

# 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 AGENTS PAC**

ADDRESS (number and street) **675 North Washington Street**  
Suite 490  
Alexandria VA 22314  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00114108 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 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 M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period **07** / **01** / **2016** through **09** / **30** / **2016**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Peck, Eben, , Mr. ,  
Type or Print Name of Treasurer

Signature of Treasurer *Peck, Eben, , Mr. ,* [Electronically Filed] Date **03** / **15** / **2017**

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)

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="2016"/>		<input type="text" value="204603.75"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="228604.80"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="17871.00"/>	<input type="text" value="81759.00"/>
(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="246475.80"/>	<input type="text" value="286362.75"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10025.54"/>	<input type="text" value="49912.49"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="236450.26"/>	<input type="text" value="236450.26"/>
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:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**AMERICAN SOCIETY OF TRAVEL AGENTS PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2016 To: M M / D D / Y Y Y Y 09 / 30 / 2016

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).....	11822.00	52486.00
(ii) Unitemized .....	6049.00	19273.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	17871.00	71759.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	17871.00	81759.00
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)).....▶	17871.00	81759.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	17871.00	81759.00

**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 .....	25.54	11912.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	25.54	11912.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	1000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	37000.00
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)) ..	10025.54	49912.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10025.54	49912.49

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	17871.00	81759.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17871.00	81759.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	25.54	11912.49
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	25.54	11912.49

**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 18
	<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	

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. Baldrige, Craig, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5748 Frantz Rd  
 City Dublin State OH Zip Code 43016-4138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Creative Vacations & Cruise Centers Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 18 / 2016  
**Transaction ID : C3356212**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Boche, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 739 Mercer St  
 City Saint Paul State MN Zip Code 55102-4201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Ribbon Business Travel Internatio Occupation (for Individual) Travel Agency Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 17 / 2016  
**Transaction ID : C3372915**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Bohan, Gloria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3102 Omega Office Park  
 City Fairfax State VA Zip Code 22031-2409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Omega World Travel Occupation (for Individual) President and CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 22 / 2016  
**Transaction ID : C3384565**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<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 18
<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. Buckner, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7900 Xerxes Ave S  
 Ste 1200  
 City Bloomington State MN Zip Code 55431-1139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Direct Travel Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 19 / 2016  
**Transaction ID : C3376546**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Carter, Craig, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16450 Bake Pkwy  
 Ste 100  
 City Irvine State CA Zip Code 92618-4698  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Luxe Travel Management Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 25 / 2016  
**Transaction ID : C3378077**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Grueninger, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10201 N Illinois St  
 Ste 380  
 City Indianapolis State IN Zip Code 46290-1142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Grueninger Travel Group Occupation (for Individual) Travel Professional  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 14 / 2016  
**Transaction ID : C3353160**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<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 18
<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. Held, Ernie, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4170 Marine Dr 23L

City Chicago	State IL	Zip Code 60613
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Held Travel Bureau, Inc.	Occupation (for Individual) 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
07	/	27	/	2016

**Transaction ID : C3404432**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 150 N Main St Ste 200

City Bountiful	State UT	Zip Code 84010-6127
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Hess Travel	Occupation (for Individual) 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
08	/	28	/	2016

**Transaction ID : C3378231**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 3674 S Bentley Ave

City Los Angeles	State CA	Zip Code 90034-6902
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self	Occupation (for Individual) travel
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1409.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2016

**Transaction ID : C3392261**

Amount of Each Receipt this Period  
909.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1909.00
<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 9 OF 18
<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. Lawson, Ted, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 707 Virginia St E  
 Ste F  
 City Charleston State WV Zip Code 25301-2702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Travel Occupation (for Individual) Travel Professional  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 12 / 2016  
**Transaction ID : C3351255**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Lewis, Andrea, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Shore Front Ln  
 City Wilsonville State AL Zip Code 35186-8610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ADTRAV TRAVEL MANAGEMENT Occupation (for Individual) Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 14 / 2016  
**Transaction ID : C3371629**  
 Amount of Each Receipt this Period 210.00  
 Memo Item

