

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.
AMERICAN SOCIETY OF TRAVEL AGENTS PAC

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period / / through / /

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

Type or Print Name of Treasurer Mrs. Deborah Mangas

Signature of Treasurer Mrs. Deborah Mangas [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN SOCIETY OF TRAVEL AGENTS PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="186225.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="186225.47"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="24616.00"/>	<input type="text" value="24616.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="210841.47"/>	<input type="text" value="210841.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13498.50"/>	<input type="text" value="13498.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="197342.97"/>	<input type="text" value="197342.97"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN SOCIETY OF TRAVEL AGENTS PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18575.00	18575.00
(ii) Unitemized	6041.00	6041.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	24616.00	24616.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	24616.00	24616.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	24616.00	24616.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24616.00	24616.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	498.50	498.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	498.50	498.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	13000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13498.50	13498.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13498.50	13498.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	24616.00	24616.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24616.00	24616.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	498.50	498.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	498.50	498.50

**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 19
<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

Full Name (Last, First, Middle Initial) A. Roger Block		Date of Receipt MM / DD / YYYY 03 / 21 / 2014 Transaction ID : C2669178
Mailing Address 3033 Campus Dr Ste W320		Amount of Each Receipt this Period 525.00
City Plymouth	State MN	Zip Code 55441
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 525.00
Name of Employer Travel Leaders Franchise Group	Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Linda Bourgeois		Date of Receipt MM / DD / YYYY 02 / 21 / 2014 Transaction ID : C2650406
Mailing Address 492 Perkins Extended		Amount of Each Receipt this Period 1000.00
City Memphis	State TN	Zip Code 38117-4404
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Travel Leaders	Occupation Travel Agent	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. Claudia Darling		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 Transaction ID : C2669179
Mailing Address 13011 Tradd St		Amount of Each Receipt this Period 500.00
City Carmel	State IN	Zip Code 46032-8372
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Darling Travel/Irvine Travel	Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	2025.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jackie Friedman
Full Name (Last, First, Middle Initial)

Mailing Address 6225 N. State Hwy 161
Ste 450

City Irving State TX Zip Code 75038

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

Name of Employer Nexion, LLC Occupation General Manager

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
03 / 21 / 2014
Transaction ID : C2669181

Amount of Each Receipt this Period
1500.00

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

Mailing Address 610 N Washington St

City Naperville State IL Zip Code 60563-3102

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

Name of Employer Viking Travel Service Occupation Vice President

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
03 / 27 / 2014
Transaction ID : C2713330

Amount of Each Receipt this Period
5000.00

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

Mailing Address 700 Pasquinelli Dr Ste C

City Westmont State IL Zip Code 60559-1383

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

Name of Employer Viking Travel Service Occupation President

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
02 / 27 / 2014
Transaction ID : C2713331

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 9000.00

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 8 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Richard Haymaker
 Full Name (Last, First, Middle Initial)
 Mailing Address 1315 West 22nd St
 Suite 205
 City State Zip Code
 Oak Brook IL 60523-2060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Viking Travel Service 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
 02 / 26 / 2014
Transaction ID : C2659351
 Amount of Each Receipt this Period
 300.00

B. Ernie Held
 Full Name (Last, First, Middle Initial)
 Mailing Address 4170 Marine Dr 23L
 City State Zip Code
 Chicago IL 60613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Held Travel Bureau, Inc. President
 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 / 26 / 2014
Transaction ID : C2713332
 Amount of Each Receipt this Period
 250.00

C. Peter Klebanow
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 E 47th St 5th FL
 City State Zip Code
 New York NY 10017-1922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ultramar Travel Management Internation 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 / 21 / 2014
Transaction ID : C2713348
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
<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

Full Name (Last, First, Middle Initial)
A. Geoffrey Landis

Mailing Address 210 S Main St

City Goshen State IN Zip Code 46526-3723

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

Name of Employer Menno Travel/American Express Occupation Manager/Co-Owner

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 / 21 / 2014
Transaction ID : C2713341

Amount of Each Receipt this Period
 250.00

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

Mailing Address 6597 Laketowne Place Ste A

City Albertville State MN Zip Code 55301-4512

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

Name of Employer TravelQuest Occupation CEO

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 / 28 / 2014
Transaction ID : C2669165

Amount of Each Receipt this Period
 500.00

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

Mailing Address 7208 Falls of Neuse Suite 220

City Raleigh State NC Zip Code 27615

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

Name of Employer Travel Management Partners, Inc. Occupation President & CEO

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
 02 / 07 / 2014
Transaction ID : C2659333

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 10 OF 19
<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. John Lewis
Full Name (Last, First, Middle Initial)

Mailing Address 7208 Falls of Neuse
Suite 220

City Raleigh State NC Zip Code 27615

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

Name of Employer: Travel Management Partners, Inc. Occupation: President & CEO

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 07 / 2014
Transaction ID : C2713356

Amount of Each Receipt this Period: 250.00

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

Mailing Address 210 S Main St

City Goshen State IN Zip Code 46526-3723

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

Name of Employer: Menno Travel/American Express Occupation: Business Development Manager

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 14 / 2014
Transaction ID : C2713320

