction ID : C2316783
Mailing Address PO Box 1337		Amount of Each Receipt this Period 301.00
City Santa Cruz	State CA	Zip Code 95061-1337
FEC ID number of contributing federal political committee. C		
Name of Employer Santa Cruz Travel, Inc.	Occupation Travel Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 301.00	

SUBTOTAL of Receipts This Page (optional).....▶	811.00
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 20 OF 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF TRAVEL AGENTS PAC

Full Name (Last, First, Middle Initial) A. Robert Poland		Date of Receipt MM / DD / YYYY 02 / 07 / 2013 Transaction ID : C1976188
Mailing Address 2633 NE14TH Ave Unit PA-507		Amount of Each Receipt this Period 50.00
City Fort Lauderdale	State Zip Code FL 33334	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Don't Go There Personal Travel Advisor	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert Poland		Date of Receipt MM / DD / YYYY 02 / 07 / 2013 Transaction ID : C1976189
Mailing Address 2633 NE14TH Ave Unit PA-507		Amount of Each Receipt this Period 50.00
City Fort Lauderdale	State Zip Code FL 33334	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Don't Go There Personal Travel Advisor	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert Poland		Date of Receipt MM / DD / YYYY 02 / 07 / 2013 Transaction ID : C1976190
Mailing Address 2633 NE14TH Ave Unit PA-507		Amount of Each Receipt this Period 50.00
City Fort Lauderdale	State Zip Code FL 33334	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Don't Go There Personal Travel Advisor	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 21 OF 40
	<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. Robert Poland
Full Name (Last, First, Middle Initial)

Mailing Address 2633 NE14TH Ave
Unit PA-507

City Fort Lauderdale State FL Zip Code 33334

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 22 / 2013
Transaction ID : C2295810

Amount of Each Receipt this Period
100.00

B. Robert Polk
Full Name (Last, First, Middle Initial)

Mailing Address 4500 Cherry Creek Drive South
Suite 900

City Denver State CO Zip Code 80246

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

Name of Employer Polk CTM Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 13 / 2013
Transaction ID : C2336476

Amount of Each Receipt this Period
250.00

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

Mailing Address 610 N. Washington St

City Naperville State IL Zip Code 60563

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 ▼ 500.00

Date of Receipt
02 / 04 / 2013
Transaction ID : C1976181

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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 22 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Osvaldo Ramos
 Full Name (Last, First, Middle Initial)
 Mailing Address 490 Van Buren Dr
 City Monterey Park State CA Zip Code 91755-4135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Travel Store Occupation Executive VP/CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : C2295809
 Amount of Each Receipt this Period
 2000.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : C2296358
 Amount of Each Receipt this Period
 250.00

C. Robert Roach
 Full Name (Last, First, Middle Initial)
 Mailing Address 17235 NE 16th Pl
 City Bellevue State WA Zip Code 98008-3134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roche's Travel Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : C2296355
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 23 OF 40
<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. Paul Ruden
Full Name (Last, First, Middle Initial)

Mailing Address 2671 Avalon Ct
203

City Alexandria State VA Zip Code 22314-5851

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

Name of Employer American Society Of Travel Age Occupation SVP, Industry Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 22 / 2013
Transaction ID : C2295815

Amount of Each Receipt this Period
250.00

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

Mailing Address 5209 N Clark

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 ▼
500.00

Date of Receipt
06 / 24 / 2013
Transaction ID : C2373753

Amount of Each Receipt this Period
500.00

C. Susan Spain
Full Name (Last, First, Middle Initial)

Mailing Address 505 Main St Suite 500

City Fort Worth State TX Zip Code 76102

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

Name of Employer Virtuoso Occupation Director, Member Sales & Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 17 / 2013
Transaction ID : C2336457

Amount of Each Receipt this Period
500.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF TRAVEL AGENTS PAC

A. Gloria Stock Mickelson
Full Name (Last, First, Middle Initial)

Mailing Address 3033 Campus Dr Ste W320

City Minneapolis State MN Zip Code 55441

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

Name of Employer: Travel Leaders Franchise Group
Occupation: Sr. Mgr., Education & Training

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 22 / 2013
Transaction ID : C2295812

Amount of Each Receipt this Period: 500.00

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

Mailing Address 702 North Shore Dr Suite 202

City Jeffersonville State IN Zip Code 47130-3146

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

Name of Employer: Altour
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 17 / 2013
Transaction ID : C2336478

