

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Society of Travel Agents PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">128567.81</td></tr></table>	128567.81
Y	Y	Y	Y									
2	0	0	6									
128567.81												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">133162.41</td></tr></table>	133162.41										
133162.41												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">14937.76</td></tr></table>	14937.76	<table border="1" style="width: 100%;"><tr><td align="right">51240.66</td></tr></table>	51240.66								
14937.76												
51240.66												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">148100.17</td></tr></table>	148100.17	<table border="1" style="width: 100%;"><tr><td align="right">179808.47</td></tr></table>	179808.47								
148100.17												
179808.47												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">15443.37</td></tr></table>	15443.37	<table border="1" style="width: 100%;"><tr><td align="right">47151.67</td></tr></table>	47151.67								
15443.37												
47151.67												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">132656.80</td></tr></table>	132656.80	<table border="1" style="width: 100%;"><tr><td align="right">132656.80</td></tr></table>	132656.80								
132656.80												
132656.80												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Society of Travel Agents PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	11000.00	25350.00
(i) Itemized (use Schedule A)	3718.00	20298.00
(ii) Unitemized	14718.00	45648.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	5000.00
(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)	14718.00	50648.00
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.)	219.76	592.66
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	14937.76	51240.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14937.76	51240.66

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) Shared 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.....	11550.00	11550.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	11550.00	11550.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	34500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	393.37	1101.67
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15443.37	47151.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15443.37	47151.67

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	14718.00	50648.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14718.00	50648.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	11550.00	11550.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	11550.00	11550.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Thomas L. Keefe

Mailing Address 24 Chestnut Street

City State Zip Code
Andover MA 01810-3624

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

Name of Employer Occupation
Addison Travel President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 26 / 2006

Transaction ID: 12795275

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Salvatore J Castoria

Mailing Address 750 Lloyd Road

City State Zip Code
Matawan NJ 07747-1055

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

Name of Employer Occupation
A Better Trip, Inc. Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: 12805751

Amount of Each Receipt this Period
200.00

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

Mailing Address 861 Hawthorn Circle

City State Zip Code
Lombard IL 60148-3636

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

Name of Employer Occupation
Viking Travel Service, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: 12805752

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)	▶	2950.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 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

Full Name (Last, First, Middle Initial) A. Mr. John F. Haskins		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 861 Hawthorn Circle		Transaction ID: 12805753
City State Zip Code Lombard IL 60148-3636	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Viking Travel Service, LP	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Mr. Jack D. Tillem		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006
Mailing Address 20 W Marie Street		Transaction ID: 12835324
City State Zip Code Hicksville NY 11801-3804	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Hillside Travel	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mrs. Deborah S. Mangas, CTC		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006
Mailing Address 9720 Old Port Cove		Transaction ID: 12835329
City State Zip Code Bristol IN 46507-8789	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Menno Travel Service, Inc- /American Ex	Occupation Vacation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 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. Ms. Teri Lightfield		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 4711 SW Huber Street Suite E-1		Transaction ID: 12835461
City State Zip Code Portland OR 97219-6862	Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Ya'lla Tours USA, Inc.	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Ms. Barbara Hansen, CTC		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 1223 N Rock Road Building G, Suite 200		Transaction ID: 12835526
City State Zip Code Wichita KS 67206-1269	Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Sunflower Travel Corporation	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Ms. Teri Lightfield		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 4711 SW Huber Street Suite E-1		Transaction ID: 12835527
City State Zip Code Portland OR 97219-6862	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Ya'lla Tours USA, Inc.	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

SUBTOTAL of Receipts This Page (optional) ▶	850.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 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. Full Name (Last, First, Middle Initial)
Ms. Barbara Hansen, CTC

Mailing Address 1223 N Rock Road
Building G, Suite 200

City State Zip Code
Wichita KS 67206-1269

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

Name of Employer Sunflower Travel Corporation
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 08 / 2006

Transaction ID: 12835528

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Ms. Betty C. Clement

Mailing Address 4120 Jasmine

City State Zip Code
Paris TX 75462-6683

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

Name of Employer Adventure in Travel
Occupation Travel Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 10 / 2006

Transaction ID: 12838504

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Barbara Hansen, CTC

Mailing Address 1223 N Rock Road
Building G, Suite 200

City State Zip Code
Wichita KS 67206-1269

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

Name of Employer Sunflower Travel Corporation
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2006

Transaction ID: 12888563

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 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

Full Name (Last, First, Middle Initial) A. Ms. Penelope Hawkins		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address 8091 Commerce Road		Transaction ID: 12888587
City State Zip Code Commerce Township MI 48382-3575	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Lakes Area Travel Plus Occupation Manager/COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Ms. Penelope Hawkins		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address 8091 Commerce Road		Transaction ID: 12888590
City State Zip Code Commerce Township MI 48382-3575	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Lakes Area Travel Plus Occupation Manager/COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) C. Ms. Barbara H. Markham		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6
Mailing Address 30328 Lake Road		Transaction ID: 12895299
City State Zip Code Bay Village OH 44140-1245	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Bay Travel Center Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	725.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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. Mrs. Carol L. Wagner		Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2006	
Mailing Address 1959 Alpha Drive		Transaction ID: 12895301	
City State Zip Code Commerce Township MI 48382-2302	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Travel Plus, Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Ms. Teri Lightfield		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 4711 SW Huber Street Suite E-1		Transaction ID: 12962826	
City State Zip Code Portland OR 97219-6862	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ya'lla Tours USA, Inc.	Occupation General Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Ms. Penelope Hawkins		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 8091 Commerce Road		Transaction ID: 12962835	
City State Zip Code Commerce Township MI 48382-3575	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Lakes Area Travel Plus	Occupation Manager/COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 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. Full Name (Last, First, Middle Initial)
Ms. Sherrie J. Bindrim

