

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

AMERICAN SOCIETY OF TRAVEL AGENTS PAC

ADDRESS (number and street) 675 North Washington Street

Check if different than previously reported. (ACC) Suite 490

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 M M M / D D D / Y Y Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y

01 / 01 / 2017 through 06 / 30 / 2017

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 Peck, Eben, , Mr. ,

Signature of Treasurer Peck, Eben, , Mr. , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y

07 / 31 / 2017

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

AMERICAN SOCIETY OF TRAVEL AGENTS PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		<input type="text" value="243673.45"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="243673.45"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="67911.90"/>	<input type="text" value="67911.90"/>
(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="311585.35"/>	<input type="text" value="311585.35"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="59375.26"/>	<input type="text" value="59375.26"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="252210.09"/>	<input type="text" value="252210.09"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

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).....	43197.00	43197.00
(ii) Unitemized	14681.00	14681.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	57878.00	57878.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	67878.00	67878.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	33.90	33.90
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)).....▶	67911.90	67911.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	67911.90	67911.90

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	12375.26	12375.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	12375.26	12375.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47000.00	47000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	59375.26	59375.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59375.26	59375.26

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	67878.00	67878.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	67878.00	67878.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	12375.26	12375.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12375.26	12375.26

**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 44
	<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. ALTSCHUL, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6001 Broken Sound Pkwy NW
 Ste 340
 City Boca Raton State FL Zip Code 33487-2754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ABC Global Services, Inc. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 06 / 08 / 2017
Transaction ID : C3533694
 Amount of Each Receipt this Period 1050.00
 Memo Item

B. Ardis, Ricky, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 93 Mozart St
 Apt 7
 City East Rutherford State NJ Zip Code 07073-1369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ardis Travel Occupation (for Individual) Travel Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 02 / 2017
Transaction ID : C3474090
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Bailey, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 E. White Willow Cr
 Suite 3a
 City Spring State TX Zip Code 77381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fox Travel/american Express Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 21 / 2017
Transaction ID : C3542197
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2300.00
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 44
<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. Baldrige, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5748 Frantz Rd
 City Dublin State OH Zip Code 43016-4138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Creative Vacations & Cruise Centers Occupation (for Individual) Travel Professional
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 01 / 2017
Transaction ID : C3529772
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Buckholt, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1474 Bull Skin Run Ct
 City Beavercreek State OH Zip Code 45434-6573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travelplex Beavercreek Occupation (for Individual) Travel Professional
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 01 / 2017
Transaction ID : C3529769
 Amount of Each Receipt this Period 500.00
 Memo Item

C. BUSH, JOSHUA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 Martroy Ln
 City Wallingford State PA Zip Code 19086-6314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AVENUE TWO TRAVEL Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 21 / 2017
Transaction ID : C3542194
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 44
<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. 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) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 02 / 2017
Transaction ID : C3530401
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Chamberlin, Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7755 33rd Ave NW
 City Seattle State WA Zip Code 98117-4714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ASTA Occupation (for Individual) SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 21 / 2017
Transaction ID : C3542189
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Chapin, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 950 N Michigan Ave 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 Travel Group Occupation (for Individual) Sr. Director Air & Travel Solutions
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2017
Transaction ID : C3493438
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 44
	<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. Chapin, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 950 N Michigan Ave
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 Travel Group Occupation (for Individual) Sr. Director Air & Travel Solutions

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
 04 / 12 / 2017

Transaction ID : C3500609

Amount of Each Receipt this Period
250.00

Memo Item

B. da Rosa, Andrea, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4461 Newport Ave

City San Diego State CA Zip Code 92107-2921

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

Name of Employer (for Individual) Balboa Travel Occupation (for Individual) Director, Marketing Communications

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
 02 / 16 / 2017

Transaction ID : C3471183

Amount of Each Receipt this Period
250.00

Memo Item

C. da Rosa, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 787 Armada Ter

City San Diego State CA Zip Code 92106-3032

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

Name of Employer (for Individual) Balboa Travel Inc. Occupation (for Individual) Executive

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
 02 / 18 / 2017

Transaction ID : C3471587

Amount of Each Receipt this Period
250.00

Memo Item

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 10 OF 44
<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. Dane, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Knolls Lane
 City Manhasset State NY Zip Code 11030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hickory Global Partners Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 08 / 2017
Transaction ID : C3533691
 Amount of Each Receipt this Period 350.00
 Memo Item

