

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 675 North Washington Street Suite 490 Alexandria VA 22314 Check if different than previously reported. (ACC)

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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P), Convention (12C), General (12G), Special (12S), Runoff (12R) Election on MM/DD/YYYY in the State of

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period 01/01/2018 through 03/31/2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Peck, Eben, , Mr. , Type or Print Name of Treasurer

Signature of Treasurer Peck, Eben, , Mr. [Electronically Filed] Date 04/13/2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**AMERICAN SOCIETY OF TRAVEL AGENTS PAC**

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

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2018"/>  |  | <input type="text" value="274314.23"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="274314.23"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="49078.24"/>  | <input type="text" value="49078.24"/>  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="323392.47"/> | <input type="text" value="323392.47"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="18949.00"/>  | <input type="text" value="18949.00"/>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="304443.47"/> | <input type="text" value="304443.47"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>      |  |

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**AMERICAN SOCIETY OF TRAVEL AGENTS PAC**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 33143.14                      | 33143.14                          |
| (ii) Unitemized .....   | 10848.77                      | 10848.77                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 43991.91                      | 43991.91                          |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 5000.00                       | 5000.00                           |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 48991.91                      | 48991.91                          |
| 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.).....   | 86.33                         | 86.33                             |
| 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)).....▶                         | 49078.24                      | 49078.24                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 49078.24                      | 49078.24                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 8949.00                       | 8949.00                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 8949.00                       | 8949.00                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 10000.00                      | 10000.00                          |
| 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)) ..      | 18949.00                      | 18949.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 18949.00                      | 18949.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 48991.91                              | 48991.91                                  |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 48991.91                              | 48991.91                                  |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 8949.00                               | 8949.00                                   |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 8949.00                               | 8949.00                                   |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 OF 24                 |
|   | <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. Ardis, Ricky, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 93 Mozart St  
 Apt 7  
 City East Rutherford State NJ Zip Code 07073-1369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ardis Travel Occupation (for Individual) Travel Agent  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2018  
**Transaction ID : C3697620**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Block, Roger, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 730 Brookstone Ct  
 City Alpharetta State GA Zip Code 30009-6831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travel Leaders Network Occupation (for Individual) President  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2018  
**Transaction ID : C3697623**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. BUSH, JOSHUA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 Martroy Ln  
 City Wallingford State PA Zip Code 19086-6314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AVENUE TWO TRAVEL Occupation (for Individual) CEO  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2018  
**Transaction ID : C3697625**  
 Amount of Each Receipt this Period  
 3000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 4500.00 |
| <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: (check only one)       | PAGE 7 OF 24                 |
|   | <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. Chamberlin, Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7755 33rd Ave NW  
 City Seattle State WA Zip Code 98117-4714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ASTA Occupation (for Individual) SVP  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2018  
**Transaction ID : C3698567**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**B. Chamberlin, Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7755 33rd Ave NW  
 City Seattle State WA Zip Code 98117-4714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ASTA Occupation (for Individual) SVP  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2018  
**Transaction ID : C3697626**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Chapin, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 N Michigan Ave Apt 3604  
 City Chicago State IL Zip Code 60611-4508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ensemble Occupation (for Individual) Travel Agent  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼ 512.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2018  
**Transaction ID : C3697627**  
 Amount of Each Receipt this Period  
 512.82  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1712.82 |
| <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: (check only one) | PAGE 8 OF 24  |
| <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. Da Rosa, Andrea, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5414 Oberlin St.  
 Ste 300  
 City San Diego State CA Zip Code 92121-4744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Balboa Travel, Inc. Occupation (for Individual) Strategic Solutions Manager  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2018  
**Transaction ID : C3697630**  
 Amount of Each Receipt this Period  
 850.00  
 Memo Item

