PAGE 1 / 12

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORW 3X	For Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
AMERICAN SOCIE	TY OF TRAVEL ADVIS	SORS, INC. PAC	
ADDRESS (number and stree Check if different than previously reported. (ACC)	Suite 400 ALEXANDRIA		VA 22314 -
2. FEC IDENTIFICATION	I NUMBER ▼ CI	ITY ▲	STATE ▲ ZIP CODE ▲
C C00114108		IS THIS REPORT X (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Reports July 15 Quarterly Reports October 15 Quarterly Reports January 31 Year-End Report (Non-eleyear Only) (MY) Termination Re (TER)	rt (Q1) rt (Q2) rt (Q3) rt (YE) ar ection (O) port Report (c) 12-Day PRE-Election Report for the: (d) 30-Day POST-Election Report for the:	b 20 (M2)	Sep 20 (M9) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) And 31 (YE) General (12G) Runoff (12R) Special (12S) Runoff (30R) Special (30S) in the
5. Covering Period	M M / D D / Y Y Y Y Y Y 12 01 2023	through 12	State of
I certify that I have examine Type or Print Name of Trea	Klement Jessica	of my knowledge and belief it is t	rue, correct and complete.
Signature of Treasurer	Klement, Jessica, , ,		Date 01 / 31 / 2024
NOTE: Submission of false, e	rroneous, or incomplete information	on may subject the person signing	this Report to the penalties of 52 U.S.C. § 3010
Office Use Only			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC

01 2023 31 2023 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 375321.59 January 1. 2023 (b) Cash on Hand at 439451.33 Beginning of Reporting Period..... 6884.24 206701.28 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 582022.87 446335.57 6(a) and 6(c) for Column B)..... 141687.30 6000.00 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 440335.57 440335.57 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016) Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC

01 12 2023 12 31 2023 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 1269.01 144678.37 (i) Itemized (use Schedule A)..... 1324.83 43745.13 (ii) Unitemized (iii) TOTAL (add 188423.50 2593.84 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 7500.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 195923.50 2593.84 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 10777.78 (Dividends, Interest, etc.)..... 4290.40 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 206701.28 12, 13, 14, 15, 16, 17, and 18(c))......▶ 6884.24 20. Total Federal Receipts 6884.24 206701.28 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	Total This Period					
 Operating Expenditures: — (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 		Calendar Year-to-Date				
(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				
2. Transfers to Affiliated/Other Party	4 4 4					
Committees	0.00	0.00				
Federal Candidates/Committees and Other Political Committees	6000.00	140000.00				
. Independent Expenditures (use Schedule E)	0.00	0.00				
. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00				
-	0.00					
Loan Repayments Made	0.00	0.00				
Loans Made	0.00	0.00				
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				
Other Disbursements (Including						
Non-Federal Donations)	0.00	0.00				
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(b) Federal Election Activity Paid	0.00	0.00				
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				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6000.00	141687.30				
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

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 5		
III. Net Contributions/ Operating Expenditures				
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		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1687.30		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1687.30		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 Use separate schedule(s) (check only one) X 11a 11b 11c

12

OF

for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Carpenter, Thomas, , , Mailing Address 408 E. 7th Street 2023 City Zip Code State Transaction ID: SA11AI.17490 Brooklyn NY 11218 Amount of Each Receipt this Period FEC ID number of contributing C 51.28 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Huckleberry Travel** Co-Founder Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2358.94 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** de Perez, Laurie, , , Date of Receipt Mailing Address 712 E 145th St 12 24 2023 City State Zip Code Transaction ID: SA11AI.17491 Burnsville MN 55337 Amount of Each Receipt this Period FEC ID number of contributing 25.64 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) GetAway Travel LLC Owner/Agent Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 338.44 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Garza, Susan, , , Date of Receipt Mailing Address 548 Beach Bum Blvd 30 2023 City State Zip Code Transaction ID : SA11AI.17480 FL Daytona Beach 32124 Amount of Each Receipt this Period FEC ID number of contributing C 102.56 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Uniglobe Travel Center AVP, Operations Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 210.56 Other (specify) 179.48 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