B. DANIELS, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25701 I-45 #3A
 City SPRING State TX Zip Code 77380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FOX TRAVEL ASSOCIATES AMEX Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 21 / 2017
Transaction ID : C3542198
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Dixon, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4418 Iroquois Ave
 City Nashville State TN Zip Code 37205-3862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travelink, American Express Travel Occupation (for Individual) President / Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 05 / 2017
Transaction ID : C3530671
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2350.00
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 OF 44
<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. 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 20 / 2017
Transaction ID : C3458015
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. FAIFER, NORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6160 Treeridge Trl
 City Saint Louis State MO Zip Code 63129-4635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Altair Travel & Cruises Occupation (for Individual) Travel Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2017
Transaction ID : C3493456
 Amount of Each Receipt this Period 250.00
 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: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2085.00

Date of Receipt 02 / 20 / 2017
Transaction ID : C3564144
 Amount of Each Receipt this Period 417.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1667.00
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 OF 44
	<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. 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: 2014
 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
 03 / 21 / 2017
Transaction ID : C3497431
 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:
 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
 04 / 21 / 2017
Transaction ID : C3563586
 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:
 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
 05 / 22 / 2017
Transaction ID : C3563588
 Amount of Each Receipt this Period
 417.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1251.00
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 13 OF 44
	<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. 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: 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
 06 / 21 / 2017
Transaction ID : C3565209
 Amount of Each Receipt this Period
 417.00
 Memo Item

B. Geiser, Betsy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18662 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: 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
 03 / 02 / 2017
Transaction ID : C3514480
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Golden, Tamara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 N. Washington
 City Naperville State IL Zip Code 60566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 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
 06 / 27 / 2017
Transaction ID : C3558638
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	917.00
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 14 OF 44
<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. Goodenow, Wendy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 625 Iolani Ave
 PH
 City Honolulu State HI Zip Code 96813-1867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HNL Travel Associates Occupation (for Individual) President/Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 14 / 2017**
Transaction ID : C3500950
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Gregory, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1595 Iris St
 City Lakewood State CO Zip Code 80215-2922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) All-Inclusive Vacations, Inc. Occupation (for Individual) agency owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 20 / 2017**
Transaction ID : C3458032
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Haas, Troy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 Summit Blvd
 Ste 220
 City Vestavia State AL Zip Code 35243-3233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brownell Travel Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 21 / 2017**
Transaction ID : C3508283
 Amount of Each Receipt this Period 1000.00
 Memo Item

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 15 OF 44
	<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. Haire, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Lexington Ct
 City Nashville State TN Zip Code 37215-3256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travelink,incorporated Occupation (for Individual) Managing partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 01 / 2017**
Transaction ID : C3529514
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Haskins, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 615 N Washington St
 City Naperville State IL Zip Code 60563-3164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Viking Travel Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 17 / 2017**
Transaction ID : C3471247
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Haymaker, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1315 W 22nd St
 City Oak Brook State IL Zip Code 60523-2057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Viking Travel Service Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 13 / 2017**
Transaction ID : C3514479
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6300.00
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 16 OF 44
	<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. Hershberger, Dave, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9895 Montgomery 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 02 / 2017**
Transaction ID : C3474048
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Hess, Alan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 N Main St Ste 200
 City Bountiful State UT Zip Code 84010-6127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hess Travel Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 14 / 2017**
Transaction ID : C3500952
 Amount of Each Receipt this Period 500.00
 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) The Mark Travel Corporation Occupation (for Individual) Regional Director of Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 08 / 2017**
Transaction ID : C3515797
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 44
	<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	<input type="checkbox"/> 17

