

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC**

ADDRESS (number and street) **675 NORTH WASHINGTON STREET**  
**SUITE 490**  
 Check if different than previously reported. (ACC) **ALEXANDRIA VA 22314**

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

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  07 01 2018 through  /  /  09 30 2018

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

Signature of Treasurer Peck, Eben, , , [Electronically Filed] Date  /  /  10 15 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		<input type="text" value="274314.23"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="273567.24"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="28043.77"/>	<input type="text" value="120027.95"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="301611.01"/>	<input type="text" value="394342.18"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12036.67"/>	<input type="text" value="104767.84"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="289574.34"/>	<input type="text" value="289574.34"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2018 To: M M / D D / Y Y Y Y 09 / 30 / 2018

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).....	12891.81	82562.82
(ii) Unitemized .....	4853.19	21743.53
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	17745.00	104306.35
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	22745.00	114306.35
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.....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	298.77	721.60
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	28043.77	120027.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	28043.77	120027.95

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2385.39	13116.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2385.39	13116.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	88000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	3651.28	3651.28
(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)).....	3651.28	3651.28
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12036.67	104767.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12036.67	104767.84

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	22745.00	114306.35
34. Total Contribution Refunds (from Line 28(d)) .....	3651.28	3651.28
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19093.72	110655.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2385.39	13116.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2385.39	13116.56

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 24
<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 ADVISORS, INC. PAC**

**A. Altschul, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21299 Rockledge Lane  
 City Boca Raton State FL Zip Code 33428-4878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ABC Global Services Occupation (for Individual) Chief Executive Officer  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2018  
**Transaction ID : SA11AI.5170**  
 Amount of Each Receipt this Period  
 1100.00  
 Memo Item

**B. Anderson, Van, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 E Las Olas Blvd #1400  
 City Ft Lauderdale State FL Zip Code 33301-2218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Avoya Travel Occupation (for Individual) Co-Founder  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2018  
**Transaction ID : SA11AI.5144**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Ayala, Kathryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19444 Parkside St  
 City Detroit State MI Zip Code 48221-1834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LeisureTime Travel LLC Occupation (for Individual) Travel Agent  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 202.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2018  
**Transaction ID : SA11AI.5307**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
<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 ADVISORS, INC. PAC**

**A. Banks, Philip, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3400 Preston Rd.  
#235

City Plano	State TX	Zip Code 75093-7468
---------------	-------------	------------------------

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

Name of Employer (for Individual) Legacy Travel, Inc.	Occupation (for Individual) President and Co-Founder
--	---

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
512.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2018

**Transaction ID : SA11AI.5164**

Amount of Each Receipt this Period  
512.82

Memo Item

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

Mailing Address 1491 Hamilton Way

City San Jose	State CA	Zip Code 95125-4440
------------------	-------------	------------------------

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

Name of Employer (for Individual) Casto Travel	Occupation (for Individual) President & CEO
---	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2018

**Transaction ID : SA11AI.5166**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 950 N Michigan Avenue  
Apt. 3604

City Chicago	State IL	Zip Code 60611-4508
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ensemble	Occupation (for Individual) Travel Agent
---	---

Receipt For: 2018  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
923.07

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2018

**Transaction ID : SA11AI.5154**

Amount of Each Receipt this Period  
410.25

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1923.07
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
	<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 ADVISORS, INC. PAC**

**A. Chapin, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 N Michigan Avenue  
 Apt. 3604  
 City Chicago State IL Zip Code 60611-4508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ensemble Occupation (for Individual) Travel Agent  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 948.07

Date of Receipt  
 08 / 21 / 2018  
**Transaction ID : SA11AI.5195**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Cooper, Audrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10620 Crestos Dr.  
 City Los Altos State CA Zip Code 94024-7419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Anglo California Travel Servic Occupation (for Individual) Vice President  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 08 / 28 / 2018  
**Transaction ID : SA11AI.5148**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. da Rosa, Andrea, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5414 Oberlin St.  
 300  
 City San Diego State CA Zip Code 92121-4744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Balboa Travel, Inc. Occupation (for Individual) Strategic Solutions Manager  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 08 / 22 / 2018  
**Transaction ID : SA11AI.5271**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<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 ADVISORS, INC. PAC**