**B. Duglin, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 NE 59th Ct  
 City Fort Lauderdale State FL Zip Code 33308-2112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ASTA Occupation (for Individual) Vice President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 29 / 2018  
**Transaction ID : C3660048**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Duglin, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 NE 59th Ct  
 City Fort Lauderdale State FL Zip Code 33308-2112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ASTA Occupation (for Individual) Vice President  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2018  
**Transaction ID : C3697631**  
 Amount of Each Receipt this Period  
 1600.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3450.00 |
| <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: (check only one)       | PAGE 9 OF 24                 |
|   | <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. ellenby, jay, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1419 E MacPhail Rd

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Bel Air | State<br>MD | Zip Code<br>21015-5610 |
|-----------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>Safe Harbors Business Travel, LLC | Occupation (for Individual)<br>Business Owner |
|--|---|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
512.82

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2018

**Transaction ID : C3697632**

Amount of Each Receipt this Period  
512.82

Memo Item

**B. Flanagan, Mary Pat, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 919 West Ainslie

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Chicago | State<br>IL | Zip Code<br>60640 |
|-----------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>CIE Tours International | Occupation (for Individual)<br>Travel Agent |
|--|---|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 04 / 2018

**Transaction ID : C3698526**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Flanagan, Mary Pat, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 919 West Ainslie

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Chicago | State<br>IL | Zip Code<br>60640 |
|-----------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>CIE Tours International | Occupation (for Individual)<br>Travel Agent |
|--|---|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 18 / 2018

**Transaction ID : C3698541**

Amount of Each Receipt this Period  
100.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 712.82 |
| <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: (check only one)       | PAGE 10 OF 24                |
|   | <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. Flanagan, Mary Pat, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 919 West Ainslie

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Chicago | State<br>IL | Zip Code<br>60640 |
|-----------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>CIE Tours International | Occupation (for Individual)<br>Travel Agent |
|--|---|

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01    | / | 18    | / | 2018        |

**Transaction ID : C3698546**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Friedman, Jackie, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4701 O Connor Ct

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Irving | State<br>TX | Zip Code<br>75062-3761 |
|----------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Nexion | Occupation (for Individual)<br>Travel Executive |
|---|---|

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
417.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 08    | / | 2018        |

**Transaction ID : C3697633**

Amount of Each Receipt this Period  
417.00

Memo Item

**C. Geiser, Betsy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18662 MacArthur Blvd

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Irvine | State<br>CA | Zip Code<br>92612-1200 |
|----------------|-------------|------------------------|

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

|   |                                   |
|---|-----------------------------------|
| Name of Employer (for Individual)<br>Uniglobe Travel Center | Occupation (for Individual)<br>VP |
|---|-----------------------------------|

Receipt For: 2014  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
512.82

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 03    | / | 2018        |

**Transaction ID : C3697636**

Amount of Each Receipt this Period  
512.82

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1029.82 |
| <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: (check only one) | PAGE 11 OF 24   |
| <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. Haymaker, Richard, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1315 W 22nd St

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Oak Brook | State<br>IL | Zip Code<br>60523-2057 |
|-------------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>Viking Travel Service | Occupation (for Individual)<br>Director |
|--|---|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 16    | / | 2018        |

**Transaction ID : C3697637**

Amount of Each Receipt this Period  

|        |
|--------|
| 300.00 |
|--------|

 Memo Item

**B. Hershberger, Dave, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9895 Montgomery Rd

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Cincinnati | State<br>OH | Zip Code<br>45242-6424 |
|--------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Prestige Travel Inc. | Occupation (for Individual)<br>President |
|---|--|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
512.82

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 03    | / | 2018        |

**Transaction ID : C3697638**

Amount of Each Receipt this Period  

|        |
|--------|
| 512.82 |
|--------|

 Memo Item

**C. Jackson, Denise, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4128 Via Mar De Delfinas

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>San Diego | State<br>CA | Zip Code<br>92130-2670 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Balboa Travel Inc. | Occupation (for Individual)<br>President & CEO |
|---|--|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2100.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 07    | / | 2018        |