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

A. Jackson, Denise, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4128 Via Mar De Delfinas
 City San Diego State CA Zip Code 92130-2670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Balboa Travel Inc. Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 31 / 2017**
Transaction ID : C3529216
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 02 / 2017**
Transaction ID : C3474052
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Koepf, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2333 Via Subria
 City Vista State CA Zip Code 92084-2837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Avoya Travel Occupation (for Individual) VP Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 02 / 2017**
Transaction ID : C3474051
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 18 OF 44
	<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. Landis, Geoffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 66467 State Road 15
 City Goshen State IN Zip Code 46526-5491
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Menno Travel Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 21 / 2017
Transaction ID : C3524810
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Lanotte-Day, Toni, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Circle Ln
 City Levittown State NY Zip Code 11756-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Toni Tours, Inc. Occupation (for Individual) Travel Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 02 / 2017
Transaction ID : C3474061
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Lanotte-Day, Toni, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Circle Ln
 City Levittown State NY Zip Code 11756-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Toni Tours, Inc. Occupation (for Individual) Travel Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2017
Transaction ID : C3493911
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 44
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Lawson, Ted, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 Virginia St
 City Charleston State WV Zip Code 25303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Travel Occupation (for Individual) Travel Professional
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 01 / 2017
Transaction ID : C3529770
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Lee, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1740 Fennell St
 City Maitland State FL Zip Code 32751-8662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travel Planners International Occupation (for Individual) Travel Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 07 / 2017
Transaction ID : C3565201
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Lewis, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7208 Falls of Neuse Rd Ste 220
 City Raleigh State NC Zip Code 27615-3244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travel Management Partners, Inc. Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 04 / 19 / 2017
Transaction ID : C3542012
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 44
	<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. Lewis, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7208 Falls of Neuse Rd
 Ste 220
 City Raleigh State NC Zip Code 27615-3244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travel Management Partners, Inc. Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 19 / 2017
Transaction ID : C3564148
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Lewis, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7208 Falls of Neuse Rd
 Ste 220
 City Raleigh State NC Zip Code 27615-3244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travel Management Partners, Inc. Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 19 / 2017
Transaction ID : C3542013
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Lobasso, Peter, , ,
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Society of Travel Agents Occupation (for Individual) LAwyer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 26 / 2017
Transaction ID : C3546482
 Amount of Each Receipt this Period 250.00
 Memo Item

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 21 OF 44
<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. Lovick, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10950 Club West Pkwy
 Ste 180
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 19 / 2017
Transaction ID : C3457270
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Mangas, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3187 N Glenview Dr
 City Warsaw State IN Zip Code 46582-6918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Menno Travel Occupation (for Individual) Travel Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2017
Transaction ID : C3473835
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Maryanov, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2001 S Barrington Ave
 Ste 315
 City Los Angeles State CA Zip Code 90025-5379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) All Travel Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 02 / 2017
Transaction ID : C3474095
 Amount of Each Receipt this Period 1000.00
 Memo Item

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 22 OF 44
	<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. Masters, Debra, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7041 Society Ct

City Dayton	State OH	Zip Code 45414-2177
----------------	-------------	------------------------

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

Name of Employer (for Individual) Uniglobe VIP Travel	Occupation (for Individual) Travel Professional
--	--

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
06	/	21	/	2017

Transaction ID : C3542210

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 4315 Sussex Dr

City Columbia	State MO	Zip Code 65203-6406
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2017

Transaction ID : C3564149

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 1533 Independence Ave SE

City Washington	State DC	Zip Code 20003-1548
--------------------	-------------	------------------------

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

Name of Employer (for Individual) ASTA	Occupation (for Individual) Industry Affairs
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
742.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2017

Transaction ID : C3546470

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3042.00
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 23 OF 44
	<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. Meader, Mark, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1533 Independence Ave SE

City Washington	State DC	Zip Code 20003-1548
--------------------	-------------	------------------------

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

Name of Employer (for Individual) ASTA	Occupation (for Individual) Industry Affairs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
742.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2017

Transaction ID : C3565210

Amount of Each Receipt this Period
700.00

Memo Item

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

Mailing Address 216 Bernard Dr

City King Of Prussia	State PA	Zip Code 19406-1718
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Wings Travel Group	Occupation (for Individual) Travel Executive
---	---

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
06	/	02	/	2017

Transaction ID : C3530330

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 2495 Main St

City Buffalo	State NY	Zip Code 14214-2103
-----------------	-------------	------------------------

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

Name of Employer (for Individual) The Travel Team, Inc.	Occupation (for Individual) VP Finance
--	---

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
06	/	07	/	2017

Transaction ID : C3532276

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 24 OF 44
	<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. 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt **01 / 04 / 2017**
Transaction ID : C3449502
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt **02 / 04 / 2017**
Transaction ID : C3546474
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt **02 / 16 / 2017**
Transaction ID : C3471175
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00
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 25 OF 44
	<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. 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 03 / 06 / 2017
Transaction ID : C3487075

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 03 / 13 / 2017
Transaction ID : C3565228

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: Primary General Other (specify)

