

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN SOCIETY OF TRAVEL AGENTS PAC

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2016"/> | <input type="text" value="204603.75"/> | <input type="text" value="204603.75"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="246962.25"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="10512.00"/> | <input type="text" value="63888.00"/> |
| (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="257474.25"/> | <input type="text" value="268491.75"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="28869.45"/> | <input type="text" value="39886.95"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="228604.80"/> | <input type="text" value="228604.80"/> |
| 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN SOCIETY OF TRAVEL AGENTS PAC

Report Covering the Period: From: 04 / 01 / 2016 To: 06 / 30 / 2016

| 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)..... | 4656.00 | 40664.00 |
| (ii) Unitemized | 5856.00 | 13224.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 10512.00 | 53888.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 10000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 10512.00 | 63888.00 |
| 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.)..... | 0.00 | 0.00 |
| 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))..... ▶ | 10512.00 | 63888.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 10512.00 | 63888.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 11869.45 | 11886.95 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 11869.45 | 11886.95 |
| 22. Transfers to Affiliated/Other Party Committees..... | 1500.00 | 2500.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 15500.00 | 25500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 28869.45 | 39886.95 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 28869.45 | 39886.95 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 10512.00 | 63888.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 10512.00 | 63888.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 11869.45 | 11886.95 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 11869.45 | 11886.95 |

**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 17 |
| | <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 | |

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. Patricia Buckholt
Full Name (Last, First, Middle Initial)

Mailing Address 1474 Bull Skin Run Ct

City State Zip Code
Beavercreek OH 45434-6573

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

Name of Employer Occupation
Traverplex Travel Professional

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2016

Transaction ID : C3305660

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 950 N Michigan Ave
Apt 3604

City State Zip Code
Chicago IL 60611-4508

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

Name of Employer Occupation
Ensemble Travel Group Senior Director Air & Travel Solutions

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2016

Transaction ID : C3343177

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 6160 Treeridge Trl

City State Zip Code
Saint Louis MO 63129-4635

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

Name of Employer Occupation
Altair Travel & Cruises Travel Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2016

Transaction ID : C3314076

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 17 |
| | <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. Jackie Friedman
Full Name (Last, First, Middle Initial)

Mailing Address 6225 N State Highway 161
Ste 450

City Irving State TX Zip Code 75038-2213

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

Name of Employer Nexion, LLC Occupation General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1362.00

Date of Receipt 04 / 05 / 2016
Transaction ID : C3289814

Amount of Each Receipt this Period 454.00

Memo Item

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

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 Prestige Travel, Inc./Travel Leaders Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 13 / 2016
Transaction ID : C3332260

Amount of Each Receipt this Period 500.00

Memo Item

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

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 Travel Management Partners, Inc. Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 05 / 2016
Transaction ID : C3352047

Amount of Each Receipt this Period 250.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1204.00 |
| 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 17 |
| | <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. Mark Meader
Full Name (Last, First, Middle Initial)

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 ASTA | Occupation Industry Affairs |
|--------------------------|--------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2016
Transaction ID : C3324062

Amount of Each Receipt this Period
 42.00

Memo Item

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

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 ASTA | Occupation Industry Affairs |
|--------------------------|--------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2016
Transaction ID : C3342625

Amount of Each Receipt this Period
 42.00

Memo Item

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

Mailing Address 10812 Pond Meadow Dr

| | | |
|-----------------------|-------------|------------------------|
| City Oklahoma City | State OK | Zip Code 73151-9152 |
|-----------------------|-------------|------------------------|

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

| | |
|--|---------------------------|
| Name of Employer Time 2 Fly Away Travel | Occupation Owner/Agent |
|--|---------------------------|

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
 05 / 23 / 2016
Transaction ID : C3320740

Amount of Each Receipt this Period
 250.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 334.00 |
| 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 17 |
| | <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. Eben Peck
 Full Name (Last, First, Middle Initial)
 Mailing Address 1812 Whiteoaks Dr
 City Alexandria State VA Zip Code 22306-2427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASTA Occupation Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2016
Transaction ID : C3295476
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Eben Peck
 Full Name (Last, First, Middle Initial)
 Mailing Address 1812 Whiteoaks Dr
 City Alexandria State VA Zip Code 22306-2427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASTA Occupation Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2016
Transaction ID : C3316489
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Eben Peck
 Full Name (Last, First, Middle Initial)
 Mailing Address 1812 Whiteoaks Dr
 City Alexandria State VA Zip Code 22306-2427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASTA Occupation Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2016
Transaction ID : C3332349
 Amount of Each Receipt this Period
 42.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 126.00 |
| 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 17 |
| <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. Steve Powers
Full Name (Last, First, Middle Initial)
Mailing Address 509 Lincoln Blvd
City Long Beach State NY Zip Code 11561-2311
FEC ID number of contributing federal political committee. **C**
Name of Employer Hidden Treasure Tours Occupation Travel Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 225.00

