

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

U. S. Travel Association PAC

ADDRESS (number and street) 1100 New York Avenue Ste 450W

Check if different than previously reported. (ACC) Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00457754

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 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 07 01 2009 through 12 31 2009

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 David Mimm

Signature of Treasurer Electronically Filed by David Mimm Date 02 04 2010

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

Office Use Only							
-----------------	--	--	--	--	--	--	--

FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
U. S. Travel Association PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		50.00
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	5941.06									
(c) Total Receipts (from Line 19)	41984.96	57284.95								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	47926.02	57334.95								
7. Total Disbursements (from Line 31)	13753.14	23162.07								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34172.88	34172.88								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
U. S. Travel Association PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	19569.96	34419.95
(ii) Unitemized	1915.00	2365.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	21484.96	36784.95
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	20500.00	20500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	41984.96	57284.95
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 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))	41984.96	57284.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	41984.96	57284.95

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13300.00	22600.00
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.....	453.14	562.07
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))..	13753.14	23162.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13753.14	23162.07

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 23

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)	41984.96	57284.95
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41984.96	57284.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 23
(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

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)
U. S. Travel Association PAC

A.

Full Name (Last, First, Middle Initial)
Shane Berry

Mailing Address 43 Hermit Lane

City State Zip Code
Westport CT 06880

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

Name of Employer Occupation
American Express Sr. Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2009

Transaction ID: SA11AI.4176

Amount of Each Receipt this Period
500.00

paid by credit card

B.

Full Name (Last, First, Middle Initial)
James Brown

Mailing Address 7010 Vantage Drive

City State Zip Code
Alexandria VA 22306

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

Name of Employer Occupation
U S Travel Association

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: SA11AI.4192

Amount of Each Receipt this Period
120.00

\$10 per semi monthly payroll

C.

Full Name (Last, First, Middle Initial)
Dennis Castleman

Mailing Address 8379 Sweet Cherry Lane

City State Zip Code
Laurel MD 20723

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

Name of Employer Occupation
U S Travel Association VP Industry Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: SA11AI.4193

Amount of Each Receipt this Period
240.00

\$20 semi monthly payroll

SUBTOTAL of Receipts This Page (optional) ▶ **860.00**

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 / 23
	<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)
U. S. Travel Association PAC

A.	Full Name (Last, First, Middle Initial) Kaye Ceille		Date of Receipt MM / DD / YYYY 09 / 11 / 2009
	Mailing Address 51 Shady Path Drive		Transaction ID: SA11AI.4224
	City Madison	State NJ	Zip Code 07940
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Avis Budget Group	Occupation Sr. VP	Aggregate Year-to-Date 250.00

B.	Full Name (Last, First, Middle Initial) Roger J. Dow		Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 7828 Stable Way		Transaction ID: SA11AI.4195
	City Potomac	State MD	Zip Code 20854
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
	Name of Employer U. S. Travel Association	Occupation President & Chief Executive Officer	Aggregate Year-to-Date 3800.00

\$200 semi monthly payroll

C.	Full Name (Last, First, Middle Initial) Christine Duffy		Date of Receipt MM / DD / YYYY 07 / 21 / 2009
	Mailing Address 2244 Deer Path Road		Transaction ID: SA11AI.4172
	City Huntingdon Valley	State PA	Zip Code 19006
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Maritz Travel	Occupation President & CEO	Aggregate Year-to-Date 1000.00

paid by credit card

SUBTOTAL of Receipts This Page (optional)	3650.00
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 8 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
U. S. Travel Association PAC

A. Full Name (Last, First, Middle Initial)
Kenneth Esterow
 Mailing Address 313 Canterbury Road
 City State Zip Code
 Wyckoff NJ 07481
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 03 / 2009
Transaction ID: SA11AI.4202
 Amount of Each Receipt this Period
 500.00
 paid by credit card
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Gullivers Travel Associates President & CEO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

B. Full Name (Last, First, Middle Initial)
Douglas C Frechtling
 Mailing Address 6003 Cromwell Drive
 City State Zip Code
 Bethesda MD 20816
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 27 / 2009
Transaction ID: SA11AI.4218
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 George Washington Univ. Professor
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

C. Full Name (Last, First, Middle Initial)
Geoffrey Freeman
 Mailing Address 2101 Rockingham Street
 City State Zip Code
 McLean VA 22101
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 31 / 2009
Transaction ID: SA11AI.4197
 Amount of Each Receipt this Period
 1599.96
 \$133.33 semi monthly payroll
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 U S Travel Association Sr. VP Public Affairs
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1999.95

SUBTOTAL of Receipts This Page (optional) ► 2349.96
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 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
U. S. Travel Association PAC

A.