**A. Duglin, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 NE 59th Ct  
 City Fort Lauderdale State FL Zip Code 33308-2112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ASTA Occupation (for Individual) Vice President  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2018  
**Transaction ID : SA11AI.5257**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Friedman, Jackie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4701 O Connor Ct  
 City Irving State TX Zip Code 75062-3761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Occupation (for Individual) Travel Executive  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1668.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2018  
**Transaction ID : SA11AI.5155**  
 Amount of Each Receipt this Period  
 417.00  
 Memo Item

**C. Friedman, Jackie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4701 O Connor Ct  
 City Irving State TX Zip Code 75062-3761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Occupation (for Individual) Travel Executive  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2085.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2018  
**Transaction ID : SA11AI.5156**  
 Amount of Each Receipt this Period  
 417.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	884.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC**

**A. Friedman, Jackie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4701 O Connor Ct  
 City Irving State TX Zip Code 75062-3761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Occupation (for Individual) Travel Executive  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2502.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2018  
**Transaction ID : SA11AI.5157**  
 Amount of Each Receipt this Period  
 417.00  
 Memo Item

**B. Friedman, Jackie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4701 O Connor Ct  
 City Irving State TX Zip Code 75062-3761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Occupation (for Individual) Travel Executive  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2919.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 09 / 2018  
**Transaction ID : SA11AI.5158**  
 Amount of Each Receipt this Period  
 417.00  
 Memo Item

**C. Friedman, Jackie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4701 O Connor Ct  
 City Irving State TX Zip Code 75062-3761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Occupation (for Individual) Travel Executive  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2969.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2018  
**Transaction ID : SA11AI.5258**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	884.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 24
	<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 ADVISORS, INC. PAC**

**A. Fryer, Cathie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1902 N Towner St  
 City Santa Ana State CA Zip Code 92706-3548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CTA Travel Occupation (for Individual) President  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2018  
**Transaction ID : SA11AI.5146**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Geiser, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18663 MacArthur Blvd  
 City Irvine State CA Zip Code 92612-1200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Uniglobe Travel Center Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 537.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2018  
**Transaction ID : SA11AI.5224**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Hamida, Robbi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6565 N MacArthur Blvd  
 City Irving State TX Zip Code 75039-2468  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion, LLC Occupation (for Individual) Senior Vice President  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 22 / 2018  
**Transaction ID : SA11AI.5168**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1275.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 24
<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 ADVISORS, INC. PAC**

**A. Hershberger, David, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9895 Momntgomery Rd

City Cincinnati	State OH	Zip Code 45242-6424
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Prestige Travel Inc.	Occupation (for Individual) President
---	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
562.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2018

**Transaction ID : SA11AI.5261**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 9895 Momntgomery Rd

City Cincinnati	State OH	Zip Code 45242-6424
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Prestige Travel Inc.	Occupation (for Individual) President
---	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
612.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2018

**Transaction ID : SA11AI.5281**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 5110 E Wallace Ave

City Scottsdale	State AZ	Zip Code 85254-1068
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Mark Travel	Occupation (for Individual) CEO
--	------------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2018

**Transaction ID : SA11AI.5142**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC**

**A. Kerby, Zane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 675 N Washington St  
 Ste. 490  
 City Alexandria State VA Zip Code 22314-1940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Society of Travel Agents Occupation (for Individual) CEO  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1125.64

Date of Receipt  
 08 / 21 / 2018  
**Transaction ID : SA11AI.5324**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Lee, Jenn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 Erie Ct  
 City Winter Springs State FL Zip Code 32708-5513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travel Planners International, Inc. Occupation (for Individual) VP of Sales and Marketing  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 08 / 21 / 2018  
**Transaction ID : SA11AI.5160**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Lobasso, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8910 Kenilworth Drive  
 City Burke State VA Zip Code 22015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Society of Travel Agents Occupation (for Individual) General Counsel  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 306.41

Date of Receipt  
 08 / 21 / 2018  
**Transaction ID : SA11AI.5262**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 24
<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 ADVISORS, INC. PAC**

**A. Lovick, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10950 Club West Pkwy  
 City Blaine State MN Zip Code 55449-3673  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travel Leaders Occupation (for Individual) President  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2018  
**Transaction ID : SA11AI.5151**  
 Amount of Each Receipt this Period  
 291.00  
 Memo Item