Amount of Each Receipt this Period: 1000.00

C. Ann van Leeuwen
Full Name (Last, First, Middle Initial)

Mailing Address 7755 33rd Avenue NW

City Seattle State WA Zip Code 98117

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

Name of Employer: NACTA
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 29 / 2013
Transaction ID : C2296379

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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 25 OF 40
	<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. JoAnne Verboom
Full Name (Last, First, Middle Initial)

Mailing Address 4545 Cascade Rd SE

City Grand Rapids State MI Zip Code 49546-8311

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

Name of Employer Travel By Gagnon Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013

Transaction ID : C2360484

Amount of Each Receipt this Period
 250.00

B. Jennifer Wilson-Buttigieg
Full Name (Last, First, Middle Initial)

Mailing Address 35th Floor
475 Park Ave. S

City New York State NY Zip Code 10016-6901

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

Name of Employer Valerie Wilson Travel, Inc. Occupation Co-President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2013

Transaction ID : C2295808

Amount of Each Receipt this Period
 500.00

C. Leo Zabinski
Full Name (Last, First, Middle Initial)

Mailing Address 29 Plantation Park Dr Ste 104B
Suite 104 B

City Bluffton State SC Zip Code 29910-9010

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

Name of Employer Classic Travel Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2013

Transaction ID : C1976184

Amount of Each Receipt this Period
 50.00

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: (check only one)	PAGE 26 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF TRAVEL AGENTS PAC

A. Leo Zabinski
Full Name (Last, First, Middle Initial)

Mailing Address 29 Plantation Park Dr Ste 104B
Suite 104 B

City Bluffton State SC Zip Code 29910-9010

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

Name of Employer Classic Travel Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 24 / 2013
Transaction ID : C2337858

Amount of Each Receipt this Period
450.00

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

Mailing Address 1275 Lincoln Ave
suite 9

City San Jose State CA Zip Code 95125-3068

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 ▼
500.00

Date of Receipt
04 / 17 / 2013
Transaction ID : C2316767

Amount of Each Receipt this Period
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	950.00
TOTAL This Period (last page this line number only).....▶	26961.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF TRAVEL AGENTS PAC

Full Name (Last, First, Middle Initial)

A. American Society of Travel Agents

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2013

Mailing Address 1101 King Street
Suite 200

Transaction ID : D147026

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

60.33

Purpose of Disbursement
CC Processing Fee

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. American Society of Travel Agents

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2013

Mailing Address 1101 King Street
Suite 200

Transaction ID : D147027

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

32.39

Purpose of Disbursement
CC Processing Fee

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. American Society of Travel Agents

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Mailing Address 1101 King Street
Suite 200

Transaction ID : D147028

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

2.96

Purpose of Disbursement
CC Processing Fee

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

95.68

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF TRAVEL AGENTS PAC

Full Name (Last, First, Middle Initial)

A. American Society of Travel Agents

Mailing Address 1101 King Street
Suite 200

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

Transaction ID : D147029

Amount of Each Disbursement this Period

8	9	.	4	4
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	3

Transaction ID : D147004

Amount of Each Disbursement this Period

5	.	0	0
---	---	---	---

Full Name (Last, First, Middle Initial)

C. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	3

Transaction ID : D147005

Amount of Each Disbursement this Period

0	.	5	0
---	---	---	---

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

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

9	4	.	9	4
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF TRAVEL AGENTS PAC

Full Name (Last, First, Middle Initial)

A. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 08 / 2013

Transaction ID : D147006

Amount of Each Disbursement this Period

2.50

Full Name (Last, First, Middle Initial)

B. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2013

Transaction ID : D147007

Amount of Each Disbursement this Period

26.25

Full Name (Last, First, Middle Initial)

C. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : D147008

Amount of Each Disbursement this Period

36.25

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

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

65.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF TRAVEL AGENTS PAC

Full Name (Last, First, Middle Initial)

A. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D147009

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D147010

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D147011

Amount of Each Disbursement this Period

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)

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

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF TRAVEL AGENTS PAC

Full Name (Last, First, Middle Initial)

A. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2013

Transaction ID : D147012

Amount of Each Disbursement this Period

111.75

Full Name (Last, First, Middle Initial)

B. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 05 / 2013

Transaction ID : D147013

Amount of Each Disbursement this Period

121.30

Full Name (Last, First, Middle Initial)

C. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 12 / 2013

Transaction ID : D147014

Amount of Each Disbursement this Period

3.75

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

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

236.80

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF TRAVEL AGENTS PAC

Full Name (Last, First, Middle Initial)

A. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 19 / 2013

Transaction ID : D147015

Amount of Each Disbursement this Period

0.50

Full Name (Last, First, Middle Initial)

B. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 26 / 2013

Transaction ID : D147016

Amount of Each Disbursement this Period

6.25

Full Name (Last, First, Middle Initial)

C. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2013

Transaction ID : D147017

Amount of Each Disbursement this Period

9.25

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

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

16.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF TRAVEL AGENTS PAC

Full Name (Last, First, Middle Initial)

A. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D147018

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D147019

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D147020

Amount of Each Disbursement this Period

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)

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

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF TRAVEL AGENTS PAC

Full Name (Last, First, Middle Initial)

A. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : D147021

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2013

Transaction ID : D147022

Amount of Each Disbursement this Period

24.25

Full Name (Last, First, Middle Initial)

C. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 14 / 2013

Transaction ID : D147023

Amount of Each Disbursement this Period

26.50

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

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

80.75

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF TRAVEL AGENTS PAC

Full Name (Last, First, Middle Initial)

A. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2013

Transaction ID : D147024

Amount of Each Disbursement this Period

68.75

Full Name (Last, First, Middle Initial)

B. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2013

Transaction ID : D147025

Amount of Each Disbursement this Period

39.75

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

108.50

1568.17

**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 checked="" 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. RELY ON YOUR BELIEFS FUND

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
PAC to PAC transfer

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 01 / 2013

Transaction ID : D145779

Amount of Each Disbursement this Period

2500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Category/
Type

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

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

2500.00

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)

<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. Alaskans for Begich

Mailing Address PO Box 240287

City Anchorage State AK Zip Code 99524-0287

Purpose of Disbursement
Contribution to Committee

Candidate Name

Sen. Mark Begich

Office Sought: House Senate President

State: AK District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2013

Transaction ID : D153562

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Alaskans for Begich

Mailing Address PO Box 240287

City Anchorage State AK Zip Code 99524-0287

Purpose of Disbursement
Contribution to Committee

Candidate Name

Sen. Mark Begich

Office Sought: House Senate President

State: AK District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2013

Transaction ID : D153704

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. QUIGLEY FOR CONGRESS

Mailing Address PO BOX 13040

City CHICAGO State IL Zip Code 60613

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Mike Quigley

Office Sought: House Senate President

State: IL District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2013

Transaction ID : D146312

Amount of Each Disbursement this Period

1000.00

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

3500.00

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)

<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. COMMITTEE TO RE-ELECT NYDIA M. VELAZQUEZ TO CONGRESS

Mailing Address 315 INSPIRATION LANE

City State Zip Code
GAITHERSBURG MD 20878

Purpose of Disbursement
Contribution to Committee

Candidate Name
Rep. Nydia M. Velazquez

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NY District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : D144869

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF FARR

Mailing Address 555 CAPITOL MALL, SUITE 1425

City State Zip Code
SACRAMENTO CA 95814

Purpose of Disbursement
Contribution to Committee

Candidate Name
Rep. Sam Farr

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: CA District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2013

Transaction ID : D145985

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. GRAVES FOR CONGRESS

Mailing Address 2345 GRAND, SUITE 2400

City State Zip Code
KANSAS CITY MO 64108

Purpose of Disbursement
Contribution to Committee

Candidate Name
Rep. Sam Graves

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2013

Transaction ID : D145778

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

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**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. FRIENDS OF JEANNE SHAHEEN

Mailing Address 105 N STATE STREET

City State Zip Code
CONCORD NH 03301

Purpose of Disbursement
Contribution to Committee

Candidate Name

Sen. Jeanne Shaheen

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NH District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	01	/	2013

Transaction ID : D144401

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City State Zip Code
Bangor ME 04402

Purpose of Disbursement
Contribution to Committee

Candidate Name

Sen. Susan Collins

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	28	/	2013

Transaction ID : D144399

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City State Zip Code
Bangor ME 04402

Purpose of Disbursement
Contribution to Committee

Candidate Name

Sen. Susan Collins

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	21	/	2013

Transaction ID : D144400

Amount of Each Disbursement this Period

1500.00

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

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

3500.00

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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. TOMORROW IS MEANINGFUL PAC-TIM PAC

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2013

Transaction ID : D153706

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1000.00

15500.00
