

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

[ ]

American Society of Travel Agents PAC

ADDRESS (number and street)

1101 King St.

Suite 200

Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

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 Quarterly 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 (12G)

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

07

01

2007

through

12

31

2007

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

Mr. Bill Coyle

Signature of Treasurer

Electronically Filed by Mr. Bill Coyle

Date

01

14

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
American Society of Travel Agents PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		129737.91
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	140839.92									
(c) Total Receipts (from Line 19) .....	16859.35	64962.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	157699.27	194700.41								
7. Total Disbursements (from Line 31) .....	10528.79	47529.93								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	147170.48	147170.48								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
American Society of Travel Agents PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	5700.00	30691.00
(i) Itemized (use Schedule A) .....	3185.00	20840.00
(ii) Unitemized .....	8885.00	51531.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	7500.00	12500.00
(c) Other Political Committees (such as PACs) .....	16385.00	64031.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
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.) .....	474.35	931.50
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 Transfer (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)) .....	16859.35	64962.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16859.35	64962.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	12705.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	12705.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	10500.00	34500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	28.79	324.93
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	10528.79	47529.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10528.79	47529.93

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	16385.00	64031.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16385.00	64031.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	12705.00
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	12705.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 20  
(check only one)

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

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 (Last, First, Middle Initial)  
Mrs. Frances A. Lindsey, CTC

Mailing Address 922 S. Magnolia

City State Zip Code  
Palestine TX 75801-4463

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

Name of Employer Occupation  
Oasis Travel/NTS Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2007

**Transaction ID:** 14354279

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kari Thomas, CTC

Mailing Address 215 Station Ave.

City State Zip Code  
Langhorne PA 19047-2829

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

Name of Employer Occupation  
Will Travel, Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2007

**Transaction ID:** 14354280

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dennis Lewis

Mailing Address 304 Chesapeake Drive

City State Zip Code  
Great Falls VA 22066-3817

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

Name of Employer Occupation  
World Travel Service Travel Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2007

**Transaction ID:** 14354282

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**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 7 / 20  
(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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael S. Dixon

Mailing Address 117 Wentworth Avenue

City State Zip Code  
Nashville TN 37215-2229

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

Name of Employer: Travelink, Inc. Occupation: President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 07 / 18 / 2007  
**Transaction ID:** 14354283  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara H. Markham

Mailing Address 30328 Lake Road

City State Zip Code  
Bay Village OH 44140-1245

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

Name of Employer: Bay Travel Center Occupation: President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 07 / 18 / 2007  
**Transaction ID:** 14354330  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara H. Markham

Mailing Address 30328 Lake Road

City State Zip Code  
Bay Village OH 44140-1245

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

Name of Employer: Bay Travel Center Occupation: President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 07 / 18 / 2007  
**Transaction ID:** 14354331  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 20  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Society of Travel Agents PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Barbara H. Markham

Mailing Address 30328 Lake Road

City State Zip Code  
Bay Village OH 44140-1245

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

Name of Employer Occupation  
Bay Travel Center President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2007

**Transaction ID:** 14354332

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas Markham

Mailing Address 30328 Lake Road

City State Zip Code  
Bay Village OH 44140-1245

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

Name of Employer Occupation  
Bay Travel Center Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2007

**Transaction ID:** 14354333

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Glen Gearhart

Mailing Address 2824 San Marino Drive

City State Zip Code  
Southfield MI 48354

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

Name of Employer Occupation  
Kaye Britton Travel Travel Agency Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2007

**Transaction ID:** 14493244

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**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 9 / 20  
(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

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Karen Gearhart

Mailing Address 27871 Orchard Lake Rd

City State Zip Code  
Farmington Hills MI 48334-3732

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

Name of Employer Occupation  
Kaye Britton Travel Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2007

**Transaction ID:** 14493245

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Teri L. Trettin, CTC, MCC

Mailing Address 2519 South Cedar

City State Zip Code  
Tacoma WA 98405-2323

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

Name of Employer Occupation  
CWT/Travel Center Travel Agency Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2007

**Transaction ID:** 14493249

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
John I. Lovell, CTC

Mailing Address 1834 Whirlaway CtSe

City State Zip Code  
Kentwood MI 49546

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

Name of Employer Occupation  
Breton Village Travel Services, Inc. President/Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2007

**Transaction ID:** 14493274

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**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 10 / 20  
(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

**A.** Full Name (Last, First, Middle Initial)  
Humberto Rodriguez

Mailing Address P.O. 132

City State Zip Code  
Caguas PR 00726

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Action Travel Agency Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 22 / 2007  
**Transaction ID:** 14493279