Full Name (Last, First, Middle Initial) Randy A Garfield		Date of Receipt MM / DD / YYYY 07 / 31 / 2009
Mailing Address 6017 Lady Bet Drive		Transaction ID: SA11AI.4188
City Orlando	State FL	Zip Code 32819
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Disney Destinations LLC	Occupation Sr. VP Worldwide Sales	
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) Maura K Gast		Date of Receipt MM / DD / YYYY 10 / 14 / 2009
Mailing Address 2016 Shumard Lane		Transaction ID: SA11AI.4240
City Flower Mound	State TX	Zip Code 75028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Irving CVB	Occupation Executive Director	paid by credit card
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) Adam M Goldstein		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 4321 Santa Maria St.		Transaction ID: SA11AI.4259
City Coral Gables	State FL	Zip Code 33146
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Roral Caribbean Intl	Occupation President & CEO	paid by credit card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 10 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
U. S. Travel Association PAC

A.	Full Name (Last, First, Middle Initial) Nicki Grossman	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 100 East Broward Blvd Ste 200	Transaction ID: SA11AI.4182
	City State Zip Code Ft. Lauderdale FL 33301	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Grt Ft. Lauderdale CVB President & CEO	
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) Steven Hacker	Date of Receipt MM / DD / YYYY 12 / 09 / 2009
	Mailing Address 362 Rio Bravo Drive	Transaction ID: SA11AI.4251
	City State Zip Code Fairview TX 75069	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	paid by credit card
	Name of Employer Occupation IAEE President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) H. Christopher Malone, III	Date of Receipt MM / DD / YYYY 09 / 28 / 2009
	Mailing Address 32 Springton Pointe Drive	Transaction ID: SA11AI.4235
	City State Zip Code Newtown Square PA 19073	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Choice Hotels Intl. Chief Marketing Officer	
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)	▶	1050.00
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 11 / 23
	<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)
U. S. Travel Association PAC

A.	Full Name (Last, First, Middle Initial) Gary Oster	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 1922 Eamons Way	Transaction ID: SA11AI.4194
	City State Zip Code Annapolis MD 21401	Amount of Each Receipt this Period 1800.00
	FEC ID number of contributing federal political committee. C	\$150 semi monthly payroll
	Name of Employer U S Travel Association Occupation Sr. VP Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00

B.	Full Name (Last, First, Middle Initial) Dennis Petroskey	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 3900 Fairfax Drive Unit 701	Transaction ID: SA11AI.4191
	City State Zip Code Arlington VA 22203	Amount of Each Receipt this Period 360.00
	FEC ID number of contributing federal political committee. C	\$30 per semi monthly payroll
	Name of Employer U S Travel Association Occupation Sr. VP Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00

C.	Full Name (Last, First, Middle Initial) Alma Rojas	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 1401 17th Street NW Apt 603	Transaction ID: SA11AI.4196
	City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1200.00
	FEC ID number of contributing federal political committee. C	\$100 semi monthly payroll
	Name of Employer U S Travel Association Occupation VP Government Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00

SUBTOTAL of Receipts This Page (optional)	3360.00
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 12 / 23
	<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)
U. S. Travel Association PAC

A.	Full Name (Last, First, Middle Initial) Donald G Schumacher	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 9880 Forest Glen Drive	Transaction ID: SA11AI.4244
	City State Zip Code Cincinnati OH 45242	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Natl Assn of Sports Commi- ssion	Occupation Executive Director	
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) Christopher Spyridon	Date of Receipt MM / DD / YYYY 09 / 03 / 2009
	Mailing Address 5358 Granny White Pike	Transaction ID: SA11AI.4222
	City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Nashville CVB	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Christopher Thompson	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 8515 Congressional Dr.	Transaction ID: SA11AI.4186
	City State Zip Code Tallahassee FL 32312	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer VISIT FLORIDA	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
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 13 / 23

(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

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)
U. S. Travel Association PAC

A.

