

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines American Society of Travel Agents PAC

ADDRESS (number and street) 1101 King St. Suite 200 Alexandria VA 22314 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day Report for the: Primary (12P), Convention (12C), General (12G), Special (12G), Runoff (12R) (d) 30-Day Report for the: Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 04 01 2008 through 06 30 2008

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 Mr. Bill Coyle Signature of Treasurer Electronically Filed by Mr. Bill Coyle Date 08 11 2008

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty boxes. Column 11: FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Society of Travel Agents PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 8 | | 147170.48 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 151477.21 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 24062.16 | 36428.86 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 175539.37 | 183599.34 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 18352.91 | 26412.88 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 157186.46 | 157186.46 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Society of Travel Agents PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| 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 | 9926.00 | 17426.00 |
| (i) Itemized (use Schedule A) | 13575.00 | 17890.00 |
| (ii) Unitemized | 23501.00 | 35316.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 23501.00 | 35316.00 |
| 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.) | 561.16 | 1112.86 |
| 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 Transfer (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)) | 24062.16 | 36428.86 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 24062.16 | 36428.86 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 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..... | 13257.56 | 13257.56 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 13257.56 | 13257.56 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 4500.00 | 12000.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 595.35 | 1155.32 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared 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)).. | 18352.91 | 26412.88 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 18352.91 | 26412.88 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 23501.00 | 35316.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 23501.00 | 35316.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 13257.56 | 13257.56 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 13257.56 | 13257.56 |

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

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

FOR LINE NUMBER: PAGE 6 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. James L. Bailey, CTC, MCC

Mailing Address 25 E. White Willow Cr.
Suite 3A

City State Zip Code
Spring TX 77381-3737

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

Name of Employer Occupation
Fox Travel/American Express Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2008

Transaction ID: 15340268

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Monique Sattler

Mailing Address 6388 Kindling Court

City State Zip Code
Lisle IL 60532-3313

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 125.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2008

Transaction ID: 15340280

Amount of Each Receipt this Period
125.00

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

Mailing Address 6388 Kindling Court

City State Zip Code
Lisle IL 60532-3313

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2008

Transaction ID: 15340283

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 475.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 20 |
| | <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. | Full Name (Last, First, Middle Initial) Tracy Bartram | | Date of Receipt MM / DD / YYYY 04 / 15 / 2008 | | |
| | Mailing Address 11 Bridgeport | | Transaction ID: 15340318 | | |
| | City Dana Point | State CA | Zip Code 92629-3233 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Uniglobe Travel USA LLC | Occupation Executive | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Ms. Teri L. Trettin, CTC, MCC | | Date of Receipt MM / DD / YYYY 04 / 15 / 2008 | | |
| | Mailing Address 2519 South Cedar | | Transaction ID: 15340324 | | |
| | City Tacoma | State WA | Zip Code 98405-2323 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer CWT/Travel Center | Occupation Travel Agency Owner | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Mr. John Stratton, CTC | | Date of Receipt MM / DD / YYYY 04 / 15 / 2008 | | |
| | Mailing Address 707 Bashford Lane | | Transaction ID: 15340325 | | |
| | City Alexandria | State VA | Zip Code 22314-1307 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Ticket To Ride, Inc. | Occupation President | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 20 |
| | <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. | Full Name (Last, First, Middle Initial) Mr. Neal Kraemer | Date of Receipt MM / DD / YYYY 04 / 15 / 2008 |
| | Mailing Address 6625 Lyndale Avenue S | Transaction ID: 15340326 |
| | City State Zip Code Minneapolis MN 55423-2373 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Carrousel Travel President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Laurette Karuhn | Date of Receipt MM / DD / YYYY 04 / 23 / 2008 |
| | Mailing Address 201 E Ogden Avenue Suite 100 | Transaction ID: 15356861 |
| | City State Zip Code Hinsdale IL 60521-3633 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Hinsdale Travel Service, Inc. Owner | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Robert Poole | Date of Receipt MM / DD / YYYY 04 / 23 / 2008 |
| | Mailing Address 2835 Bond Cir | Transaction ID: 15356916 |
| | City State Zip Code Naperville IL 60563-3165 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Naperville Travel Bureau Owner | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 20 |
| | <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. | Full Name (Last, First, Middle Initial) Ms. Mary Peters, CTC | Date of Receipt MM / DD / YYYY 04 / 30 / 2008 |
| | Mailing Address 8002 Fairfax Road | Transaction ID: 15395466 |
| | City State Zip Code Alexandria VA 22308 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Friendly Travel, Inc./American Express | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Ms. Kari Thomas, CTC | Date of Receipt MM / DD / YYYY 04 / 30 / 2008 |
| | Mailing Address 215 Station Ave. | Transaction ID: 15395468 |
| | City State Zip Code Langhorne PA 19047-2829 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Will Travel, Inc. | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Mrs. Lynda P. Maxwell, CTC | Date of Receipt MM / DD / YYYY 04 / 30 / 2008 |
| | Mailing Address 11169 Oakenshied Circle | Transaction ID: 15395735 |
| | City State Zip Code Columbia MD 21044 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Destinations, Inc. | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 20
(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <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.

