

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

JAN 27 12 30 PM '97

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE OR CANDIDATE		120696 F 264	
C00114108			
ROBERT A. BURGE			
AMERICAN SOCIETY OF TRAVEL AGE			
NTS PAC			
1101 KING STREET			
ALEXANDRIA		VA 22314	
2. FEC IDENTIFICATION NUMBER			
C00114108			
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)			

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)

- Monthly Report Due On:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |

- Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

Termination Report

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>11/26/96</u> through <u>12/31/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 45,848.32
(b) Cash on Hand at Beginning of Reporting Period	\$ 19,561.33	
(c) Total Receipts (from Line 1B)	\$ 439.28	\$ 32,507.07
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 20,000.61	\$ 78,355.39
7. Total Disbursements (from Line 3C)	\$ -1,593.22	\$ 56,761.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 21,593.83	\$ 21,593.83
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 808 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
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 Robert A. Burge		Date 1/23/97
Signature of Treasurer 		

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

FEC FORM 3X  
(revised 8/93)

# DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE <i>American Society of Travel Agents PAC</i>	REPORT COVERING PERIOD	
	FROM: 11/26/96	TO: 12/31/96
	COLUMN A	COLUMN B
	Total This Period	Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	0.00	5,250.00
ii. Unitemized.....	315.00	26,464.50
iii. Total.....(add i and ii)>	315.00	31,714.50
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions.....(add all, b and c)>	315.00	31,714.50
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.).....	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.).....	124.28	792.57
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts.....(add 11d, 12, 13, 14, 15, 16, 17, and 18)>	439.28	32,507.07
20. Total Federal Receipts.....(subtract line 18 from line 19)>	439.28	32,507.07
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	56.78	1,086.56
c. Total Operating Expenditures.....(Add a, ii, and b)>	56.78	1,086.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-1,900.00	54,475.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (3 U.S.C. 441aldH) (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 a, b, and c)>	0.00	0.00
29. Other Disbursements.....	250.00	1,200.00
30. Total Disbursements.....(Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)>	-1,593.22	56,761.56
31. Total Federal Disbursements.....(Subtract line 21 aii from line 30)>	-1,593.22	56,761.56
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (Other than loans) (from line 11d).....	315.00	31,714.50
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32).....	315.00	31,714.50
35. Total Federal Operating Expenditures.....(add 21 aii and 21 b)>	56.78	1,086.56
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35)>	56.78	1,086.56

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **1** OF **1**  
FOR LINE NUMBER **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

<b>A. Full Name, Mailing Address and Zip Code</b>  <b>P. O. Box 11063</b> <b>Church Station, NY 10249</b>	<b>Name of Employer</b>  Occupation	<b>Date (Month day, Year)</b> <b>11/29/96</b>	<b>Amount of Each Receipt this Period</b>  <b>64.47</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>792.57</b>		
<b>B. Full Name, Mailing Address and Zip Code</b>  <b>P. O. Box 11063</b> <b>Church Station, NY 10249</b>	<b>Name of Employer</b>  Occupation	<b>Date (Month day, Year)</b> <b>12/31/96</b>	<b>Amount of Each Receipt this Period</b>  <b>59.81</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>792.57</b>		
<b>C. Full Name, Mailing Address and Zip Code</b>  	<b>Name of Employer</b>  Occupation	<b>Date (Month day, Year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b>		
<b>D. Full Name, Mailing Address and Zip Code</b>  	<b>Name of Employer</b>  Occupation	<b>Date (Month day, Year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b>		
<b>E. Full Name, Mailing Address and Zip Code</b>  	<b>Name of Employer</b>  Occupation	<b>Date (Month day, Year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b>		
<b>F. Full Name, Mailing Address and Zip Code</b>  	<b>Name of Employer</b>  Occupation	<b>Date (Month day, Year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b>		
<b>G. Full Name, Mailing Address and Zip Code</b>  	<b>Name of Employer</b>  Occupation	<b>Date (Month day, Year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b>		

<b>SUB TOTAL of Receipts This Page (Optional)</b> .....>	<b>124.28</b>
<b>TOTAL this Period (Last page this line number only)</b> .....>	<b>124.28</b>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21B

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

<p>A. Full Name, Mailing Address and Zip Code <b>American Society of Travel Agents</b> 1101 King Street Alexandria, VA 22314</p>	<p>Purpose of Disbursement <b>operating expenses</b></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year) <b>12/31/96</b></p>	<p>Amount of Each Disb. this Period <b>10.18</b></p>
<p>B. Full Name, Mailing Address and Zip Code <b>Riggs National Bank</b></p>	<p>Purpose of Disbursement <b>taxes</b></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year) <b>12/31/96</b></p>	<p>Amount of Each Disb. this Period <b>46.60</b></p>
<p>C. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>
<p>D. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>
<p>E. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>
<p>H. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>
<p>I. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>

SUB TOTAL of Disbursements this page (Optional)..... > **56.78**

TOTAL this Period (Last page this line number only)..... > **56.78**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>Biiley for Congress</b> P.O. Box 10795 Richmond, VA 23226	voided check Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	12/31/96	-500.00
<b>Tom Campbell for Congress Committee</b> 672 Oak Park Way Redwood City, CA 94062-4040	voided check Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	12/31/96	-200.00
<b>A LOT OF PEOPLE SUPPORTING TOM DASCH</b> P.O. Box 15155 Washington, DC	voided check Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1994	12/31/96	-200.00
<b>Hyde for Congress Committee</b> P.O. Box 332 Des Plaines, IL 60016	voided check Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	12/31/96	-200.00
<b>Re-Elect Nancy Johnson</b> 4451 Brookfield Corp. Dr. Suite 200 Chantilly, VA 22021-1652	voided check Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	12/31/96	-500.00
<b>LaBiondo for Congress</b> 1122 Fifth Street, NW Washington, DC 20001	voided check Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	12/31/96	-200.00
<b>Friends of Senator Nickles</b> P.O. Box 21033 Alexandria, VA 22320-2033	Jon Nickles, U.S. SENATE OK Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/03/96	500.00
<b>Friends of John Warner '96 Committee</b> 425 Second Street, NE Washington, DC 20002	voided check Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	12/31/96	-400.00
<b>Alaskans for Don Young</b> 1300 Clarendon Blvd. Ste. 1010 Arlington, VA 22201	voided check Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	12/31/96	-200.00

SUB TOTAL of Disbursements this page (Optional).....> -1,900.00

TOTAL this Period (Last page this line number only).....> -1,900.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Representative Allen Hightower Campaign 344 Forest Lane Huntsville, TX 77340	Allen Hightower, TX Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	12/03/96	250.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional.....)	250.00
TOTAL this Period (Last page this line number only).....	250.00

Federal Election Commission  
ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

1/23/97

No Postmark

Postmark Illegible

Received from the House Office of Records  
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

E.S.

1/27/97

PREPARED

DATE PREPARED