**C. Lewis, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7208 Falls of Neuse Rd  
 Ste 220  
 City Raleigh State NC Zip Code 27615-3244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travel Management Partners, Inc. Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 07 / 13 / 2016  
**Transaction ID : C3404429**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	960.00
<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 10 OF 18
<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. Lewis, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7208 Falls of Neuse Rd  
 Ste 220  
 City Raleigh State NC Zip Code 27615-3244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travel Management Partners, Inc. Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 08 / 2016  
**Transaction ID : C3404430**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Lewis, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7208 Falls of Neuse Rd  
 Ste 220  
 City Raleigh State NC Zip Code 27615-3244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travel Management Partners, Inc. Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 22 / 2016  
**Transaction ID : C3404431**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. MacDonald, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18744 Barn Swallow Ter  
 City Gaithersburg State MD Zip Code 20879-1733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Adtrav Travel Management Occupation (for Individual) Travel Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 09 / 2016  
**Transaction ID : C3367327**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<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 11 OF 18
<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. Meader, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1533 Independence Ave SE  
 City Washington State DC Zip Code 20003-1548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ASTA Occupation (for Individual) Industry Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 07 / 29 / 2016  
**Transaction ID : C3361565**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Meader, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1533 Independence Ave SE  
 City Washington State DC Zip Code 20003-1548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ASTA Occupation (for Individual) Industry Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 08 / 29 / 2016  
**Transaction ID : C3378277**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Meader, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1533 Independence Ave SE  
 City Washington State DC Zip Code 20003-1548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ASTA Occupation (for Individual) Industry Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 29 / 2016  
**Transaction ID : C3395566**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	126.00
<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 12 OF 18
<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. Peck, Eben, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 675 N Washington St  
Ste 490

City Alexandria State VA Zip Code 22314-1940

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

Name of Employer (for Individual) American Society Of Travel Agents Occupation (for Individual) SVP, Government & Industry Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt 07 / 14 / 2016  
**Transaction ID : C3352094**

Amount of Each Receipt this Period 42.00

Memo Item

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

Mailing Address 675 N Washington St  
Ste 490

City Alexandria State VA Zip Code 22314-1940

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

Name of Employer (for Individual) American Society Of Travel Agents Occupation (for Individual) SVP, Government & Industry Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt 08 / 14 / 2016  
**Transaction ID : C3371610**

Amount of Each Receipt this Period 42.00

Memo Item

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

Mailing Address 675 N Washington St  
Ste 490

City Alexandria State VA Zip Code 22314-1940

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

Name of Employer (for Individual) American Society Of Travel Agents Occupation (for Individual) SVP, Government & Industry Affairs

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : C3387002**

Amount of Each Receipt this Period 42.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	126.00
<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 13 OF 18
<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. Reynolds, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Abbott Sq  
 City Birmingham State AL Zip Code 35242-1804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ADTRAV Occupation (for Individual) CTO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 14 / 2016  
**Transaction ID : C3371630**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Risser, Doug, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 S Main St  
 City Goshen State IN Zip Code 46526-3723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MTS Reality Occupation (for Individual) Travel Professional  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 12 / 2016  
**Transaction ID : C3351254**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Smith, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 53 Ogden Ave  
 City Clarendon Hills State IL Zip Code 60514-1026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tower Travel Management Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : C3370955**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<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 14 OF 18
	<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. Tomlinson, Greg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3563 Valley Cir  
 City Vestavia State AL Zip Code 35243-4603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ADTRAV Occupation (for Individual) Finance Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : C3371452**  
 Amount of Each Receipt this Period 201.00  
 Memo Item