12 FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Goodenow, Wendy, , , Mailing Address 1717 Mott-Smith Drive 2023 19 Apt 413 City State Zip Code Transaction ID: SA11AI.17472 HI Honolulu 96822 Amount of Each Receipt this Period FEC ID number of contributing C 256.41 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) **HNL Travel Associates** President/Owner Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 512.82 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Klimak, Amanda, , , Date of Receipt Mailing Address 975 Summit Rd. 12 12 2023 City State Zip Code Transaction ID: SA11AI.17487 Cheshire CT 06410 Amount of Each Receipt this Period FEC ID number of contributing 62.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Travel Advisor Largay Travel Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1702.97 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Koepf, Scott, , , Date of Receipt Mailing Address 45213 Rideau Street 80 2023 City State Zip Code Transaction ID : SA11AI.17459 CA Temecula 92592 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cruise Planners VP, Strategic Development Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1012.82 Other (specify) 818.41 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

Other (specify)

SCHEDULE A (FEC Form 3X)

12 FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Lennon, Lee, , , Mailing Address 3801 Ponce de Leon Blvd 2023 29 12 City Zip Code State Transaction ID: SA11AI.17492 FL **Coral Gables** 33134 Amount of Each Receipt this Period FEC ID number of contributing C 16.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Owner Travel By Design, Inc. Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 292.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Paugh, Jean, , , Date of Receipt Mailing Address 8736 Lantana Ct 12 01 2023 City State Zip Code Transaction ID: SA11AI.17455 FL Cape Canaveral 32920 Amount of Each Receipt this Period FEC ID number of contributing 102.56 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) All About You Travel Unlimted Owner Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1579.45 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Paugh, Jean, , , Date of Receipt Mailing Address 8736 Lantana Ct 2023 29 City State Zip Code Transaction ID : SA11AI.17476 FL Cape Canaveral 32920 Amount of Each Receipt this Period FEC ID number of contributing C 102.56 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) All About You Travel Unlimted Owner Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General

											_
SUBTOTAL of Receipts This Page (optional)			,	I	Ī	,	Ξ	22	1.12	Ξ	
TOTAL This Period (last page this line number only)			-	_	_	7	Ξ	Ξ	*	_	

1682.01

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

FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) for each category of the Detailed Summary Page

-		LINE	PAGE		9	OF	12			
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF TR	AVEL ADVISORS, INC. PAC	
Full Name of Individual (Last, First, Middle Schoneberger, Wendy, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 15 whitney grove	12 09 2023	
City Derry	State Zip Code NH 03038	Transaction ID : SA11AI.17463 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Solo to Group Travel	Occupation (for Individual) Travel Advisor	Memo Item Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address	State Zip Code	M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional).	····	50.00
TOTAL This Period (last page this line number	er only)	1269.01

S 17

SCHEDULE A (FEC Form 3X)			1				FOR LINE NUMBER: PAGE 10 OF 12								
IT	EMIZED RECEIPTS	for each category of the			(check only one)										
_			<u> </u>	Detailed Summary Page		13		14	15	16	X 17				
	ny information copied from such Reports and State for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full)														
	AMERICAN SOCIETY OF TRAN	/EL AD\	/IS	ORS, INC. PAC											
Α.	Full Name of Individual (Last, First, Middle Initi-PNC Bank NA		Date of	of Re	eceipt										
	Mailing Address 8800 Tinicum Blvd.					12	VI /	31		2023	Y				
	City	State		Zip Code		Tran	sact	ion ID	: SA17.17	493					
	Philidelphia	PA		19153	_	Amour	nt of	Each I	Receipt th	is Perio	b				
	FEC ID number of contributing federal political committee.	С	Ι						1 4	4290					
	Name of Employer (for Individual)	Occ	upat	tion (for Individual)		ш.		Item							
	Receipt For:	Aggregate	Yea	ar-to-Date ▼		Interest, dividends and capital gains (loss)									
	Primary General Other (specify) ▼	33 13	7	10777.78											
_ _	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Orgai	nization Name		Data	of Do	nooint							
B.	Mailing Address		\dashv	Date of Receipt											
	City	State Zip Code													
	FEC ID number of contributing					Amount of Each Receipt this Period									
	federal political committee.	C					7 7 7								
	Name of Employer (for Individual)	Occ	cupa	tion (for Individual)		Memo Item									
	Receipt For:	Aggregate	ar-to-Date ▼	_											
	Primary General	33 13		П											
	Other (specify) ▼		,	<u> </u>											
C.	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Orgai	nization Name		Date (of Re	eceint							
Ο.	Mailing Address					Date of Receipt									
	City	State		Zip Code		Amour	at of	Fach	Receipt th	is Pario	1				
	FEC ID number of contributing federal political committee.					Amount of Each Receipt this Period									
	Name of Employer (for Individual)	Occupation (for Individual)				Memo Item									
	Receipt For:	Aggregate Year-to-Date ▼													
	Primary General	Aggi egale	i to bate •	Ш											
	Other (specify)	<u> </u>													
5	SUBTOTAL of Receipts This Page (optional)							, ,	,	4290	.40				