Date of Receipt 05 / 26 / 2016
Transaction ID : C3321984
Amount of Each Receipt this Period 200.00
 Memo Item

B. Patrick Brian Reynolds
Full Name (Last, First, Middle Initial)
Mailing Address 8934 Commerce Loop Dr
City Columbus State OH Zip Code 43240-2124
FEC ID number of contributing federal political committee. **C**
Name of Employer Reynolds Travel Occupation Travel Consultant
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 04 / 08 / 2016
Transaction ID : C3291822
Amount of Each Receipt this Period 250.00
 Memo Item

C. JORGE SANCHEZ
Full Name (Last, First, Middle Initial)
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 MENA TOURS AND TRAVEL INC Occupation OWNER - MANAGER
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 04 / 27 / 2016
Transaction ID : C3303349
Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 950.00
TOTAL This Period (last page this line number only).....

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

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

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

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

Full Name (Last, First, Middle Initial)
A. Chris Seddelmeyer

Mailing Address 334 Ponderosa Ln

City State Zip Code
Lima OH 45805-3964

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

Name of Employer Occupation
Travel Concepts Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2016

Transaction ID : C3302936

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 500.00 |
| TOTAL This Period (last page this line number only).....▶ | 4656.00 |

**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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. CQ Roll Call PAC Builder

Mailing Address 77 K Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
PAC Accounting Software

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2016

Transaction ID : D174911

Amount of Each Disbursement this Period

7901.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CQ Roll Call PAC Builder

Mailing Address 77 K Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
PAC Accounting Software

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2016

Transaction ID : D174912

Amount of Each Disbursement this Period

3940.00

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
04 / 16 / 2016

Transaction ID : D174913

Amount of Each Disbursement this Period

28.45

Memo Item

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

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

11869.45

11869.45

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

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

Full Name (Last, First, Middle Initial)

A. PARTNERSHIP FOR AMERICA

Mailing Address PO BOX 77472

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement
PAC to PAC Transfer

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 Y Y
06 / 28 / 2016

Transaction ID : D174914

Amount of Each Disbursement this Period

1500.00

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 Y Y

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 Y Y

Amount of Each Disbursement this Period

Memo Item

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

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

1500.00

1500.00

**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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. LOBIONDO FOR CONGRESS

Mailing Address PO Box 550

City Vineland State NJ Zip Code 08362-0550

Purpose of Disbursement
Contribution to Committee

Candidate Name
Rep. Frank A. LoBiondo

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NJ District: 02

Date of Disbursement

MM / DD / YYYY
04 / 26 / 2016

Transaction ID : D174893

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE HECK

Mailing Address PO BOX 750114

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement
Contribution to Committee

Candidate Name
Rep. Joe Heck

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NV District: 03

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2016

Transaction ID : D174896

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SANFORD FOR CONGRESS

Mailing Address P. O. BOX 160

City SULLIVANS ISLAND State SC Zip Code 29482

Purpose of Disbursement
Contribution to Committee

Candidate Name
Rep. Mark Sanford

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: SC District: 01

Date of Disbursement

MM / DD / YYYY
04 / 26 / 2016

Transaction ID : D174892

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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. CITIZENS TO ELECT RICK LARSEN

Mailing Address PO BOX 326

City EVERETT State WA Zip Code 98206

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Rick Larsen

Office Sought: House Senate President
State: WA District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : D174895

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GRAVES FOR CONGRESS

Mailing Address 2345 GRAND, SUITE 2400

City KANSAS CITY State MO Zip Code 64108

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Sam Graves

Office Sought: House Senate President
State: MO District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : D174897

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. STEVE COHEN FOR CONGRESS

Mailing Address 349 KENILWORTH PLACE

City MEMPHIS State TN Zip Code 38112

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Steve Cohen

Office Sought: House Senate President
State: TN District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2016

Transaction ID : D174906

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)..... ▶

8500.00

**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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. BLUMENTHAL FOR CONNECTICUT

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 26 | | 2016 |

Mailing Address 777 Summer St
Ste 103

City State Zip Code
Stamford CT 06901-1085

Transaction ID : D174894

Purpose of Disbursement
Contribution to Committee

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Candidate Name

Sen. Richard Blumenthal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Memo Item

State: CT District: 00

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

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

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

| |
|---------|
| 2500.00 |
|---------|

| |
|----------|
| 15500.00 |
|----------|