**Transaction ID : C3697639**

Amount of Each Receipt this Period  

|         |
|---------|
| 2100.00 |
|---------|

 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2912.82 |
| <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: (check only one)   | PAGE 12 OF 24 |
|   | <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. Kerby, Zane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 675 N Washington St  
 Ste 490  
 City Alexandria State VA Zip Code 22314-1940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Society of Travel Agents Occupation (for Individual) CEO  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1025.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2018  
**Transaction ID : C3697640**  
 Amount of Each Receipt this Period  
 1025.64  
 Memo Item

**B. Lanotte-Day, Toni, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Circle Ln  
 City Levittown State NY Zip Code 11756-2703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Toni Tours, Inc. Occupation (for Individual) President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 4350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2018  
**Transaction ID : C3666748**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Lanotte-Day, Toni, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Circle Ln  
 City Levittown State NY Zip Code 11756-2703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Toni Tours, Inc. Occupation (for Individual) President  
 Receipt For: 2014  
 Primary     General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 4350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2018  
**Transaction ID : C3697641**  
 Amount of Each Receipt this Period  
 2100.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3375.64 |
| <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: (check only one)       | PAGE 13 OF 24                |
|   | <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. Lanotte-Day, Toni, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Circle Ln

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Levittown | State<br>NY | Zip Code<br>11756-2703 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Toni Tours, Inc. | Occupation (for Individual)<br>President |
|---|--|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4350.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 27    | / | 2018        |

**Transaction ID : C3697644**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B. Lee, Walter, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9880 Kaiser Ave NE

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Monticello | State<br>MN | Zip Code<br>55362-8685 |
|--------------------|-------------|------------------------|

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

|   |                                    |
|---|------------------------------------|
| Name of Employer (for Individual)<br>Travel Quest/Travel Leaders Albertvill | Occupation (for Individual)<br>CFO |
|---|------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 16    | / | 2018        |

**Transaction ID : C3670951**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Lovick, David, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10950 Club West Pkwy  
Ste 180

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Blaine | State<br>MN | Zip Code<br>55449-3673 |
|----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Travel Leaders | Occupation (for Individual)<br>President |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 20    | / | 2018        |

**Transaction ID : C3671736**

Amount of Each Receipt this Period  
250.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2750.00 |
| <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: (check only one)       | PAGE 14 OF 24                |
|   | <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. Mangas, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3187 N Glenview Dr  
 City Warsaw State IN Zip Code 46582-6918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Menno Travel Occupation (for Individual) Travel advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2018  
**Transaction ID : C3657793**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Martin Tomaszczuk, Rebecca, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5124 Poplar Ave #101  
 City Memphis State TN Zip Code 38117-7630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) A & I Travel Service, Inc. Occupation (for Individual) President  
 Receipt For: 2014  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 05 / 2018  
**Transaction ID : C3697692**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**C. Maryanov, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 S Barrington Ave Ste 315  
 City Los Angeles State CA Zip Code 90025-5379  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) All Travel Occupation (for Individual) President  
 Receipt For: 2014  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 05 / 2018  
**Transaction ID : C3697647**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 3250.00  
**TOTAL** This Period (last page this line number only).....▶

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 15 OF 24 |
|   | <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. Matthews, Lauren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4315 Sussex Dr  
 City Columbia State MO Zip Code 65203-6406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Viking Travel Occupation (for Individual) Travel Agent  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2018  
**Transaction ID : C3697648**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**B. Mickelson, Gloria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3704 Westmark Cir  
 City Minnetonka State MN Zip Code 55345-2242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travel Leaders Network Occupation (for Individual) Director, Educational Services  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2018  
**Transaction ID : C3664018**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Orens, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16530 Ventura Blvd Ste 106  
 City Encino State CA Zip Code 91436-4571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Plaza Travel Occupation (for Individual) President  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2018  
**Transaction ID : C3697649**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 5500.00 |
| <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: (check only one)                                      | PAGE 16 OF 24   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Peck, Eben, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 675 N Washington St  
 Ste 490  
 City Alexandria State VA Zip Code 22314-1940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Society Of Travel Agents Occupation (for Individual) SVP, Government & Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 222.81

