

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC

ADDRESS (number and street) 123 N. Pitt. St. Suite 400 ALEXANDRIA VA 22314 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00114108 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 12 / 01 / 2023 through 12 / 31 / 2023

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 Klement, Jessica, , ,

Signature of Treasurer Klement, Jessica, , , Date 01 / 31 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. 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="2023"/>		<input type="text" value="375321.59"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="439451.33"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="6884.24"/>	<input type="text" value="206701.28"/>
(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="446335.57"/>	<input type="text" value="582022.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6000.00"/>	<input type="text" value="141687.30"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="440335.57"/>	<input type="text" value="440335.57"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. 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).....	1269.01	144678.37
(ii) Unitemized .....	1324.83	43745.13
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2593.84	188423.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	7500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	2593.84	195923.50
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.).....	4290.40	10777.78
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)).....▶	6884.24	206701.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6884.24	206701.28

**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 .....	0.00	1687.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	1687.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	140000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	6000.00	141687.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	141687.30

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2593.84	195923.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2593.84	195923.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	1687.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	1687.30

**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 12
	<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 ADVISORS, INC. PAC**

**A. Carpenter, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 408 E. 7th Street  
 City Brooklyn State NY Zip Code 11218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Huckleberry Travel Co-Founder  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2358.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : SA11AI.17490**  
 Amount of Each Receipt this Period 51.28  
 Memo Item  
 Contribution

**B. de Perez, Laurie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 712 E 145th St  
 City Burnsville State MN Zip Code 55337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 GetAway Travel LLC Owner/Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 338.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2023  
**Transaction ID : SA11AI.17491**  
 Amount of Each Receipt this Period 25.64  
 Memo Item  
 Contribution

**C. Garza, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 548 Beach Bum Blvd  
 City Daytona Beach State FL Zip Code 32124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Uniglobe Travel Center AVP, Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2023  
**Transaction ID : SA11AI.17480**  
 Amount of Each Receipt this Period 102.56  
 Memo Item  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	179.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 12
	<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 ADVISORS, INC. PAC**

**A. Goodenow, Wendy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1717 Mott-Smith Drive  
 Apt 413  
 City Honolulu State HI Zip Code 96822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HNL Travel Associates Occupation (for Individual) President/Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 512.82

Date of Receipt 12 / 19 / 2023  
**Transaction ID : SA11Al.17472**  
 Amount of Each Receipt this Period 256.41  
 Memo Item  
 Contribution

**B. Klimak, Amanda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 975 Summit Rd.  
 City Cheshire State CT Zip Code 06410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Largay Travel Occupation (for Individual) Travel Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1702.97

Date of Receipt 12 / 12 / 2023  
**Transaction ID : SA11Al.17487**  
 Amount of Each Receipt this Period 62.00  
 Memo Item  
 Contribution

**C. Koepf, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45213 Rideau Street  
 City Temecula State CA Zip Code 92592  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cruise Planners Occupation (for Individual) VP, Strategic Development  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1012.82

Date of Receipt 12 / 08 / 2023  
**Transaction ID : SA11Al.17459**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	818.41
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 12
	<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 ADVISORS, INC. PAC**

**A. Lennon, Lee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3801 Ponce de Leon Blvd  
 City Coral Gables    State FL    Zip Code 33134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travel By Design, Inc.    Occupation (for Individual) Owner  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 292.00

Date of Receipt 12 / 29 / 2023  
**Transaction ID : SA11AI.17492**  
 Amount of Each Receipt this Period 16.00  
 Memo Item  
 Contribution

**B. Paugh, Jean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8736 Lantana Ct  
 City Cape Canaveral    State FL    Zip Code 32920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) All About You Travel Unlimited    Occupation (for Individual) Owner  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1579.45

Date of Receipt 12 / 01 / 2023  
**Transaction ID : SA11AI.17455**  
 Amount of Each Receipt this Period 102.56  
 Memo Item  
 Contribution

**C. Paugh, Jean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8736 Lantana Ct  
 City Cape Canaveral    State FL    Zip Code 32920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) All About You Travel Unlimited    Occupation (for Individual) Owner  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 1682.01

Date of Receipt 12 / 29 / 2023  
**Transaction ID : SA11AI.17476**  
 Amount of Each Receipt this Period 102.56  
 Memo Item  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	221.12
<b>TOTAL</b> This Period (last page this line number only).....▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 12  
(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 ADVISORS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Schoneberger, Wendy, , ,**

Mailing Address 15 whitney grove

City Derry      State NH      Zip Code 03038

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

Name of Employer (for Individual) Solo to Group Travel      Occupation (for Individual) Travel Advisor

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 09 / 2023  
**Transaction ID : SA11AL17463**

Amount of Each Receipt this Period  
50.00

Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B.**

Mailing Address

City      State      Zip Code

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

Name of Employer (for Individual)      Occupation (for Individual)

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C.**

Mailing Address

City      State      Zip Code

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

Name of Employer (for Individual)      Occupation (for Individual)

Receipt For:  
 Primary    General  
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1269.01

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

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NAME OF COMMITTEE (In Full)  
**AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC**

**A. PNC Bank NA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8800 Tinicum Blvd.

City Philidelphia	State PA	Zip Code 19153
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10777.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2023

**Transaction ID : SA17.17493**

Amount of Each Receipt this Period  
4290.40

Memo Item  
Interest, dividends and capital gains (loss)

**B.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4290.40
<b>TOTAL</b> This Period (last page this line number only).....▶	4290.40

# 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"/> 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 ADVISORS, INC. PAC**

Full Name (Last, First, Middle Initial)

**A. AMODEI FOR NEVADA**

Mailing Address 503 N DIVISION ST

City  
CARSON CITY

State  
NV

Zip Code  
89703

Purpose of Disbursement

Contribution

011

Candidate Name

AMODEI, MARK EUGENE, , ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: NV District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2023			

FEC Identification Number

C00496760

Transaction ID : SB23.17444

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. GARRET GRAVES FOR CONGRESS**

Mailing Address PO BOX 64845

City  
BATON ROUGE

State  
LA

Zip Code  
70896

Purpose of Disbursement

Contribution

011

Candidate Name

GRAVES, GARRET, , ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: LA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2023			

FEC Identification Number

C00558486

Transaction ID : SB23.17443

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JARED YOUNG FOR MISSOURI**

Mailing Address 6031 N MAIN STREET  
BOX 393

City  
WEBB CITY

State  
MO

Zip Code  
64870

Purpose of Disbursement

Contribution

011

Candidate Name

YOUNG, JARED, , ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: MO District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2023			

FEC Identification Number

C00849349

Transaction ID : SB23.17445

Amount of Each Disbursement this Period

2500.00

Memo Item

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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 ADVISORS, INC. PAC**

Full Name (Last, First, Middle Initial)

**A. SALAZAR FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2023

Mailing Address 3725 WEST FLAGLER STREET  
#281

City MIAMI State FL Zip Code 33134

FEC Identification Number

**C** C00714261

Purpose of Disbursement

Contribution

**011**

**Transaction ID : SB23.17446**

Candidate Name

SALAZAR, MARIA ELVIRA, , ,

Category/  
Type

Amount of Each Disbursement this Period

1000.00

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: FL District: 27

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City State Zip Code

FEC Identification Number

**C**

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City State Zip Code

FEC Identification Number

**C**

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Memo Item

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

1000.00

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

6000.00