Full Name (Last, First, Middle Initial)
Jonathan M Tisch

Mailing Address 655 Madison Ave.
19th Floor

City State Zip Code
New York NY 10065

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

Name of Employer Occupation
Loews Hotels Chairman & CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: SA11AI.4257

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
Robert L Warren

Mailing Address 18190 O'Brien Mtn Road

City State Zip Code
Redding CA 96051

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

Name of Employer Occupation
Redding Convention & Visitors Bureau Mgr

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.4178

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

19569.96

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 / 23
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
U. S. Travel Association PAC

A.	Full Name (Last, First, Middle Initial) AMERICAN HOTEL AND LODGING ASSOCIATION PAC	Date of Receipt MM / DD / YYYY 09 / 15 / 2009
	Mailing Address 1201 New York Avenue NW Sixth Floor	Transaction ID: SA11C.4231
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C C00001198	Pac to Pac
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) ARDA ROC-PAC	Date of Receipt MM / DD / YYYY 12 / 28 / 2009
	Mailing Address 1201 15th Street NW Ste 400	Transaction ID: SA11C.4306
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	PAC to PAC
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) Enterprise Holdings INC PAC	Date of Receipt MM / DD / YYYY 12 / 29 / 2009
	Mailing Address 600 Corporate Park Drive	Transaction ID: SA11C.4261
	City St. Louis State MO Zip Code 63105	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	PAC to PAC
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	15000.00
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 / 23
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
U. S. Travel Association PAC

A.

Full Name (Last, First, Middle Initial) Hilton Worldwide PAC		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 7930 Jones Branch Drive Ste 1100		Transaction ID: SA11C.4265
City McLean	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer	Occupation	PAC to PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

B.

Full Name (Last, First, Middle Initial) Marriott International INC PAC		Date of Receipt MM / DD / YYYY 11 / 19 / 2009
Mailing Address Marriott Drive		Transaction ID: SA11C.4249
City Washington	State DC	Zip Code 20058
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	PAC to PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	20500.00

**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"/> 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

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)
U. S. Travel Association PAC

A.	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS Mailing Address 3069 Conquista Court City Las Vegas State NV Zip Code 89121 Purpose of Disbursement PAC Host Candidate Name SHELLEY BERKLEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4268 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 9	Amount of Each Disbursement this Period 2400.00
B.	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS Mailing Address 3069 Conquista Court City Las Vegas State NV Zip Code 89121 Purpose of Disbursement PAC Host Candidate Name SHELLEY BERKLEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4271 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 9	Amount of Each Disbursement this Period 100.00
C.	Full Name (Last, First, Middle Initial) CONYERS FOR CONGRESS Mailing Address 1831 Bay St SE City Washington State DC Zip Code 20003 Purpose of Disbursement Friend Candidate Name JOHN JR. CONYERS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 14 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4272 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 23

<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

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)
U. S. Travel Association PAC

A.	Full Name (Last, First, Middle Initial) FRIENDS OF BENNIE THOMPSON	Transaction ID: SB23.4278 Date of Disbursement 10 / 01 / 2009
	Mailing Address P.O. Box 100 P.O. Box 100	Amount of Each Disbursement this Period 1500.00
	City Bolton State MS Zip Code 39041	
	Purpose of Disbursement	Category/Type
	Candidate Name BENNIE G. THOMPSON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF BYRON DORGAN	Transaction ID: SB23.4280 Date of Disbursement 10 / 26 / 2009
	Mailing Address PO BOX 871	Amount of Each Disbursement this Period 2400.00
	City BISMARCK State ND Zip Code 58502	
	Purpose of Disbursement	Category/Type
	Candidate Name BYRON L DORGAN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF BYRON DORGAN	Transaction ID: SB23.4282 Date of Disbursement 10 / 26 / 2009
	Mailing Address PO BOX 871	Amount of Each Disbursement this Period 2400.00
	City BISMARCK State ND Zip Code 58502	
	Purpose of Disbursement	Category/Type
	Candidate Name BYRON L DORGAN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ► **6300.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 23

<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

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)
U. S. Travel Association PAC

