

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM  
2009 DEC -4 P 2:51

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) American Society of Travel Agents PAC		2. FEC IDENTIFICATION NUMBER C00114108
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1101 King Street		
CITY, STATE and ZIP CODE Alexandria, VA 22314		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report

- Monthly Report Due On:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_  
\_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/19/09</u> through <u>11/27/09</u>		
6. (a) Cash on Hand January 1, 19 <u>09</u>		\$ 69,777.50
(b) Cash on Hand at Beginning of Reporting Period	\$ 87,158.33	
(c) Total Receipts (from Line 19)	\$ 1,509.21	\$ 46,893.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 88,667.54	\$ 116,771.14
7. Total Disbursements (from Line 30)	\$ 3,100.00	\$ 31,203.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 85,567.54	\$ 85,567.54
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20483  
Toll Free 800-424-9550  
Local 202-219-3420

Type or Print Name of Treasurer Charles Sturm	Date 11-29-09
Signature of Treasurer 	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5427g.

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE <b>American Society of Travel Agents PAC</b>	REPORT COVERING PERIOD		
	FROM 10/1/90	TO 11/30/90	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			11(a)(1)
i. Itemized (use Schedule A)	0.00	5,000.00	11(a)(1)
ii. Unitemized	1,416.00	40,804.00	11(a)(1)
b. Total (add i and ii) >	1,416.00	45,804.00	11(a)(ii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a ii, b and c) >	1,416.00	45,804.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	84.21	789.64	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	1,500.21	46,993.64	19
20. Total Federal Receipts (subtract line 18 from line 19) >	1,500.21	46,993.64	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(1)
i. Federal Share	0.00	0.00	21(a)(1)
ii. Non-Federal Share	0.00	535.49	21(a)(2)
b. Other Federal Operating Expenditures	0.00	218.11	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	753.60	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,100.00	30,450.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3,100.00	31,203.60	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	3,100.00	30,668.11	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	1,415.00	46,204.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,415.00	46,204.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	218.11	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	218.11	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 17

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

**NAME OF COMMITTEE (in Full)**

American Society of Travel Agents PAC

A. Full Name, Mailing Address and ZIP Code Merrill Lynch Ready Assets P. O. Box 11063 Church Station, NY 10249  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 789.64	Date (month, day, year)  10/31/00	Amount of Each Receipt this Period  94.21
B. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>94.21</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>94.21</b>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (In Full)**

American Society of Travel Agents PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sweeney for Congress P.O. Box 4898 Saratoga Springs, NY 12866.	John Sweeney, U.S. HOUSE 22nd NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/20/00	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Akaka In 2000 c/o 1886 Preston Road Alexandria, VA 22302	Daniel K. Akaka, U.S. SENATE HI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/20/00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Minge for Congress P.O. Box 71 Granite Falls, MN 56241	David Minge, U.S. HOUSE 2nd MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/30/00	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Conrad Burns P.O. Box 1532 Billings, MT 59103	Conrad Burns, U.S. SENATE MT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/02/00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Simmons for Congress 12 Roosevelt Ave. Box 4 Mystic, CT 06355	Robert Simmons, U.S. HOUSE 2th CT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/02/00	100.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3,100.00
<b>TOTAL</b> This Period (last page this line number only) .....	3,100.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>11-30-00</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>[Signature]</i> PREPARER	<i>12-4-00</i> DATE PREPARED