**B. Meader, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1533 Independence Avenue SE  
 City Washington State DC Zip Code 20003-1548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amer. Soc. of Travel Advisors Occupation (for Individual) SVP Industry Affairs  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2018  
**Transaction ID : SA11AI.5288**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**C. Meader, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1533 Independence Avenue SE  
 City Washington State DC Zip Code 20003-1548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amer. Soc. of Travel Advisors Occupation (for Individual) SVP Industry Affairs  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2018  
**Transaction ID : SA11AI.5289**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	461.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 24
	<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 ADVISORS, INC. PAC**

**A. Mickelson, Gloria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3704 Westmark Cir  
 City Minnetonka State MN Zip Code 55345-2242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travel Leaders Network Occupation (for Individual) Director, Educational Services  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 08 / 22 / 2018  
**Transaction ID : SA11AI.5219**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Moebes, Anne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3038 Westham Dr  
 City Saint Louis State MO Zip Code 63131-2537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travel Market Report Occupation (for Individual) Publisher  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 07 / 08 / 2018  
**Transaction ID : SA11AI.5140**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Peck, Eben, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 675 N Washington St Ste 490  
 City Alexandria State VA Zip Code 22314-1940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Society of Travel Agents Occupation (for Individual) SVP, Government & Public Affairs  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 372.81

Date of Receipt  
 07 / 01 / 2018  
**Transaction ID : SA11AI.5231**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 24
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 ADVISORS, INC. PAC**

**A. Peck, Eben, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 675 N Washington St  
 Ste 490  
 City Alexandria State VA Zip Code 22314-1940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Society of Travel Agents Occupation (for Individual) SVP, Government & Public Affairs  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 422.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : SA11AI.5232**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Peck, Eben, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 675 N Washington St  
 Ste 490  
 City Alexandria State VA Zip Code 22314-1940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Society of Travel Agents Occupation (for Individual) SVP, Government & Public Affairs  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 472.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2018  
**Transaction ID : SA11AI.5238**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Peck, Eben, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 675 N Washington St  
 Ste 490  
 City Alexandria State VA Zip Code 22314-1940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Society of Travel Agents Occupation (for Individual) SVP, Government & Public Affairs  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 522.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2018  
**Transaction ID : SA11AI.5255**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 24
	<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 ADVISORS, INC. PAC**

**A. Peck, Eben, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 675 N Washington St  
 Ste 490  
 City Alexandria State VA Zip Code 22314-1940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Society of Travel Agents Occupation (for Individual) SVP, Government & Public Affairs  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 572.81

Date of Receipt  
 08 / 15 / 2018  
**Transaction ID : SA11AI.5256**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Peck, Eben, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 675 N Washington St  
 Ste 490  
 City Alexandria State VA Zip Code 22314-1940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Society of Travel Agents Occupation (for Individual) SVP, Government & Public Affairs  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 597.81

Date of Receipt  
 08 / 21 / 2018  
**Transaction ID : SA11AI.5200**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Premo, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20303 Mustoe Place  
 City Ashburn State VA Zip Code 20147-3304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Airlines Reporting Corporation Occupation (for Individual) President & CEO  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 512.82

Date of Receipt  
 07 / 05 / 2018  
**Transaction ID : SA11AI.5162**  
 Amount of Each Receipt this Period  
 512.82  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	587.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 24
<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 ADVISORS, INC. PAC**

**A. Rickert, Deanna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12535 State Hwy 27  
 City Sparta State WI Zip Code 54656-4763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ADTRAV Travel Management Occupation (for Individual) Travel Agent  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2018  
**Transaction ID : SA11AI.5153**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Sturm, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5970 Guilford Rd  
 City Rockford State IL Zip Code 61107-2518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Anglo California Travel Service Occupation (for Individual) Vice President  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2018  
**Transaction ID : SA11AI.5150**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Zelaya, Marilyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3927 Lux Court  
 City San Jose State CA Zip Code 95136-1954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Willow Glen Travel Agency Occupation (for Individual) Owner  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼ 3076.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2018  
**Transaction ID : SA11AI.5174**  
 Amount of Each Receipt this Period  
 3076.92  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3626.92
<b>TOTAL</b> This Period (last page this line number only).....	12891.81

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

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

FOR LINE NUMBER: PAGE 19 OF 24  
(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