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

4290.40

ľ

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 OF		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) 21b 22 X 23 26 27 28a 28b 28c 29 30b		
Any information copied from such Reports and Statem	nents may not be sold or use	d by any person for the purpose of soliciting contribution of committee to solicit contributions from such committee.		
	e and address of any politica	di committee to soncit contributions from such committee.		
NAME OF COMMITTEE (In Full)				
AMERICAN SOCIETY OF TRAVEL	_ ADVISORS, INC. F	PAC		
Full Name (Last, First, Middle Initial)		Data of Diaburgament		
A. AMODEI FOR NEVADA		Date of Disbursement		
Mailing Address 503 N DIVISION ST		12 12 2023		
,	State Zip Code	FEC Identification Number		
S/ 11.15 S / 1 S / 1 S	NV 89703			
Purpose of Disbursement		011 C C00496760		
Contribution		Transaction ID : SB23.17444		
Candidate Name		Category/ Amount of Each Disbursement this Peri		
AMODEI, MARK EUGENE, , ,	ant Fam. Coo.	Type 1500.00		
	nent For: 2024	1300.00		
President	Primary General Other (specify) ▼	Memo Item		
State: NV District: 02				
Full Name (Last, First, Middle Initial)		Date of Disbursement		
GARRET GRAVES FOR CONGRE	ESS			
Mailing Address PO BOX 64845		12 12 2023		
City	State Zip Code	FEC Identification Number		
2711 011 110 00 2	LA 70896	1 Eo Identification Number		
Purpose of Disbursement		C C00558486		
Contribution		011 Transaction ID : SB23.17443		
Candidate Name	'	Category/ Amount of Each Disbursement this Peri		
GRAVES, GARRET, , ,		Type		
	nent For: 2024	1000.00		
	Primary General	, , , , , , , , , , , , , , , , , , ,		
President State: LA District: 06	Other (specify)	Memo Item		
Full Name (Last, First, Middle Initial)				
JARED YOUNG FOR MISSOURI		Date of Disbursement		
Mailing Address 6031 N MAIN STREET BOX 393		12 13 2023		
City	State Zip Code	FEC Identification Number		
	MO 64870	1 20 Identification Hambon		
Purpose of Disbursement		C C00849349		
Contribution		011 Transaction ID : SB23.17445		
Candidate Name	7 '	Category/ Amount of Each Disbursement this Peri		
YOUNG, JARED, , ,		Type 2500.00		
	Primary General			
	Other (specify) ▼	Memo Item		
State: MO District: 00				
SUBTOTAL of Disbursements This Page (optional)		5000.00		
TOTAL This Period (last page this line number only).				