Date of Receipt **01 / 13 / 2018**  
**Transaction ID : C3654137**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Peck, Eben, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 675 N Washington St  
 Ste 490  
 City Alexandria State VA Zip Code 22314-1940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Society Of Travel Agents Occupation (for Individual) SVP, Government & Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 222.81

Date of Receipt **02 / 13 / 2018**  
**Transaction ID : C3667421**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Peck, Eben, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 675 N Washington St  
 Ste 490  
 City Alexandria State VA Zip Code 22314-1940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Society Of Travel Agents Occupation (for Individual) SVP, Government & Public Affairs  
 Receipt For: 2014  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 222.81

Date of Receipt **02 / 20 / 2018**  
**Transaction ID : C3698586**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 110.00 |
| <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: (check only one)       | PAGE 17 OF 24                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Peck, Eben, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 675 N Washington St  
 Ste 490  
 City Alexandria State VA Zip Code 22314-1940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Society Of Travel Agents Occupation (for Individual) SVP, Government & Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 222.81

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : C3683402**  
 Amount of Each Receipt this Period 102.25  
 Memo Item

**B. Peck, Eben, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 675 N Washington St  
 Ste 490  
 City Alexandria State VA Zip Code 22314-1940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Society Of Travel Agents Occupation (for Individual) SVP, Government & Public Affairs  
 Receipt For: 2014  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 222.81

Date of Receipt **03 / 04 / 2018**  
**Transaction ID : C3697650**  
 Amount of Each Receipt this Period 102.56  
 Memo Item

**C. Rothenberg, Stuart, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 277 Fairfield Road  
 City Fairfield State NJ Zip Code 07004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For: 2014  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt **03 / 06 / 2018**  
**Transaction ID : C3697687**  
 Amount of Each Receipt this Period 220.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 332.81 |
| <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: (check only one) | PAGE 18 OF 24   |
| <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. SANCHEZ, JORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5927 N Keating Ave  
 City Chicago State IL Zip Code 60646-5702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MENA TOURS AND TRAVEL INC Occupation (for Individual) OWNER - MANAGER  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2018  
**Transaction ID : C3698609**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Seifert, Mary Louise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4002 N 81st St  
 City Scottsdale State AZ Zip Code 85251-4826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Welcome Aboard Vacation Center, Inc. Occupation (for Individual) President  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 256.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2018  
**Transaction ID : C3697656**  
 Amount of Each Receipt this Period 256.41  
 Memo Item

**C. Walker, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2430 Eureka Rd  
 City Washington State IL Zip Code 61571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jennifer Walker Travel, Inc Occupation (for Individual) Travel Agent  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2018  
**Transaction ID : C3698610**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1006.41 |
| <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 19 OF 24  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name  
Wilson-Buttigieg, Jennifer, , ,

Mailing Address 39 White Plains Rd

City Bronxville      State NY      Zip Code 10708-5129

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

Name of Employer (for Individual) Valerie Wilson Travel      Occupation (for Individual) Co-President, Co-Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2018

**Transaction ID : C3662090**

Amount of Each Receipt this Period  
2500.00

Memo Item

**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 M / D 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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2500.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 33143.14 |

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

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

FOR LINE NUMBER: PAGE 20 OF 24  
(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**

**A. Sabre Inc. Pac**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1250 CONNECTICUT AVENUE NW  
SUITE 825

City Washington State DC Zip Code 20036

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 08 / 2018

**Transaction ID : C3697693**

Amount of Each Receipt this Period  
5000.00

Memo Item

**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

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 5000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 5000.00 |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. CQ Roll Call**