Full Name (Last, First, Middle Initial)
Ms. Donna Daniels, CTC, MCC

Mailing Address 25 E Whitewillow Cir.

City State Zip Code
Spring TX 77381-3737

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

Name of Employer Occupation
Fox Travel President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2008

Transaction ID: 15395756

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 3261 NW 3rd Avenue

City State Zip Code
Oakland Park FL 33309-6001

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

Name of Employer Occupation
Personalized Travel, Inc. Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2008

Transaction ID: 15395765

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Mary Alice Gonsalves, CTC

Mailing Address 5414 Oberlin Drive Suite 300

City State Zip Code
San Diego CA 92121-4752

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

Name of Employer Occupation
Balboa Travel, Inc. Travel Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2008

Transaction ID: 15395850

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 20
(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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

A. Full Name (Last, First, Middle Initial)
Ms. Mary Louise Seifert, CTC

Mailing Address 7004 Via Camello Del Sur #29

City State Zip Code
Scottsdale AZ 85258-3649

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

Name of Employer: Welcome Aboard Vacation Center, Inc. Occupation: Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 16 / 2008
Transaction ID: 15487410
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Henry Donaldson

Mailing Address 20 W. 107th St.

City State Zip Code
Bloomington MN 55420-5502

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

Name of Employer: A-1 Travel Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 16 / 2008
Transaction ID: 15487480
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 7514 Strafford Pl.

City State Zip Code
Birmingham AL 35242

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

Name of Employer: Adtrav Corporation Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 16 / 2008
Transaction ID: 15487583
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 12 / 20 |
| | (check only one) | |
| <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. | Full Name (Last, First, Middle Initial) Ms. Marilyn Allegra | | Date of Receipt |
| | Mailing Address 15 Devonshire Ln | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 6 / 2 0 0 8 |
| | City | State | Zip Code |
| | Oak Brook | IL | 60523-1712 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 15487589 |
| Name of Employer Grove Travel | | Occupation Travel Consultant | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |
| | | <input type="text"/> 250.00 | |

| | | | |
|---|--|------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Dan Lekki | | Date of Receipt |
| | Mailing Address 15750 S Harlem Avenue | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 6 / 2 0 0 8 |
| | City | State | Zip Code |
| | Orland Park | IL | 60462-5279 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 15487592 |
| Name of Employer Carol's Travel Service & Cruise Center | | Occupation Vice President | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |
| | | <input type="text"/> 250.00 | |

| | | | |
|---|--|-----------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Anthony J. Cimino | | Date of Receipt |
| | Mailing Address 125 S Bloomingdale Rd | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 6 / 2 0 0 8 |
| | City | State | Zip Code |
| | Bloomington | IL | 60108-2952 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 15487602 |
| Name of Employer Carlson Wagonlit Travel/J-ourneys Inter | | Occupation | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 101.00 |
| | | <input type="text"/> 101.00 | |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 601.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 20
(check only one)

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <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.

Full Name (Last, First, Middle Initial)
Anthony J. Cimino

Mailing Address 125 S Bloomingdale Rd

City State Zip Code
Bloomingdale IL 60108-2952

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

Name of Employer
Carlson Wagonlit Travel/J-ourneys Inter

Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2008

Transaction ID: 15487648

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Mr. Luis O. Soto Maduro

Mailing Address P.O. 141407

City State Zip Code
Arecibo PR 00614

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

Name of Employer
Gala Travel Agency

Occupation
Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: 15515974

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Deborah S. Mangas, CTC

Mailing Address 9720 Old Port Cove

City State Zip Code
Bristol IN 46507-8789

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

Name of Employer
Menno Travel Service, Inc-
/American Ex

Occupation
Vacation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2008

Transaction ID: 15568558

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 20

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <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.

Full Name (Last, First, Middle Initial)
Mrs. Wendy Goodenow, CTC

Mailing Address 1245 Young Street
#203

City State Zip Code
Honolulu HI 96814-1958

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

Name of Employer Occupation
HNL Travel Associates President/Owner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 1 | | 2 | 0 | 0 | 8 |

Transaction ID: 15585479

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

B.

Full Name (Last, First, Middle Initial)
Ms. Joanne Gardner, CTC

Mailing Address 26 W 310 Menomini Drive

City State Zip Code
Wheaton IL 60187

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

Name of Employer Occupation
The Travel Specialist Owner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 1 | | 2 | 0 | 0 | 8 |

Transaction ID: 15585485

Amount of Each Receipt this Period

| |
|--------|
| 500.00 |
|--------|

C.