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491572

Amount of Each Receipt this Period 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00

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 26 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Peck, Eben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 675 N Washington St
 Ste 490
 City Alexandria State VA Zip Code 22314-1940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Society Of Travel Agents Occupation (for Individual) SVP, Government & Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 04 / 05 / 2017
Transaction ID : C3565229
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 04 / 13 / 2017
Transaction ID : C3500828
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 05 / 05 / 2017
Transaction ID : C3565230
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
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 27 OF 44
	(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 AGENTS PAC

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

Mailing Address 675 N Washington St
Ste 490

City Alexandria State VA Zip Code 22314-1940

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt **05 / 13 / 2017**

Transaction ID : C3520077

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt **06 / 05 / 2017**

Transaction ID : C3564146

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: Primary General Other (specify)

Aggregate Year-to-Date ▼ 520.00

Date of Receipt **06 / 13 / 2017**

Transaction ID : C3565231

Amount of Each Receipt this Period 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
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 28 OF 44
	<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. Powell, Vicki, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 N Washington St
 City Naperville State IL Zip Code 60563-3102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Viking Travel Occupation (for Individual) Director of Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **04 / 25 / 2017**
Transaction ID : C3508583
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Prochilo Maley, Helen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 663 W Market St
 City Long Beach State NY Zip Code 11561-1718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Promal Vacations Occupation (for Individual) Owner Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **06 / 15 / 2017**
Transaction ID : C3537903
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Reynolds, Patrick, Brian, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7959 Stonehurst Dr
 City Dublin State OH Zip Code 43016-9210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Reynolds Travel Occupation (for Individual) Travel Agewnt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 03 / 2017**
Transaction ID : C3476438
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3150.00
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 29 OF 44
	<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. Risser, Doug, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 496
 City Goshen State IN Zip Code 46527-0496
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Exchange Business Suites Occupation (for Individual) Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2017
Transaction ID : C3520383
 Amount of Each Receipt this Period 500.00
 Memo Item

B. SANCHEZ, JORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5927 N Keating Ave
 City Chicago State IL Zip Code 60646-5702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MENA TOURS AND TRAVEL INC Occupation (for Individual) OWNER - MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2017
Transaction ID : C3546479
 Amount of Each Receipt this Period 500.00
 Memo Item

C. SHARPE, ALEX, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13710 SW 33rd Ct
 City Davie State FL Zip Code 33330-4689
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SIGNATURE TRAVEL NETWORK Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 21 / 2017
Transaction ID : C3542199
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 30 OF 44
	<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. Spain, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 Main St
 Ste 500
 City Fort Worth State TX Zip Code 76102-5456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtuoso Occupation (for Individual) Travel Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 06 / 2017**
Transaction ID : C3565200
 Amount of Each Receipt this Period 1000.00
 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) Lindstrom Travel Bureau, Inc Occupation (for Individual) Travel Agents
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 13 / 2017**
Transaction ID : C3487107
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Thomas, Lee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2801 Chestnut Ridge Pl
 City Louisville State KY Zip Code 40245-5307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TTA, Inc Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 12 / 2017**
Transaction ID : C3500610
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 31 OF 44
	<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. Waters, Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1707 Old Lantern Trl
 City Fort Wayne State IN Zip Code 46845-1418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travel Leaders Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 09 / 2017
Transaction ID : C3535348
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Wilson-Buttigieg, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 475 Park Ave S FI 34
 City New York State NY Zip Code 10016-6974
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Valerie Wilson Travel, Inc. Occupation (for Individual) Co-President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 17 / 2017
Transaction ID : C3471245
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Wison-Buttigieg, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 White Plains Rd
 City Bronxville State NY Zip Code 10708-5129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Valerie Wilson Travel Occupation (for Individual) co-president
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 23 / 2017
Transaction ID : C3545326
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	43197.00

**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 32 OF 44
<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 AGENTS PAC

A. Enterprise Holdings, Inc. Political Action Committee

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

Mailing Address 600 Corporate Park Dr

City Saint Louis	State MO	Zip Code 63105-4204
---------------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