**B. Walker, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2430 Eureka Rd  
 City Washington State IL Zip Code 61571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jennifer Walker Travel, Inc Occupation (for Individual) Travel Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 11 / 2016  
**Transaction ID : C3402911**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Wallace, Duane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1217 E Clearview Dr  
 City Casa Grande State AZ Zip Code 85122-2927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ADA Trave; Occupation (for Individual) Travel Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 19 / 2016  
**Transaction ID : C3376562**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	701.00
<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 15 OF 18
<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. Wallace, K Hope, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1217 E Clearview Dr  
 City Casa Grande State AZ Zip Code 85122-2927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ADA Travel Occupation (for Individual) Travel Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : C3371223**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Waters, Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1707 Old Lantern Trl  
 City Fort Wayne State IN Zip Code 46845-1418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Conference & Travel Occupation (for Individual) Travel Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 11 / 2016  
**Transaction ID : C3349220**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Zelaya, Marilyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3927 Lux Ct  
 City San Jose State CA Zip Code 95136-1954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Willow Glen Travel Occupation (for Individual) Travel Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 07 / 28 / 2016  
**Transaction ID : C3361044**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2750.00
<b>TOTAL</b> This Period (last page this line number only).....	11822.00

**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"/> 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. PNC Bank NA**

Mailing Address 8800 Tincum Blvd.

City Philadelphia State PA Zip Code 19153

Purpose of Disbursement  
Credit Card processing fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2016

FEC Identification Number

C

Transaction ID : D176504

Amount of Each Disbursement this Period

8.78

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank NA**

Mailing Address 8800 Tincum Blvd.

City Philadelphia State PA Zip Code 19153

Purpose of Disbursement  
Credit Card processing fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2016

FEC Identification Number

C

Transaction ID : D176505

Amount of Each Disbursement this Period

8.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank NA**

Mailing Address 8800 Tincum Blvd.

City Philadelphia State PA Zip Code 19153

Purpose of Disbursement  
Credit Card processing fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2016

FEC Identification Number

C

Transaction ID : D176506

Amount of Each Disbursement this Period

8.36

Memo Item

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

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

25.54

25.54



**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 AGENTS PAC**

Full Name (Last, First, Middle Initial)

**A. AMERIPAC: THE FUND FOR A GREATER AMERICA**

Mailing Address 607 14th Street, NW, Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement Contribution to Committee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 11 / 2016

FEC Identification Number

C C00271338

Transaction ID : D177558

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. JIMMY PANETTA FOR CONGRESS**

Mailing Address PO BOX 1579

City CARMEL VALLEY State CA Zip Code 93924

Purpose of Disbursement Contribution to Committee

Candidate Name

Panetta, Jimmy, , ,

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: CA District: 20

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2016

FEC Identification Number

C C00592154

Transaction ID : D176487

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BILL SHUSTER FOR CONGRESS**

Mailing Address PO BOX 27

City HOLLIDAYSBURGH State PA Zip Code 16648

Purpose of Disbursement Contribution to Committee

Candidate Name

Shuster, Bill, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: PA District: 09

Date of Disbursement

MM / DD / YYYY  
07 / 11 / 2016

FEC Identification Number

C C00364935

Transaction ID : D176485

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

8000.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. GARY PALMER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 1919 OXMOOR RD #235

City HOMEWOOD State AL Zip Code 35209

Purpose of Disbursement Contribution to Committee

Candidate Name Palmer, Gary, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: AL District: 06

Date of Disbursement: 09 / 08 / 2016

FEC Identification Number: C00551374  
Transaction ID : D176486  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. RODNEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 344

City TAYLORVILLE State IL Zip Code 62568

Purpose of Disbursement Contribution to Committee

Candidate Name Davis, Rodney, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IL District: 13

Date of Disbursement: 09 / 14 / 2016

FEC Identification Number: C00521948  
Transaction ID : D176488  
Amount of Each Disbursement this Period: 500.00

Memo Item

**C. HOYER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement Contribution to Committee

Candidate Name Hoyer, Steny, H., Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MD District: 05

Date of Disbursement: 07 / 11 / 2016

FEC Identification Number: C00140715  
Transaction ID : D175197  
Amount of Each Disbursement this Period: 500.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10000.00