Amount of Each Receipt this Period: 500.00

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

Mailing Address 4315 Sussex Drive

City Columbia State MO Zip Code 65203-6406

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

Name of Employer: Viking Travel Service, Lp Occupation: Travel Agent

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 26 / 2014
Transaction ID : C2659339

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
<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

Full Name (Last, First, Middle Initial) A. Eben Peck		Date of Receipt MM / DD / YYYY 01 / 16 / 2014 Transaction ID : C2650400
Mailing Address 1101 King Street Suite 200		Amount of Each Receipt this Period 250.00
City Alexandria	State VA	Zip Code 22314-2963
FEC ID number of contributing federal political committee. C		
Name of Employer American Society Of Travel Agents	Occupation VP, Government Affairs	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Vicki Powell		Date of Receipt MM / DD / YYYY 02 / 26 / 2014 Transaction ID : C2659356
Mailing Address 610 N. Washington St		Amount of Each Receipt this Period 1000.00
City Naperville	State IL	Zip Code 60563
FEC ID number of contributing federal political committee. C		
Name of Employer Viking Travel	Occupation Travel Consultant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Gloria Stock Mickelson		Date of Receipt MM / DD / YYYY 02 / 14 / 2014 Transaction ID : C2659329
Mailing Address 3033 Campus Dr Ste W320		Amount of Each Receipt this Period 500.00
City Minneapolis	State MN	Zip Code 55441
FEC ID number of contributing federal political committee. C		
Name of Employer Travel Leaders Franchise Group	Occupation Sr. Mgr., Education & Training	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 19
(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. Jennifer Wilson-Buttigieg
 Full Name (Last, First, Middle Initial)
 Mailing Address 35th Floor
 475 Park Ave. S
 City New York State NY Zip Code 10016-6901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valerie Wilson Travel, Inc. Occupation Co-President
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014
Transaction ID : C2669176
 Amount of Each Receipt this Period
 1000.00

B. Leo Zabinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Plantation Park Dr Ste 104B
 Suite 104 B
 City Bluffton State SC Zip Code 29910-9010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Classic Travel Occupation President
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014
Transaction ID : C2669169
 Amount of Each Receipt this Period
 500.00

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

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

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	18575.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	1	4

Transaction ID : D157463

Amount of Each Disbursement this Period

2	.	5	0
---	---	---	---

Full Name (Last, First, Middle Initial)

B. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	1	4

Transaction ID : D157464

Amount of Each Disbursement this Period

2	5	.	7	5
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	4

Transaction ID : D157465

Amount of Each Disbursement this Period

2	.	5	0
---	---	---	---

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

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

3	0	.	7	5
---	---	---	---	---

3	0	.	7	5
---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2014

Transaction ID : D157466

Amount of Each Disbursement this Period

16.75

Full Name (Last, First, Middle Initial)

B. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2014

Transaction ID : D157467

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2014

Transaction ID : D157468

Amount of Each Disbursement this Period

3.75

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

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

55.50

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : D157469

Amount of Each Disbursement this Period

6.25

Full Name (Last, First, Middle Initial)

B. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 07 / 2014

Transaction ID : D157470

Amount of Each Disbursement this Period

24.25

Full Name (Last, First, Middle Initial)

C. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : D157471

Amount of Each Disbursement this Period

155.00

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

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

185.50

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : D157472

Amount of Each Disbursement this Period

194.25

Full Name (Last, First, Middle Initial)

B. Aristotle, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : D157475

Amount of Each Disbursement this Period

32.50

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

226.75

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

498.50

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Alaskans for Begich

Mailing Address PO Box 240287

City Anchorage State AK Zip Code 99524-0287

Purpose of Disbursement
Contribution to Committee

Candidate Name

Sen. Mark Begich

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7			2	0	1	4	

Transaction ID : D157457

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. VAN HOLLEN FOR CONGRESS

Mailing Address 10537 ST. PAUL ST.

City KENSINGTON State MD Zip Code 20895

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Chris Van Hollen

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7			2	0	1	4	

Transaction ID : D157456

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. BILIRAKIS FOR CONGRESS

Mailing Address PO BOX 606

City TARPON SPRINGS State FL Zip Code 34688

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Gus Bilirakis

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7			2	0	1	4	

Transaction ID : D157459

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

6	0	0	.	0	0
---	---	---	---	---	---

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

6	0	0	.	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. QUIGLEY FOR CONGRESS

Mailing Address PO BOX 13040

City CHICAGO State IL Zip Code 60613

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Mike Quigley

Office Sought: House
 Senate
 President
State: IL District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2014

Transaction ID : D157458

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GRAVES FOR CONGRESS

Mailing Address 2345 GRAND, SUITE 2400

City KANSAS CITY State MO Zip Code 64108

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Sam Graves

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2014

Transaction ID : D157460

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. TEXANS FOR SENATOR JOHN CORNYN INC

Mailing Address PO BOX 13026

City AUSTIN State TX Zip Code 78711

Purpose of Disbursement
Contribution to Committee

Candidate Name

Sen. John Cornyn

Office Sought: House
 Senate
 President
State: TX District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	24	/	2014

Transaction ID : D157455

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement
Contribution to Committee

Candidate Name
Sen. Susan Collins

Office Sought: House
 Senate
 President
State: ME District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 24 / 2014

Transaction ID : D157461

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00

13000.00