

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) **123 N. Pitt. St.**
Suite 400
 Check if different than previously reported. (ACC) **ALEXANDRIA VA 22314**

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

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

5. Covering Period / / through / /

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, , ,**

Signature of Treasurer **Peck, Eben, , ,** Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>	<input type="text" value="375321.59"/>	<input type="text" value="375321.59"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="450266.32"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4426.69"/>	<input type="text" value="179058.72"/>
(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="454693.01"/>	<input type="text" value="554380.31"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19000.00"/>	<input type="text" value="118687.30"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="435693.01"/>	<input type="text" value="435693.01"/>
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. 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).....	1286.71	127721.25
(ii) Unitemized	1052.45	36207.19
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2339.16	163928.44
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	7500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2339.16	171428.44
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.).....	2087.53	7630.28
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)).....▶	4426.69	179058.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4426.69	179058.72

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	0.00	1687.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1687.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	117000.00
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)) ..	19000.00	118687.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19000.00	118687.30

DETAILED SUMMARY PAGE
of Disbursements

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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)	2339.16	171428.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2339.16	171428.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1687.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1687.30

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

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

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

A. Blank, Ted, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1576 Grotto St N
 City St Paul State MN Zip Code 55117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travel Leaders Occupation (for Individual) Host Agency Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.24

Date of Receipt 07 / 20 / 2023
Transaction ID : SA11AI.16915
 Amount of Each Receipt this Period 102.56
 Memo Item

B. Carpenter, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 E. 7th Street
 City Brooklyn State NY Zip Code 11218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Huckleberry Travel Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2102.54

Date of Receipt 07 / 14 / 2023
Transaction ID : SA11AI.16889
 Amount of Each Receipt this Period 51.28
 Memo Item

C. de Perez, Laurie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 712 E 145th St
 City Burnsville State MN Zip Code 55337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GetAway Travel LLC Occupation (for Individual) Owner/Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.24

Date of Receipt 07 / 24 / 2023
Transaction ID : SA11AI.16916
 Amount of Each Receipt this Period 25.64
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	179.48
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 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Hale, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15285 E 7th Circle
 City Aurora State CO Zip Code 80011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travel N Relax Occupation (for Individual) Travel Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1669.23

Date of Receipt 07 / 08 / 2023
Transaction ID : SA11AI.16882
 Amount of Each Receipt this Period 256.41
 Memo Item

B. Hale, Rob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15285 E 7th Circle
 City Aurora State CO Zip Code 80011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travel N Relax Occupation (for Individual) Travel Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1669.23

Date of Receipt 07 / 08 / 2023
Transaction ID : SA11AI.16881
 Amount of Each Receipt this Period 256.41
 Memo Item

C. Klimak, Amanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1525 Hamilton Ave
 City Waterbury State CT Zip Code 06706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Largay Travel Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1290.41

Date of Receipt 07 / 12 / 2023
Transaction ID : SA11AI.16884
 Amount of Each Receipt this Period 62.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	574.82
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 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Lennon, Lee, , ,			Date of Receipt MM / DD / YYYY 07 / 29 / 2023 Transaction ID : SA11Al.16918
Mailing Address 3801 Ponce de Leon Blvd			Amount of Each Receipt this Period 16.00
City Coral Gables	State FL	Zip Code 33134	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Travel by Design, Inc.		Occupation (for Individual) Owner/Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Russo, Sandy & Ron, , ,			Date of Receipt MM / DD / YYYY 07 / 25 / 2023 Transaction ID : SA11Al.16917
Mailing Address 9325 Scarborough Ct			Amount of Each Receipt this Period 260.00
City Port Saint Lucie	State FL	Zip Code 34986	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Best Price Cruises		Occupation (for Individual) Travel Advisors	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1260.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Upchurch, John, , ,			Date of Receipt MM / DD / YYYY 07 / 11 / 2023 Transaction ID : SA11Al.16883
Mailing Address 146 S Atlantic Ave			Amount of Each Receipt this Period 256.41
City Ormond Beach	State FL	Zip Code 32176	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Odyssey Travel Inc.		Occupation (for Individual) Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 256.41		

SUBTOTAL of Receipts This Page (optional).....	532.41
TOTAL This Period (last page this line number only).....	1286.71

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. PNC Bank NA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8800 Tinicum Blvd.
 City Philidelphia State PA Zip Code 19153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 7630.28

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2023
Transaction ID : SA17.16928
 Amount of Each Receipt this Period
 2087.53
 Memo Item
 Interest/Dividends Income plus Unrealized Loss on Investments

B.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2087.53
TOTAL This Period (last page this line number only).....	2087.53

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes, where 23 is selected.

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

Form A: ANGUS KING FOR U.S. SENATE CAMPAIGN. Includes fields for Mailing Address (PO BOX 368, 114 MAINE STREET, SUITE 1), City (BRUNSWICK), State (ME), Zip Code (04011), Purpose of Disbursement (Contribution to Candidate Committee), Candidate Name (KING, ANGUS S. JR.,), Office Sought (Senate), Disbursement For (2024), and Amount of Each Disbursement (2500.00).

Form B: GIVING US SECURITY POLITICAL ACTION COMMITTEE (GUS PAC). Includes fields for Mailing Address (PO BOX 2485), City (SPRINGFIELD), State (VA), Zip Code (22152), Purpose of Disbursement (Contribution to Political Action Committee), Candidate Name (GIVING US SECURITY POLITICAL ACTION COMMITTEE (GUS PAC)), Office Sought (Senate), Disbursement For (2024), and Amount of Each Disbursement (5000.00).

Form C: GRANITE VALUES PAC. Includes fields for Mailing Address (105 N STATE STREET), City (CONCORD), State (NH), Zip Code (03301), Purpose of Disbursement (Contribution to Political Action Committee), Candidate Name (GRANITE VALUES PAC), Office Sought (Senate), Disbursement For (2024), and Amount of Each Disbursement (1000.00).

SUBTOTAL of Disbursements This Page (optional) 8500.00
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)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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

Form A: MARC FOR US INC. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: MIKE BOST FOR CONGRESS COMMITTEE. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: PERIMETER PAC. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

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)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC

Full Name (Last, First, Middle Initial)

A. PETERS FOR MICHIGAN

Mailing Address PO BOX 32072

City DETROIT State MI Zip Code 48244

Purpose of Disbursement Contribution to Candidate Committee

Category/Type 011

Candidate Name PETERS, GARY, , ,

Office Sought: Senate (checked), Disbursement For: 2024, Primary (checked), State: MI, District: 00

Date of Disbursement

Date of Disbursement 07 / 11 / 2023

FEC Identification Number

C00437889 Transaction ID : SB23.16868

Amount of Each Disbursement this Period 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TED BUDD FOR SENATE

Mailing Address PO BOX 97127

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement 2022 General Election Debt Retirement

Category/Type 011

Candidate Name BUDD, THEODORE P, , ,

Office Sought: Senate (checked), Disbursement For: 2022, General (checked), State: NC, District: 00

Date of Disbursement

Date of Disbursement 07 / 03 / 2023

FEC Identification Number

C00614776 Transaction ID : SB23.16930

Amount of Each Disbursement this Period 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: Senate, Disbursement For: Primary, General, State: District:

Date of Disbursement

Date of Disbursement

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).....

Summary amounts: 6000.00 and 19000.00