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Luis O. Soto Maduro

Mailing Address P.O. 141407

City State Zip Code  
Arecibo PR 00614

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Gala Travel Agency Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 22 / 2007  
**Transaction ID:** 14493282

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Chris Russo

Mailing Address 6824 Newland Street

City State Zip Code  
Arvada CO 80003-3638

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
The Travel Junction Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2007  
**Transaction ID:** 14576798

Amount of Each Receipt this Period 250.00

**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 11 / 20
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Michael L. McCulloh		Date of Receipt	
	Mailing Address 333 West Main Suite 105		M M / D D / Y Y Y Y Y 09 / 26 / 2007	
	City	State	Zip Code	<b>Transaction ID:</b> 14576804
	Ardmore	OK	73401-6326	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		100.00	
Name of Employer McCulloh Travel Service, Inc.		Occupation President/Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Arturo Riollano		Date of Receipt	
	Mailing Address 64 Santa Cruz Street Suite 210 Galeria Medica		M M / D D / Y Y Y Y Y 09 / 26 / 2007	
	City	State	Zip Code	<b>Transaction ID:</b> 14576817
	Bayamon	PR	00961-7003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer Vimar Travel		Occupation Travel Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Stanton Jones		Date of Receipt	
	Mailing Address 960 E. Dryden St.		M M / D D / Y Y Y Y Y 10 / 31 / 2007	
	City	State	Zip Code	<b>Transaction ID:</b> 14675199
	Glendale	CA	91207-1754	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer AAA Travel/Auto Club of Southern Calif		Occupation Travel Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> 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 / 20  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Society of Travel Agents PAC

**A.**

Full Name (Last, First, Middle Initial) Mr. Michael L. McCulloh		Date of Receipt MM / DD / YYYY 11 / 16 / 2007	
Mailing Address 333 West Main Suite 105		<b>Transaction ID:</b> 14741791	
City Ardmore	State OK	Zip Code 73401-6326	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer McCulloh Travel Service, Inc.	Occupation President/Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

**B.**

Full Name (Last, First, Middle Initial) Mr. Michael L. McCulloh		Date of Receipt MM / DD / YYYY 12 / 14 / 2007	
Mailing Address 333 West Main Suite 105		<b>Transaction ID:</b> 14822876	
City Ardmore	State OK	Zip Code 73401-6326	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer McCulloh Travel Service, Inc.	Occupation President/Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	5700.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 20

(check only one)

<input 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 checked="" type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
American Society of Travel Agents PAC

**A.**

Full Name (Last, First, Middle Initial)

Merrill Lynch Ready Assets

Mailing Address PO Box 11063

City State Zip Code

Church Station NY 10249

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

Name of Employer Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

528.87

Date of Receipt

M M / D D / Y Y Y Y  
07 / 31 / 2007

Transaction ID: 14453210

Amount of Each Receipt this Period

71.72

**B.**

Full Name (Last, First, Middle Initial)

Merrill Lynch Ready Assets

Mailing Address PO Box 11063

City State Zip Code

Church Station NY 10249

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

Name of Employer Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

622.87

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 14514722

Amount of Each Receipt this Period

94.00

**C.**

Full Name (Last, First, Middle Initial)

Merrill Lynch Ready Assets

Mailing Address PO Box 11063

City State Zip Code

Church Station NY 10249

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

Name of Employer Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

695.55

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2007

Transaction ID: 14615436

Amount of Each Receipt this Period

72.68

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

238.40

**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 14 / 20  
(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Society of Travel Agents PAC

**A.**

Full Name (Last, First, Middle Initial)  
Merrill Lynch Ready Assets

Mailing Address PO Box 11063

City State Zip Code  
Church Station NY 10249

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
768.70

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

**Transaction ID:** 14718504

Amount of Each Receipt this Period  
73.15

**B.**

Full Name (Last, First, Middle Initial)  
Merrill Lynch Ready Assets

Mailing Address PO Box 11063

City State Zip Code  
Church Station NY 10249

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
856.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

**Transaction ID:** 14813674

Amount of Each Receipt this Period  
88.10

**C.**

Full Name (Last, First, Middle Initial)  
Merrill Lynch Ready Assets

Mailing Address PO Box 11063

City State Zip Code  
Church Station NY 10249

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
931.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** 14869658

