

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN SOCIETY OF TRAVEL AGENTS PAC

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2012"/> | | 124626.07 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 156460.56 | |
| (c) Total Receipts (from Line 19) | 4454.34 | 57063.84 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 160914.90 | 181689.91 |
| 7. Total Disbursements (from Line 31)..... | 206.06 | 20981.07 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 160708.84 | 160708.84 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICAN SOCIETY OF TRAVEL AGENTS PAC

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

| 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)..... | 3170.60 | 33780.50 |
| (ii) Unitemized | 1281.00 | 18280.60 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 4451.60 | 52061.10 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 5000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 4451.60 | 57061.10 |
| 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.)..... | 2.74 | 2.74 |
| 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))..... ▶ | 4454.34 | 57063.84 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 4454.34 | 57063.84 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) 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 | 206.06 | 1981.07 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 206.06 | 1981.07 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 19000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (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 | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(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)) .. | 206.06 | 20981.07 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 206.06 | 20981.07 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| 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) | 4451.60 | 57061.10 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 4451.60 | 57061.10 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 206.06 | 1981.07 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 206.06 | 1981.07 |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 6 OF 15 |
| | (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 |

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

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

A. Amy Boche
Full Name (Last, First, Middle Initial)

Mailing Address 3601 W 76th St Ste 190

| | | |
|---------------|-------------|------------------------|
| City Edina | State MN | Zip Code 55435-3005 |
|---------------|-------------|------------------------|

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

| | |
|--|------------------------------|
| Name of Employer Blue Ribbon Business Travel Internatio | Occupation Co - President |
|--|------------------------------|

Receipt For:
 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 |
| 12 | / | 10 | / | 2012 |

Transaction ID : C1897394

Amount of Each Receipt this Period
250.00

B. Gloria Bohan
Full Name (Last, First, Middle Initial)

Mailing Address 3102 Omega Office Park

| | | |
|-----------------|-------------|------------------------|
| City Fairfax | State VA | Zip Code 22031-2400 |
|-----------------|-------------|------------------------|

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

| | |
|--|-------------------------|
| Name of Employer Omega World Travel | Occupation President |
|--|-------------------------|

Receipt For:
 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 |
| 12 | / | 19 | / | 2012 |

Transaction ID : C1897418

Amount of Each Receipt this Period
250.00

C. Jason Coleman
Full Name (Last, First, Middle Initial)

Mailing Address 3002 Midvale Ave Ste 202

| | | |
|---------------------|-------------|-------------------|
| City Los Angeles | State CA | Zip Code 90034 |
|---------------------|-------------|-------------------|

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

| | |
|---|---------------------|
| Name of Employer Jason Coleman, Inc. | Occupation Owner |
|---|---------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 15 | / | 2012 |

Transaction ID : C1897407

Amount of Each Receipt this Period
50.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 550.00 |
| 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 OF 15 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Jason Coleman
Full Name (Last, First, Middle Initial)

Mailing Address 3002 Midvale Ave Ste 202

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Los Angeles | CA | 90034 |

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

| | |
|---------------------|------------|
| Name of Employer | Occupation |
| Jason Coleman, Inc. | Owner |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 15 | / | 2012 |

Transaction ID : C1897413

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

B. Jean Covelli
Full Name (Last, First, Middle Initial)

Mailing Address 2495 Main St Ste 340

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Buffalo | NY | 14214-2154 |

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

| | |
|---------------------------------------|------------|
| Name of Employer | Occupation |
| The Travel Team, Inc/American Express | President |

Receipt For:
 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 |
| 12 | / | 19 | / | 2012 |

Transaction ID : C1897423

Amount of Each Receipt this Period

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

C. Rice Libbie
Full Name (Last, First, Middle Initial)

Mailing Address 29 West 36th Street
8th Floor

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| New York | NY | 10018 |

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

| | |
|-----------------------|--------------|
| Name of Employer | Occupation |
| Ensemble Travel Group | Co-President |

Receipt For:
 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 |
| 12 | / | 19 | / | 2012 |

Transaction ID : C1897417

Amount of Each Receipt this Period

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 550.00 |
| 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 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Deborah Mangas

Mailing Address 210 S Main St

City State Zip Code
Goshen IN 46526-3723

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

Name of Employer Occupation
Menno Travel/American Express Business Development Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2012
Transaction ID : C1897422

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Rebecca Martin

Mailing Address 5124 Poplar Ave #101

City State Zip Code
Memphis TN 38117-7630

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

Name of Employer Occupation
A & I Travel Service, Inc. President

Receipt For:
 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
 12 / 19 / 2012
Transaction ID : C1897416

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Guisselle Nunez

Mailing Address 13785 Story Rd Ste 1

City State Zip Code
San Jose CA 95127-3936

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

Name of Employer Occupation
Mundi Travel/American Express Marketing/Operations

Receipt For:
 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
 12 / 12 / 2012
Transaction ID : C1897396

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 15 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Scott Pinheiro
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1337