Transaction ID : C3546485

Amount of Each Receipt this Period
5000.00

Memo Item

B. Sabre Inc. Pac

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

Mailing Address 1250 CONNECTICUT AVENUE NW
SUITE 825

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00325811

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2017

Transaction ID : C3546484

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. CQ Roll Call PAC Builder		Date of Disbursement MM / DD / YYYY 01 / 01 / 2017	
Mailing Address 77 K Street NE		FEC Identification Number C [] Transaction ID : D179710 Amount of Each Disbursement this Period [] 3285.00	
City Washington	State DC	Zip Code 20002	Category/ Type []
Purpose of Disbursement PAC Accounting Software		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. CQ Roll Call PAC Builder		Date of Disbursement MM / DD / YYYY 05 / 17 / 2017	
Mailing Address 77 K Street NE		FEC Identification Number C [] Transaction ID : D179711 Amount of Each Disbursement this Period [] 7901.00	
City Washington	State DC	Zip Code 20002	Category/ Type []
Purpose of Disbursement PAC Accounting Software		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. PNC Bank NA		Date of Disbursement MM / DD / YYYY 02 / 28 / 2017	
Mailing Address 8800 Tinicum Blvd.		FEC Identification Number C [] Transaction ID : D179708 Amount of Each Disbursement this Period [] 354.21	
City Philadelphia	State PA	Zip Code 19153	Category/ Type []
Purpose of Disbursement Credit Card processing fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

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

11540.21

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

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

Full Name (Last, First, Middle Initial)

A. PNC Bank NA

Mailing Address 8800 Tincum Blvd.

City Philadelphia State PA Zip Code 19153

Purpose of Disbursement
Credit Card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2017

FEC Identification Number

C []

Transaction ID : D179709

Amount of Each Disbursement this Period

[] 6.88

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank NA

Mailing Address 8800 Tincum Blvd.

City Philadelphia State PA Zip Code 19153

Purpose of Disbursement
Credit Card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2017

FEC Identification Number

C []

Transaction ID : D180091

Amount of Each Disbursement this Period

[] 342.69

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
03 / 31 / 2017

FEC Identification Number

C []

Transaction ID : D180092

Amount of Each Disbursement this Period

[] 9.71

Memo Item

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

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

[] 359.28

[]

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. PNC Bank NA		Date of Disbursement MM / DD / YYYY 04 / 30 / 2017	
Mailing Address 8800 Tincum Blvd.		FEC Identification Number C [] Transaction ID : D180093 Amount of Each Disbursement this Period [] 425.29	
City Philadelphia	State PA	Zip Code 19153	Category/Type []
Purpose of Disbursement Credit Card processing fees			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. PNC Bank NA		Date of Disbursement MM / DD / YYYY 04 / 30 / 2017	
Mailing Address 8800 Tincum Blvd.		FEC Identification Number C [] Transaction ID : D180094 Amount of Each Disbursement this Period [] 9.23	
City Philadelphia	State PA	Zip Code 19153	Category/Type []
Purpose of Disbursement Credit Card processing fees			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. PNC Bank NA		Date of Disbursement MM / DD / YYYY 06 / 06 / 2017	
Mailing Address 8800 Tincum Blvd.		FEC Identification Number C [] Transaction ID : D180095 Amount of Each Disbursement this Period [] 27.50	
City Philadelphia	State PA	Zip Code 19153	Category/Type []
Purpose of Disbursement Credit Card processing fees			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 462.02
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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. PNC Bank NA

Mailing Address 8800 Tinicum 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

M M / D D / Y Y Y Y
06 / 07 / 2017

FEC Identification Number

C

Transaction ID : D180096

Amount of Each Disbursement this Period

13.75

Memo Item

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) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y

FEC Identification Number

C

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

M M / D D / Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

13.75

12375.26

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. CITIZENS FOR ELEANOR HOLMES NORTON		Date of Disbursement MM / DD / YYYY 04 / 06 / 2017
Mailing Address 2201 WISCONSIN AVENUE, NW		FEC Identification Number C00244335 Transaction ID : D179690 Amount of Each Disbursement this Period 5000.00
City WASHINGTON	State DC	Zip Code 20007
Purpose of Disbursement Campaign Contribution		Category/Type
Candidate Name Norton, Eleanor, Holmes, Del.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: DC	District: 00	

Full Name (Last, First, Middle Initial) B. FRIENDS OF PAT TOOMEY		Date of Disbursement MM / DD / YYYY 05 / 16 / 2017
Mailing Address 228 S. WASHINGTON ST., SUITE 115		FEC Identification Number C00461046 Transaction ID : D179696 Amount of Each Disbursement this Period 5000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement Contribution to Committee		Category/Type
Candidate Name Toomey, Patrick, J., Sen.,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District:	