S П

Use separate schedule; Content only only only or each category of the potatile Summary Page Content only only only only only only only only	SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 12 OF 12						
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of or commendate purposes, offer than using the name and address of any political committee to exicit contributions from such Committee. NAME OF COMMITTEE (in Full)	·	MIZED DISPLIPSEMENTS Use separate schedule(s) (check of								
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (In Purpose of Disbursement For: Office Sought: Name (Last, First, Middle Initial) A SALAZAR FOR CONGRESS Mailing Address 3725 WEST FLAGLER STREET #221 City State Primary General Purpose of Disbursement Cardidate Name Office Sought: House Disbursement State Primary General Purpose of Disbursement Candidate Name Office Sought: House Disbursement State Primary General Purpose of Disbursement Candidate Name Office Sought: House Disbursement State Primary General Purpose of Disbursement Candidate Name Office Sought: House Disbursement State Primary General Purpose of Disbursement Candidate Name Office Sought: House Disbursement State Primary General Purpose of Disbursement State Primary General Purpose of Disbursement Candidate Name Office Sought: House Disbursement State Primary State State Primary State Primary State State Primary State State Primary State State Primary State S	TI EIGHELD DIODONOLIGILIATO			I ` —	·					
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 Pull) AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC Full Name (i.ast, First, Middle Initial) A SALAZAR FOR CONGRESS Mailing Address 3725 WEST FLAGLER STREET #221 City State Zip Code #221 City State Zip Code #221 City State Zip Code #222 Full Name (i.ast, First, Middle Initial) B. Sanala Pripose of Diabursement Candidate Name City State Zip Code #221 Full Name (i.ast, First, Middle Initial) District: 27 Full Name (i.ast, First, Middle Initial) B. Sanala Pripose of Diabursement Candidate Name City State Zip Code FEC Identification Number Callogory/ Type Firm Type Furpose of Diabursement Candidate Name City State Zip Code FEC Identification Number Callogory/ Type Firm Type Firm Type Firm Type Firm Type Firm Type Fec Identification Number Callogory/ Type Fec Identification Number FEC Identification Number Callogory/ Type		Detailet		28a	28b 28c 29 30b					
AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC Full Name (Last, First, Middle Initial) ASALAZAR FOR CONCRESS Mailing Address 3725 WEST FLAGLER STREET #281 City										
Full Name (Last, First, Middle Initial) A. SALAZAR FOR CONGRESS Mailing Address 3728 WEST FLAGLER STREET #281 City	NAME OF COMMITTEE (In Full)									
A SALAZAR FOR CONGRESS Mailing Address 3725 WEST FLAGLER STREET City MIAMI Purpose of Disbursement Condidate Name SALAZAR, MARIA ELVIRA Office Sought:	AMERICAN SOCIETY OF TRA	VEL ADV	ISORS, INC.	PAC						
Mailing Address 3725 WEST FLAGLER STREET #281 City					Data of Bishows and					
City MAMM State Zip Code Zip Co	SALAZAR FOR CONGRESS				M M / D D / Y Y Y Y					
MIAM FL 33134 FCC Usernitudion FL 33134 FCC Usernitudion FCC Contribution FCC F	#281				12 16 2023					
Purpose of Disbursement Contribution SALAZAR, MARIA ELVIRA , Office Sought:			l '		FEC Identification Number					
Contribution Candidate Name SALAZAR, MARIA ELVIRA, Office Sought: House			00.01		C C00714261					
Cardidate Name SALAZAR MARIA ELVIRA Office Sought: House	Contribution			011						
Office Sought:	Candidate Name			Category/						
Senate President Other (specify) State: FL District: 27 Full Name (Last, First, Middle Initial) B. Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. FEC Identification Number Category/ Type Office Sought: House Primary General Other (specify) Mailing Address City State: Zip Code FEC Identification Number Category/ Type Date of Disbursement this Period Full Name (Last, First, Middle Initial) C. Mailing Address City State: Zip Code Purpose of Disbursement Category/ Type Office Sought: House Senate Primary General Category/ Type Office Sought: House Senate Primary General Primary Memo Item Substotal of Disbursements This Page (optional)					1000.00					
State: FL District: 27 Memo Item Memo Item					1000.00					
Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Prisident Prisident State: Disbursement Candidate Name Category/ Type Disbursement For: General Other (specify) Date of Disbursement FEC Identification Number Category/ Type Amount of Each Disbursement this Period Date of Disbursement FEC Identification Number Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period FEC Identification Number Category/ Type FEC Identification Number Category/ Type Office Sought: House Disbursement For: Gategory/ Type Office Sought: House Disbursement For: General Primary General Other (specify) Senate Primary General Other (specify) Memo Item Substrotal of Disbursements This Page (optional)	President				Memo Item					
Mailing Address City										