Mailing Address 700 K St NE

City  
Washington

State  
DC

Zip Code  
20002-3635

Purpose of Disbursement  
PAC Software

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 01 / 2018

FEC Identification Number

C

Transaction ID : D183042

Amount of Each Disbursement this Period

3950.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mobile Cause**

Mailing Address 27001 Agoura Rd  
Suite 350A

City  
Calabasas Hills

State  
CA

Zip Code  
91301

Purpose of Disbursement  
PAC Fundraising Software

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2018

FEC Identification Number

C

Transaction ID : D183041

Amount of Each Disbursement this Period

4999.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

8949.00

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

8949.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. COMSTOCK FOR CONGRESS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 23 / 2018                  |
| Mailing Address PO BOX 831   |  | FEC Identification Number<br>C00554261<br><b>Transaction ID : D183036</b> |
| City<br>MC LEAN  | State<br>VA  | Zip Code<br>22101   |
| Purpose of Disbursement<br>Contribution to Committee   |  | Amount of Each Disbursement this Period<br>1000.00                        |
| Candidate Name<br><b>Comstock, Barbara, , Rep.,</b>  |  | Category/Type   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item  |
| State: VA  | District: 10   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Upchurch for Congress</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 21 / 2018          |
| Mailing Address 146 S. A1A<br>Suite 202   |  | FEC Identification Number<br>C<br><b>Transaction ID : D183035</b> |
| City<br>Ormond Beach  | State<br>FL  | Zip Code<br>32176   |
| Purpose of Disbursement<br>Contribution to Candidate  |  | Amount of Each Disbursement this Period<br>2500.00                |
| Candidate Name  |  | Category/Type   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                                |
| State:  | District:  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. KATHLEEN RICE FOR CONGRESS</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2018                  |
| Mailing Address PO BOX 744   |  | FEC Identification Number<br>C00555813<br><b>Transaction ID : D183040</b> |
| City<br>MINEOLA  | State<br>NY  | Zip Code<br>11501   |
| Purpose of Disbursement<br>Contribution to Committee   |  | Amount of Each Disbursement this Period<br>1000.00                        |
| Candidate Name<br><b>Rice, Kathleen, , Rep.,</b>   |  | Category/Type   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item  |
| State: NY  | District: 04   |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 4500.00 |
| <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"/> 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. BILIRAKIS FOR CONGRESS**

Mailing Address PO BOX 606

City  
TARPON SPRINGS

State  
FL

Zip Code  
34688

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Bilirakis, Gus, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2018

FEC Identification Number

**C** C00408534

**Transaction ID : D183038**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. QUIGLEY FOR CONGRESS**

Mailing Address PO BOX 13040

City  
CHICAGO

State  
IL

Zip Code  
60613

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Quigley, Mike, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: IL District: 05

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2018

FEC Identification Number

**C** C00457556

**Transaction ID : D183039**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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

**Graves, Sam, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2018

FEC Identification Number

**C** C00359034

**Transaction ID : D183037**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. SEAN PATRICK MALONEY FOR CONGRESS

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 07    |   | 2018        |

Mailing Address PO BOX 270

FEC Identification Number

|   |           |
|---|-----------|
| C | C00512426 |
|---|-----------|

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>NEWBURGH | State<br>NY | Zip Code<br>12550 |
|------------------|-------------|-------------------|

Transaction ID : D183034

Purpose of Disbursement  
Contribution to Committee

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Amount of Each Disbursement this Period

Candidate Name

**Maloney, Sean, Patrick, Rep.,**

|         |
|---------|
| 1000.00 |
|---------|

|   |  |
|---|--|
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: NY District: 18  |  |

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Date of Disbursement

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

Mailing Address

FEC Identification Number

|   |  |
|---|--|
| C |  |
|---|--|

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Amount of Each Disbursement this Period

Purpose of Disbursement

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Candidate Name

|  |  |
|--|--|
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
| State: District:   |  |

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

|   |  |
|---|--|
| C |  |
|---|--|

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Amount of Each Disbursement this Period

Purpose of Disbursement

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Candidate Name

|  |  |
|--|--|
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: District:   |  |

Memo Item

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

|         |
|---------|
| 1000.00 |
|---------|

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

|          |
|----------|
| 10000.00 |
|----------|