Full Name (Last, First, Middle Initial) C. JASON LEWIS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 28 / 2017
Mailing Address P.O. BOX 515		FEC Identification Number C00589234 Transaction ID : D179718 Amount of Each Disbursement this Period 1000.00
City COTTAGE GROVE	State MN	Zip Code 55016
Purpose of Disbursement Contribution to Committee		Category/Type
Candidate Name Lewis, Jason, Mark, ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MN	District: 02	

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

11000.00

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)

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

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

Full Name (Last, First, Middle Initial)

A. JEFFRIES FOR CONGRESS

Mailing Address 3430 CONNECTICUT AVENUE, NW #11704

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement
Contribution to Committee

Candidate Name
Jeffries, Hakeem, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NY District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 16 / 2017

FEC Identification Number

C C00503052

Transaction ID : D179700

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JIMMY PANETTA FOR CONGRESS

Mailing Address PO BOX 1579

City CARMEL VALLEY State CA Zip Code 93924

Purpose of Disbursement
Contribution to Committee

Candidate Name
Panetta, Jimmy, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 20

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 21 / 2017

FEC Identification Number

C C00592154

Transaction ID : D179717

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KATKO FOR CONGRESS

Mailing Address 228 S WASHINGTON ST
STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Contribution to Committee

Candidate Name
Katko, John, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NY District: 24

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 07 / 2017

FEC Identification Number

C C00556365

Transaction ID : D179714

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. NUTMEG PAC		Date of Disbursement MM / DD / YYYY 05 / 22 / 2017
Mailing Address 777 SUMMER STREET		FEC Identification Number C00492983 Transaction ID : D179691 Amount of Each Disbursement this Period 2500.00
City STAMFORD	State CT	Zip Code 06901
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RELY ON YOUR BELIEFS FUND		Date of Disbursement MM / DD / YYYY 03 / 29 / 2017
Mailing Address 209 Pennsylvania Avenue, SE		FEC Identification Number C00344648 Transaction ID : D179713 Amount of Each Disbursement this Period 2500.00
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BILL SHUSTER FOR CONGRESS		Date of Disbursement MM / DD / YYYY 02 / 16 / 2017
Mailing Address PO BOX 27		FEC Identification Number C00364935 Transaction ID : D179705 Amount of Each Disbursement this Period 2500.00
City HOLLIDAYSBURGH	State PA	Zip Code 16648
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Shuster, Bill, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 09	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	7500.00
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)

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

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

Full Name (Last, First, Middle Initial) A. TITUS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 05 / 16 / 2017
Mailing Address PO BOX 72454		FEC Identification Number C00499467 Transaction ID : D179695 Amount of Each Disbursement this Period 2500.00
City LAS VEGAS	State NV	Zip Code 89170
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Titus, Dina, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV	District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. TITUS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 02 / 16 / 2017
Mailing Address PO BOX 72454		FEC Identification Number C00499467 Transaction ID : D179702 Amount of Each Disbursement this Period 1000.00
City LAS VEGAS	State NV	Zip Code 89170
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Titus, Dina, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV	District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. DREW FERGUSON FOR CONGRESS INC.		Date of Disbursement MM / DD / YYYY 02 / 16 / 2017
Mailing Address PO BOX 387		FEC Identification Number C00607838 Transaction ID : D179704 Amount of Each Disbursement this Period 1000.00
City WEST POINT	State GA	Zip Code 31833
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Ferguson, Drew, , Rep., IV		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 03	<input type="checkbox"/> Memo Item

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

4500.00

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)

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

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

A. GARY PALMER FOR CONGRESS

Full Name (Last, First, Middle Initial)
GARY PALMER FOR CONGRESS

Date of Disbursement: MM / DD / YYYY
06 / 26 / 2017

Mailing Address 1919 OXMOOR RD #235

City HOMEWOOD State AL Zip Code 35209

Purpose of Disbursement Contribution to Committee

FEC Identification Number: C00551374
Transaction ID : D180089
Amount of Each Disbursement this Period: 1000.00

Candidate Name: Palmer, Gary, , Rep.,
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: AL District: 06