City State Zip Code Purpose of Disbursement Candidate Name City Senate President Other (specify) City State Zip Code Purpose of Disbursement this Period Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Memo Item Date of Disbursement this Period Category/ Type Category/ Type Category/ Date of Disbursement Candidate Name Candidate Name City State Zip Code Prurpose of Disbursement Candidate Name Disbursement For: Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Office Sought: House Senate Primary General Other (specify) Senate Primary General Other (specify) Senate Primary General Other (specify) State: District: Subtotal of Disbursement this Period					Date of Disbursement					
City Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) Candidate Name City State Zip Code Purpose of Disbursement Category/ Memo Item FEC Identification Number Category/ Memo Item FEC Identification Number Category/ Type Memo Item Substruct: Substruct: Amount of Each Disbursement this Period FEC Identification Number Category/ Type Memo Item Substruct: Memo Item Substruct: Memo Item Substruct: Memo Item										
Purpose of Disbursement Candidate Name Category/ Office Sought: House Primary General Primary General Disbursement Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type FEC Identification Number Category/ Type FEC Identification Number Category/ Type FEC Identification Number Category/ Type Memo Item FEC Identification Number Category/ Type Memo Item FEC Identification Number Category/ Type Memo Item Suppose of Disbursement this Period Type Office Sought: House Disbursement For: Senate Primary General Primary General Other (specify) ▼ Suppose of Disbursement This Page (optional)	Mailing Address	Mailing Address								
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substrict: Memo Item Substrict: Memo Item Substrict: Memo Item Substrict: Memo Item	City	State	Zip Code		FEC Identification Number					
Candidate Name Category/ Type	District of Distri									
Office Sought: House Senate Primary General President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) Office Sought: House Disbursement For: General Other (specify) State: District: Memo Item FEC Identification Number Category/ Type Memo Item State: District: Memo Item FEC Identification Number Chamber Office Sought: House Disbursement For: General Other (specify) Memo Item Substitute Other (specify) Memo Item	Purpose of Disbursement									
Office Sought: House Senate Primary General Other (specify) State: District: Memo Item Date of Disbursement For: Memo Item	Candidate Name			Ostania v	Amount of Fools Diskumpersont this Davied					
Office Sought: House Senate Primary General Other (specify) State: District: Memo Item Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) Office Sought: Purpose of Disbursement Candidate Name Office Sought: Other (specify) ✓ Senate Primary General Other (specify) ✓ Substortal of Disbursements This Page (optional)					Amount of Each Dispursement this Period					
State: District: Other (specify) Memo Item	Office Sought: House Disb	ursement For:	I	71						
State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General Other (specify) State: District: Substoctal of Disbursements This Page (optional)		Primary	General		4 4					
City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Senate Primary General Prisident State: District: Subtotal of Disbursement MMM / PPP / YYYYYY FEC Identification Number Category/ Type Amount of Each Disbursement this Period Memo Item 1000.00		Other (sp	ecify)		Memo Item					
City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Primary General Other (specify) ▼ State: District: Subtrotal of Disbursements This Page (optional)	, , , , , , , , , , , , , , , , , , , ,				D					
City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substitute In Disbursement For: Senate Primary General Other (specify) ▼ Substitute In Disbursement For: Substitute In Substitute In Disbursement For: Substitute In Substitute	C.									
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Substruct: Memo Item 1000.00	Mailing Address				M M / D D / Y Y Y Y					
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Substrict: Memo Item 1000.00	City	State	Zip Code		FEC Identification Number					
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	Purpose of Disbursement				С					
Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: Substruct: Memo Item				1						
Senate Primary General Other (specify) ▼ State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)	Candidate Name				Amount of Each Disbursement this Period					
State: Other (specify) Substrict: Memo Item Substrict: 1000.00					1141414					
State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)										
SUBTOTAL of Disbursements This Page (optional)		Other (sp	ecity) \blacktriangledown		Memo Item					
SUBTOTAL of Disbursements This Page (optional)	Glate. District.									
6000.00	SUBTOTAL of Disbursements This Page (option	nal)		·····						
					6000.00					