City Santa Cruz State CA Zip Code 95061-1337

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

Name of Employer Santa Cruz Travel, Inc. Occupation Travel Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **526.00**

Date of Receipt
12 / 15 / 2012
Transaction ID : C1897412

Amount of Each Receipt this Period
25.00

B. Laura Rodriguez-Verbera
Full Name (Last, First, Middle Initial)

Mailing Address 7035 S Central Ave Suite 4

City Phoenix State AZ Zip Code 85042-5465

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

Name of Employer Marina Tours And Travel Arizona LLC Occupation Owner/General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt
12 / 07 / 2012
Transaction ID : C1897401

Amount of Each Receipt this Period
35.00

c. Laura Rodriguez-Verbera
Full Name (Last, First, Middle Initial)

Mailing Address 7035 S Central Ave Suite 4

City Phoenix State AZ Zip Code 85042-5465

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

Name of Employer Marina Tours And Travel Arizona LLC Occupation Owner/General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt
12 / 19 / 2012
Transaction ID : C1897457

Amount of Each Receipt this Period
35.00

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 95.00 |
| 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 OF 15 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Karl Rosen
Full Name (Last, First, Middle Initial)

Mailing Address 119 Felice Ct

City State Zip Code
Palm Desert CA 92211

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

Name of Employer Occupation
Towne Centre Travel & Cruises Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.20**

Date of Receipt
12 / 07 / 2012

Transaction ID : C1897402

Amount of Each Receipt this Period
27.80

B. Karl Rosen
Full Name (Last, First, Middle Initial)

Mailing Address 119 Felice Ct

City State Zip Code
Palm Desert CA 92211

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

Name of Employer Occupation
Towne Centre Travel & Cruises Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.20**

Date of Receipt
12 / 19 / 2012

Transaction ID : C1897456

Amount of Each Receipt this Period
27.80

C. Patricia Tervola
Full Name (Last, First, Middle Initial)

Mailing Address 1585 Kapiolani Blvd Suite 900

City State Zip Code
Honolulu HI 96814-4529

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

Name of Employer Occupation
Vacations Hawaii Travel Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
12 / 07 / 2012

Transaction ID : C1897403

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)..... **90.60**

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

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

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Patricia Tervola | | Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 19 / 2012 Transaction ID : C1897458 |
| Mailing Address 1585 Kapiolani Blvd Suite 900 | | Amount of Each Receipt this Period 35.00 |
| City Honolulu | State HI | Zip Code 96814-4529 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Vacations Hawaii | Occupation Travel Agent | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Matthew Upchurch | | Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2012 Transaction ID : C1897461 |
| Mailing Address 505 Main Street Suite 500 | | Amount of Each Receipt this Period 1000.00 |
| City Fort Worth | State TX | Zip Code 76102 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Virtuoso | Occupation President & CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Leo Zabinski | | Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 07 / 2012 Transaction ID : C1897404 |
| Mailing Address 29 Plantation Park Dr Ste 104B Suite 104 B | | Amount of Each Receipt this Period 50.00 |
| City Bluffton | State SC | Zip Code 29910-9010 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Classic Travel | Occupation President | |
| 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).....▶ | 1085.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 12 OF 15
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Leo Zabinski

Mailing Address 29 Plantation Park Dr Ste 104B
Suite 104 B

City Bluffton State SC Zip Code 29910-9010

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

Name of Employer Classic Travel Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 19 / 2012

Transaction ID : C1897459

Amount of Each Receipt this Period
50.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 50.00 |
| TOTAL This Period (last page this line number only).....▶ | 3170.60 |

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. American Society of Travel Agents

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 31 | | 2012 |

Mailing Address 1101 King Street
Suite 200

Transaction ID : D140245

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

| |
|-------|
| 15.80 |
|-------|

Purpose of Disbursement
CC Processing Fee

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

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. American Society of Travel Agents

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 01 | | 2012 |

Mailing Address 1101 King Street
Suite 200

Transaction ID : D140246

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

| |
|-------|
| 13.23 |
|-------|

Purpose of Disbursement
CC Processing Fee

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

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Aristotle, Inc.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 30 | | 2012 |

Mailing Address 205 Pennsylvania Ave SE

Transaction ID : D139714

City Washington State DC Zip Code 20003-1164

Amount of Each Disbursement this Period

| |
|------|
| 2.50 |
|------|

Purpose of Disbursement
CC Processing Fee

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

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

| |
|-------|
| 31.53 |
|-------|

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)

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

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

Full Name (Last, First, Middle Initial)

A. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2012

Transaction ID : D140241

Amount of Each Disbursement this Period

16.64

Full Name (Last, First, Middle Initial)

B. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2012

Transaction ID : D140242

Amount of Each Disbursement this Period

16.25

Full Name (Last, First, Middle Initial)

C. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2012

Transaction ID : D140243

Amount of Each Disbursement this Period

91.64

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

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

124.53

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : D140244

Amount of Each Disbursement this Period

50.00

Category/
Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/
Type

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) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/
Type

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

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

50.00

206.06