Category/Type

Memo Item

B. BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial)
BILIRAKIS FOR CONGRESS

Date of Disbursement: MM / DD / YYYY
03 / 07 / 2017

Mailing Address PO BOX 606

City TARPON SPRINGS State FL Zip Code 34688

Purpose of Disbursement Contribution to Committee

FEC Identification Number: C00408534
Transaction ID : D179715
Amount of Each Disbursement this Period: 2500.00

Candidate Name: Bilirakis, Gus, , Rep.,
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: FL District: 09

Category/Type

Memo Item

C. SANFORD FOR CONGRESS

Full Name (Last, First, Middle Initial)
SANFORD FOR CONGRESS

Date of Disbursement: MM / DD / YYYY
06 / 23 / 2017

Mailing Address P. O. BOX 160

City SULLIVANS ISLAND State SC Zip Code 29482

Purpose of Disbursement Contribution to Committee

FEC Identification Number: C00285254
Transaction ID : D180090
Amount of Each Disbursement this Period: 1500.00

Candidate Name: Sanford, Mark, , Rep.,
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: SC District: 01

Category/Type

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5000.00

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)

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

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

Full Name (Last, First, Middle Initial) A. SANFORD FOR CONGRESS		Date of Disbursement MM / DD / YYYY 02 / 16 / 2017
Mailing Address P. O. BOX 160		FEC Identification Number C C00285254 Transaction ID : D179701
City SULLIVANS ISLAND	State SC	Zip Code 29482
Purpose of Disbursement Contribution to Committee		Amount of Each Disbursement this Period 1000.00
Candidate Name Sanford, Mark, , Rep.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: SC	District: 01	

Full Name (Last, First, Middle Initial) B. COMMITTEE TO RE-ELECT NYDIA M. VELAZQUEZ TO CONGRESS		Date of Disbursement MM / DD / YYYY 05 / 16 / 2017
Mailing Address 315 INSPIRATION LANE		FEC Identification Number C C00271312 Transaction ID : D179697
City GAITHERSBURG	State MD	Zip Code 20878
Purpose of Disbursement Contribution to Committee		Amount of Each Disbursement this Period 2500.00
Candidate Name Velazquez, Nydia, M., Rep.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 12	

Full Name (Last, First, Middle Initial) C. GRAVES FOR CONGRESS		Date of Disbursement MM / DD / YYYY 05 / 16 / 2017
Mailing Address 2345 GRAND, SUITE 2400		FEC Identification Number C C00359034 Transaction ID : D179693
City KANSAS CITY	State MO	Zip Code 64108
Purpose of Disbursement Contribution to Committee		Amount of Each Disbursement this Period 2500.00
Candidate Name Graves, Sam, , Rep.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MO	District: 06	

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

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

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

Full Name (Last, First, Middle Initial) A. GRAVES FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 16 / 2017
Mailing Address 2345 GRAND, SUITE 2400		FEC Identification Number C C00359034 Transaction ID : D179716 Amount of Each Disbursement this Period 1000.00
City KANSAS CITY	State MO	Zip Code 64108
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Graves, Sam, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District: 06	

Full Name (Last, First, Middle Initial) B. FRIENDS OF SUSAN BROOKS		Date of Disbursement MM / DD / YYYY 05 / 16 / 2017
Mailing Address 9425 N MERIDIAN ST		FEC Identification Number C C00500207 Transaction ID : D179692 Amount of Each Disbursement this Period 2500.00
City INDIANAPOLIS	State IN	Zip Code 46260
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Brooks, Susan, W., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN	District: 05	

Full Name (Last, First, Middle Initial) C. TIM RYAN FOR CONGRESS		Date of Disbursement MM / DD / YYYY 05 / 16 / 2017
Mailing Address 1600 ROOSEVELT AVENUE		FEC Identification Number C C00373464 Transaction ID : D179694 Amount of Each Disbursement this Period 2500.00
City NILES	State OH	Zip Code 44446
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Ryan, Tim, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 17	

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
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)

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

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

A. SHERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 777 S. FIGUEROA ST., STE. 4050.

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement Contribution to Committee

Candidate Name Sherman, Brad, , Rep.,

Office Sought: House Senate President
State: CA District: 30

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement MM / DD / YYYY
05 / 16 / 2017

FEC Identification Number C C00308742
Transaction ID : D179698
Amount of Each Disbursement this Period 2500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
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 MM / DD / YYYY

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)
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 MM / DD / YYYY

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	47000.00