Full Name (Last, First, Middle Initial)
Mr. Chris Russo

Mailing Address 6824 Newland Street

City State Zip Code
Arvada CO 80003-3638

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

Name of Employer Occupation
The Travel Junction Owner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 1 | | 2 | 0 | 0 | 8 |

Transaction ID: 15585486

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

SUBTOTAL of Receipts This Page (optional) ▶

| |
|---------|
| 1000.00 |
|---------|

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

| |
|--|
| |
|--|

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 20
(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <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.

Full Name (Last, First, Middle Initial)
Mrs. Nina Meyer, CTC,MCC,DS

Mailing Address 1701 Ponce De Leon Blvd

City State Zip Code
Coral Gables FL 33134-4416

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

Name of Employer Occupation
TravelLeaders Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: 15620613

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Carol L. Wagner

Mailing Address 1959 Alpha Drive

City State Zip Code
Commerce Township MI 48382-2302

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

Name of Employer Occupation
Travel Plus, Inc. Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: 15620664

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
William A. Maloney, CTC

Mailing Address 2933 Eddington Terrace

City State Zip Code
Alexandria VA 22302-3503

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

Name of Employer Occupation
American Society of Travel Agents COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: 15621217

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 16 / 20 |
| | (check only one) | |
| <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.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Ms. Dee Runyan | | Date of Receipt MM / DD / YYYY 06 / 30 / 2008 |
| Mailing Address 1055 Lenox Park Blvd Ste 420 | | Transaction ID: 15621220 |
| City Atlanta | State GA | Zip Code 30319-5367 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer WorldTravel BTI | Occupation Executive Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Mr. Scott Pinheiro | | Date of Receipt MM / DD / YYYY 06 / 30 / 2008 |
| Mailing Address 250 River Street #432 | | Transaction ID: 15621222 |
| City Santa Cruz | State CA | Zip Code 95060 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Santa Cruz Travel, Inc. | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | 9926.00 |

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

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

FOR LINE NUMBER: PAGE 17 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Merrill Lynch Ready Assets
Mailing Address PO Box 11063

City State Zip Code
Church Station NY 10249

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
734.41

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 6 / 2 0 0 8

Transaction ID: 15396060
Amount of Each Receipt this Period
182.71

B. Full Name (Last, First, Middle Initial)
Merrill Lynch Ready Assets
Mailing Address PO Box 11063

City State Zip Code
Church Station NY 10249

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
949.86

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 3 0 / 2 0 0 8

Transaction ID: 15543253
Amount of Each Receipt this Period
215.45

C. Full Name (Last, First, Middle Initial)
Merrill Lynch Ready Assets
Mailing Address PO Box 11063

City State Zip Code
Church Station NY 10249

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1112.86

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 8

Transaction ID: 15622062
Amount of Each Receipt this Period
163.00

SUBTOTAL of Receipts This Page (optional) ► **561.16**

TOTAL This Period (last page this line number only) ► **561.16**

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Shelley Berkley for Congress

Mailing Address Post Office Box 636

City Annandale State VA Zip Code 22003

Purpose of Disbursement

011
Category/
Type

Candidate Name
Shelley Berkley

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: NV District: 01

Transaction ID: 15449041
Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Comm. To Re-Elect Nydia M. Velazqu

Mailing Address 436 New Jersey Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011
Category/
Type

Candidate Name
Nydia M. Velazquez

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: NY District: 12

Transaction ID: 15449042
Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)
Treadwell For Congress

Mailing Address PO Box 685

City Saratoga Springs State NY Zip Code 12866

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sandy Treadwell

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: NY District: 20

Transaction ID: 15449043
Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

4500.00

**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)

PAGE 19 / 20

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

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

A.

Full Name (Last, First, Middle Initial)
ASTA

Transaction ID: 15617307

Date of Disbursement

Mailing Address 1101 King st
Suite 200

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 7 | | 2 | 0 | 0 | 8 |

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

| |
|--------|
| 595.35 |
|--------|

Purpose of Disbursement
Certification and Training for LD-203 disclosure reporting

| |
|-------------------|
| 003 |
| Category/ Type |

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Certification and Training
for LD-203 disclosure rep-
orting

SUBTOTAL of Disbursements This Page (optional) ►

| |
|--------|
| 595.35 |
|--------|

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

| |
|--------|
| 595.35 |
|--------|

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Vocus, Inc.</p> <p>Mailing Address 4296 Forbes Blvd.</p> <p>City Lanham State MD Zip Code 20706</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 15617341 Date of Disbursement 06 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 12705.00</p> <p>001 Category/ Type</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) ASTA</p> <p>Mailing Address 1101 King st Suite 200</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 15696943 Date of Disbursement 04 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 281.15</p> <p>001 Category/ Type</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) ASTA</p> <p>Mailing Address 1101 King st Suite 200</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 15696956 Date of Disbursement 04 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 271.41</p> <p>001 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

13257.56

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

13257.56