A.	Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER	Transaction ID: SB23.4283 Date of Disbursement 12 / 08 / 2009
	Mailing Address 509 MADISON AVE SUITE 1902	Amount of Each Disbursement this Period 2400.00
	City NEW YORK State NY Zip Code 10022	
	Purpose of Disbursement	Category/Type
	Candidate Name CHARLES E SCHUMER	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER	Transaction ID: SB23.4285 Date of Disbursement 12 / 08 / 2009
	Mailing Address 509 MADISON AVE SUITE 1902	Amount of Each Disbursement this Period 100.00
	City NEW YORK State NY Zip Code 10022	
	Purpose of Disbursement	Category/Type
	Candidate Name CHARLES E SCHUMER	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KRATOVIL, FRANK M MR. JR	Transaction ID: SB23.4276 Date of Disbursement 09 / 23 / 2009
	Mailing Address 222 Main Sail PO Box 518	Amount of Each Disbursement this Period 1000.00
	City Stevensville State MD Zip Code 21666	
	Purpose of Disbursement Host	Category/Type
	Candidate Name FRANK M MR. JR KRATOVIL	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	13300.00

**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 / 23

<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

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)
U. S. Travel Association PAC

A.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: SB29.4290 Date of Disbursement
	Mailing Address 1100 H Street NW	<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card setup fees	<input type="text" value="210.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: SB29.4292 Date of Disbursement
	Mailing Address 1100 H Street NW	<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement ach fee	<input type="text" value="15.64"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: SB29.4293 Date of Disbursement
	Mailing Address 1100 H Street NW	<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Amex service fee	<input type="text" value="14.60"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="240.74"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 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

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)
U. S. Travel Association PAC

A.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: SB29.4294 Date of Disbursement
	Mailing Address 1100 H Street NW	<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement amex service fee	<input type="text" value="3.04"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: SB29.4295 Date of Disbursement
	Mailing Address 1100 H Street NW	<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement bank service fee	<input type="text" value="10.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: SB29.4296 Date of Disbursement
	Mailing Address 1100 H Street NW	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement pnc merchant fees	<input type="text" value="16.58"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="29.62"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 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

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)
U. S. Travel Association PAC

A.	Full Name (Last, First, Middle Initial) PNC Bank Mailing Address 1100 H Street NW City Washington State DC Zip Code 20005 Purpose of Disbursement amex service fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4297 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 9	Amount of Each Disbursement this Period 4.49
B.	Full Name (Last, First, Middle Initial) PNC Bank Mailing Address 1100 H Street NW City Washington State DC Zip Code 20005 Purpose of Disbursement pnc merchant fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4298 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 9	Amount of Each Disbursement this Period 15.97
C.	Full Name (Last, First, Middle Initial) PNC Bank Mailing Address 1100 H Street NW City Washington State DC Zip Code 20005 Purpose of Disbursement pnc merchant fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4299 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 9	Amount of Each Disbursement this Period 2.62

SUBTOTAL of Disbursements This Page (optional)	23.08
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 23

<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

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)
U. S. Travel Association PAC

A.	Full Name (Last, First, Middle Initial) PNC Bank Mailing Address 1100 H Street NW City Washington State DC Zip Code 20005 Purpose of Disbursement pnc merchant fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4300 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 9	Amount of Each Disbursement this Period 15.50
B.	Full Name (Last, First, Middle Initial) PNC Bank Mailing Address 1100 H Street NW City Washington State DC Zip Code 20005 Purpose of Disbursement pnc merchant fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4301 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 9	Amount of Each Disbursement this Period 6.55
C.	Full Name (Last, First, Middle Initial) PNC Bank Mailing Address 1100 H Street NW City Washington State DC Zip Code 20005 Purpose of Disbursement pnc merchant fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4302 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 9	Amount of Each Disbursement this Period 16.53

SUBTOTAL of Disbursements This Page (optional)	38.58
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 23

<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

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)
U. S. Travel Association PAC

A. Full Name (Last, First, Middle Initial) PNC Bank <hr/> Mailing Address 1100 H Street NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement amex service fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4303 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 14.75
B. Full Name (Last, First, Middle Initial) PNC Bank <hr/> Mailing Address 1100 H Street NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement pnc merchant fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4304 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 25.64

SUBTOTAL of Disbursements This Page (optional) ▶

40.39

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

372.41