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NAME OF COMMITTEE (In Full)  
**AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ENTERPRISE HOLDINGS, INC. POLITICAL ACTION COMMITTEE**

Mailing Address **600 CORPORATE PARK DRIVE**

City <b>ST. LOUIS</b>	State <b>MO</b>	Zip Code <b>63105</b>
--------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C** **C00219642**

Name of Employer (for Individual) \_\_\_\_\_ Occupation (for Individual) \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**07 / 26 / 2018**

**Transaction ID : SA11C.5355**

Amount of Each Receipt this Period  
**5000.00**

Memo Item

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

Mailing Address \_\_\_\_\_

City _____	State _____	Zip Code _____
------------	-------------	----------------

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

Name of Employer (for Individual) \_\_\_\_\_ Occupation (for Individual) \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ \_\_\_\_\_

Date of Receipt \_\_\_\_\_

Amount of Each Receipt this Period \_\_\_\_\_

Memo Item

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

Mailing Address \_\_\_\_\_

City _____	State _____	Zip Code _____
------------	-------------	----------------

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

Name of Employer (for Individual) \_\_\_\_\_ Occupation (for Individual) \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ \_\_\_\_\_

Date of Receipt \_\_\_\_\_

Amount of Each Receipt this Period \_\_\_\_\_

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>5000.00</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 OF 24  
(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 ADVISORS, INC. PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**PNC Bank NA**

Mailing Address 8800 Tinicum Blvd.

City Philidelphia	State PA	Zip Code 19153
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
721.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2018

**Transaction ID : SA17.5365**

Amount of Each Receipt this Period  
298.77

Memo Item  
Interest Income

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	298.77
<b>TOTAL</b> This Period (last page this line number only).....▶	298.77

**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 21 OF 24
<input 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 checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**UPCHURCH, JOHN NEHRING MR., , ,**

Mailing Address **474 TRITON ROAD**

City <b>ORMOND BEACH</b>	State <b>FL</b>	Zip Code <b>32176</b>
-----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C H8FL06130**

Name of Employer (for Individual) <b>Odyssey Travel Inc.</b>	Occupation (for Individual) <b>Owner</b>
---	---

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**09 / 06 / 2018**

**Transaction ID : SA16.5349**

Amount of Each Receipt this Period  
**5000.00**

Memo Item  
Refund of General Election Contribution (Due to Loss in Primary).

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>5000.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC**

Full Name (Last, First, Middle Initial)

**A. PNC Bank NA**

Mailing Address 8800 Tincum Blvd.

City Philadelphia State PA Zip Code 19153

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2018

FEC Identification Number

C [ ]

Transaction ID : SB21B.5363

Amount of Each Disbursement this Period

[ ] 1356.91

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank NA**

Mailing Address 8800 Tincum Blvd.

City Philadelphia State PA Zip Code 19153

Purpose of Disbursement  
Credit Cars Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2018

FEC Identification Number

C [ ]

Transaction ID : SB21B.5360

Amount of Each Disbursement this Period

[ ] 581.14

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank NA**

Mailing Address 8800 Tincum Blvd.

City Philadelphia State PA Zip Code 19153

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2018

FEC Identification Number

C [ ]

Transaction ID : SB21B.5361

Amount of Each Disbursement this Period

[ ] 408.19

Memo Item

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

[ ] 2346.24

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

[ ] 2346.24

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC**

**A. KATKO FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 228 S WASHINGTON ST  
STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
09 / 24 / 2018

FEC Identification Number: C 000556365  
Transaction ID : SB23.5359  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. TINA SMITH FOR MINNESOTA**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 14362

City SAINT PAUL State MN Zip Code 55114

Purpose of Disbursement  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
09 / 20 / 2018

FEC Identification Number: C 000663781  
Transaction ID : SB23.5358  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6000.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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 ADVISORS, INC. PAC**

Full Name (Last, First, Middle Initial)

**A. Duglin, Robert, , ,**

Mailing Address 2000 NE 59th Ct

City  
Fort Lauderdale

State  
FL

Zip Code  
33308-2112

Purpose of Disbursement  
Credit Card Chargeback

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB28A.5352**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Perry, Patty, , ,**

Mailing Address 620 Hungerford Dr  
14

City  
Rockville

State  
MD

Zip Code  
20850

Purpose of Disbursement  
Credit Card Chargeback.

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB28A.5351**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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