Amount of Each Receipt this Period  
74.70

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>235.95</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>474.35</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 20
	(check only one)	
<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Enterprise Rent-A-Car Company PAC		Date of Receipt
	Mailing Address 600 Corporate Park Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 26 / 2007
	City	State	Zip Code
	Saint Louis	MO	63105
	FEC ID number of contributing federal political committee.		Transaction ID: 14576794
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2500.00
		<input type="text"/> C C00219642	<input type="text"/> 2500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Travelport Inc. PAC		Date of Receipt
	Mailing Address Morris Corporate Center III 400 Interpace Parkway, Building A		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 10 / 31 / 2007
	City	State	Zip Code
	Parsippany	NJ	07054
	FEC ID number of contributing federal political committee.		Transaction ID: 14675193
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00
		<input type="text"/> C C00425603	<input type="text"/> 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 7500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 7500.00

**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

A.	Full Name (Last, First, Middle Initial) Mike Pence Committee	Transaction ID: 14453452 Date of Disbursement 07 / 26 / 2007
	Mailing Address PO Box 408	Amount of Each Disbursement this Period 1000.00
	City Anderson State IN Zip Code 46015	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Michael Pence	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Farr	Transaction ID: 14453447 Date of Disbursement 07 / 26 / 2007
	Mailing Address 729 15th Street, NW Third Floor	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sam Farr	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Steve Chabot For Congress	Transaction ID: 14453449 Date of Disbursement 07 / 26 / 2007
	Mailing Address 3339 Harrison Ave. 3014 Harrison Ave.	Amount of Each Disbursement this Period 1000.00
	City Cincinnati State OH Zip Code 45211	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Steve Chabot	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<b>TOTAL</b> 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"/> 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

A.	Full Name (Last, First, Middle Initial) Alexander For Senate 2008 Inc	Transaction ID: 14453455 Date of Disbursement 07 / 26 / 2007
	Mailing Address 228 S Washington Street Suite 115	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Lamar Alexander	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cooper For Congress Committee	Transaction ID: 14453457 Date of Disbursement 07 / 26 / 2007
	Mailing Address C/O Davidson Golden & Lundy P.C. P.O. Box 927	Amount of Each Disbursement this Period 1000.00
	City Brentwood State TN Zip Code 37024	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Jim Cooper	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Tim Ryan For Congress	Transaction ID: 14453460 Date of Disbursement 08 / 02 / 2007
	Mailing Address 1600 Roosevelt Avenue Suite 804	Amount of Each Disbursement this Period 1000.00
	City Niles State OH Zip Code 44446	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Timothy Ryan	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3000.00

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)

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<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

A.	Full Name (Last, First, Middle Initial) Democratic State Central Committee of Louisiana	Transaction ID: 14871477 Date of Disbursement 08 / 02 / 2007
	Mailing Address P.O. Box 4385	Amount of Each Disbursement this Period 2500.00
	City Baton Rouge State LA Zip Code 70821-4385	
	Purpose of Disbursement Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Abercrombie for Congress Committee	Transaction ID: 14562318 Date of Disbursement 08 / 29 / 2007
	Mailing Address 1517 Kapiolani Blvd	Amount of Each Disbursement this Period -1000.00
	City Honolulu State HI Zip Code 96814	
	Purpose of Disbursement Void - Abercrombie for Congress Committee Candidate Name Neil Abercrombie	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Snowe For Senate	Transaction ID: 14562319 Date of Disbursement 08 / 29 / 2007
	Mailing Address PO Box 2006	Amount of Each Disbursement this Period -1000.00
	City Portland State ME Zip Code 04104	
	Purpose of Disbursement Void - Snowe For Senate Candidate Name Olympia Snowe	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	500.00
<b>TOTAL</b> 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)

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<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

A.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS	Transaction ID: 14658278
	Mailing Address PO Box 3176	Date of Disbursement 10 / 15 / 2007
	City LONG BRANCH State NJ Zip Code 07740	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Frank Pallone, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Fortuno In Congress	Transaction ID: 14658277
	Mailing Address 130 Winston Churchill Ave Pmb 364	Date of Disbursement 10 / 15 / 2007
	City San Juan State PR Zip Code 00926	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Luis Fortuno	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Committee To Re-Elect Linda Sanchez	Transaction ID: 14658279
	Mailing Address 601 S Glenoaks Blvd Suite 211	Date of Disbursement 10 / 15 / 2007
	City Burbank State CA Zip Code 91502	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Linda Sanchez	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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)

PAGE 20 / 20

<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

A.	Full Name (Last, First, Middle Initial) Lindsey Graham For Senate	Transaction ID: 14658280
	Mailing Address PO Box 1801	Date of Disbursement 10 / 15 / 2007
	City Columbia State SC Zip Code 29202	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Lindsey Graham	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Arcuri For Congress	Transaction ID: 14822877
	Mailing Address P.O. Box 75214	Date of Disbursement 12 / 14 / 2007
	City Washington State DC Zip Code 20013-5214	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Michael Arcuri	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1500.00

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

10500.00