Mailing Address 955 Main Street
Suite C

City Mukwonago State WI Zip Code 53149-1752

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

Name of Employer All About Travel, Inc. Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: 12984172

Amount of Each Receipt this Period
325.00

B. Full Name (Last, First, Middle Initial)
Mrs. Paula Hobbie, CTC

Mailing Address 14335 SW Allen Boulevard
Suite 100

City Beaverton State OR Zip Code 97005-4463

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

Name of Employer Focus On Travel, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: 12984186

Amount of Each Receipt this Period
250.00

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

Mailing Address 304 Chesapeake Drive

City Great Falls State VA Zip Code 22066

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

Name of Employer World Travel Service Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2006

Transaction ID: 12987966

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1575.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 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. Full Name (Last, First, Middle Initial) Mr. Bill Coyle Mailing Address 5752 Ridge Rd Ste 1 City Cleveland State OH Zip Code 44129-2938 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6 Transaction ID: 12988294 Amount of Each Receipt this Period 375.00
Name of Employer: Encompass The World Travel Occupation: _____ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		

B. Full Name (Last, First, Middle Initial) Mr. Arturo Riollano Mailing Address 64 Santa Cruz Street Suite 210 Galeria Medica City Bayamon State PR Zip Code 00961-7003 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6 Transaction ID: 12988295 Amount of Each Receipt this Period 250.00
Name of Employer: Vimar Travel Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Mr. Robert E Kern Mailing Address 29365 Canyon Rim Place City Canyon County State CA Zip Code 91387 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6 Transaction ID: 13004169 Amount of Each Receipt this Period 250.00
Name of Employer: PNR Travel Inc. Occupation: President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	875.00
TOTAL This Period (last page this line number only)	

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

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

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

A. Full Name (Last, First, Middle Initial)
Ms. Linda Johnson

Mailing Address 11 East Wildflower Drive

City	State	Zip Code
Santa Fe	NM	87506

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

Name of Employer East of Suez Traders, Ltd.	Occupation Director
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	1	/	2	0	0	6

Transaction ID: 13008381

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	11000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 19
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" 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. Merrill Lynch Ready Assets		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address PO Box 11063		Transaction ID: 12832654	
City State Zip Code Church Station NY 10249	Amount of Each Receipt this Period 66.35		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 439.25		

Full Name (Last, First, Middle Initial) B. Merrill Lynch Ready Assets		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2006	
Mailing Address PO Box 11063		Transaction ID: 12962996	
City State Zip Code Church Station NY 10249	Amount of Each Receipt this Period 68.02		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 507.27		

Full Name (Last, First, Middle Initial) C. Merrill Lynch Ready Assets		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006	
Mailing Address PO Box 11063		Transaction ID: 13203447	
City State Zip Code Church Station NY 10249	Amount of Each Receipt this Period 85.39		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 592.66		

SUBTOTAL of Receipts This Page (optional) ▶	219.76
TOTAL This Period (last page this line number only) ▶	219.76

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 19

<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. Vocus, Inc.

Mailing Address 4296 Forbes Blvd.

City Lanham State MD Zip Code 20706

Purpose of Disbursement
Annual Renewal Subscription for PAC Mana

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 13205718

Date of Disbursement

08 / 09 / 2006

Amount of Each Disbursement this Period

11550.00

Annual Renewal Subscripti-
on for PAC Management Sof-
tware

SUBTOTAL of Disbursements This Page (optional)

11550.00

TOTAL This Period (last page this line number only)

11550.00

**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)

PAGE 17 / 19

<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. Friends of Jay Rockefeller		Transaction ID: 12966538 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 245 2nd Street, NE Suite 300		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement	011 Category/ Type	
Candidate Name John D. Rockefeller, IV		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Committee To Elect McHugh		Transaction ID: 12966536 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6	
Mailing Address P.O. Box 70052		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20024			
Purpose of Disbursement			011 Category/ Type
Candidate Name John M. McHugh			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mica for Congress		Transaction ID: 12966535 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6	
Mailing Address P.O. Box 181546		Amount of Each Disbursement this Period 1000.00	
City Casselberry State FL Zip Code 32718-1546			
Purpose of Disbursement			011 Category/ Type
Candidate Name John L. Mica			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 19

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

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

A. Full Name (Last, First, Middle Initial)
Louise Slaughter for Re-Election

Mailing Address 422 C St., NE
Lower Level

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name
Louise Slaughter

Office Sought: House
 Senate
 President
State: NY District: 28

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 12966528
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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)

PAGE 19 / 19

<input 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 checked="" 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. ASTA		Transaction ID: 13169981 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 1101 King st Suite 200		Amount of Each Disbursement this Period 186.96
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ASTA		Transaction ID: 13169994 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 1101 King st Suite 200		Amount of Each Disbursement this Period 206.41
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

393.37

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

393.37