

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

U. S. Travel Association PAC

ADDRESS (number and street) 1100 New York Avenue Ste 450W

Check if different than previously reported. (ACC) Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00457754

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

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

- (d) 30-Day Post -Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2010 through 09 30 2010

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 David Mimm

Signature of Treasurer Electronically Filed by David Mimm Date 10 06 2010

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
U. S. Travel Association PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		34172.88
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	44249.71									
(c) Total Receipts (from Line 19) .....	59819.28	96503.80								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	104068.99	130676.68								
7. Total Disbursements (from Line 31) .....	81807.16	108414.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	22261.83	22261.83								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
U. S. Travel Association PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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) .....	58097.28	83314.80
(ii) Unitemized .....	1722.00	2789.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	59819.28	86103.80
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	8000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	59819.28	94103.80
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	2400.00
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 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)) .....	59819.28	96503.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	59819.28	96503.80

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	4800.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60000.00	81400.00
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.....	21807.16	22214.85
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))..	81807.16	108414.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	81807.16	108414.85

**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) .....	59819.28	94103.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	59819.28	94103.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 / 38
	<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)  
U. S. Travel Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Adele Abrahamson		Date of Receipt
	Mailing Address 1061 Stovall Blvd NE		<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Atlanta	GA	30319
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4504
Name of Employer unemployed		Occupation spouse	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="2540.00"/>
			contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) James Ahrahamson		Date of Receipt
	Mailing Address 1061 Stovall Blvd NE		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Atlanta	GA	30319
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4502
Name of Employer InterContinental Hotels		Occupation President, Americas	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
			contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Sheila Armstrong		Date of Receipt
	Mailing Address 2 Tomotley Ct		<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Hilton Head Is.	SC	29928
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4470
Name of Employer U S Cultural & Heritage Touris		Occupation Exec Dir.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
			contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="8040.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 / 38
	<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)  
U. S. Travel Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Sheila Armstrong

Mailing Address 2 Tomotley Ct

City State Zip Code  
Hilton Head Is. SC 29928

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

Name of Employer Occupation  
U S Cultural & Heritage Exec Dir.  
Touris

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2010

**Transaction ID:** SA11AI.4526

Amount of Each Receipt this Period  
40.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Fay P Beauchine

Mailing Address 810 Great Oaks Lane

City State Zip Code  
Eagan MN 55123

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

Name of Employer Occupation  
Carlson Marketing President, Engagement & Events

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2010

**Transaction ID:** SA11AI.4468

Amount of Each Receipt this Period  
1000.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Shane Berry

Mailing Address 43 Hermit Lane

City State Zip Code  
Westport CT 06880

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

Name of Employer Occupation  
American Express Sr. Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1340.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2010

**Transaction ID:** SA11AI.4527

Amount of Each Receipt this Period  
1340.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2380.00**

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

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

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

FOR LINE NUMBER: PAGE 8 / 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
U. S. Travel Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Bruce Bommarito

Mailing Address 14320 Sharpshinned Drive

City State Zip Code  
Gainesville VA 20155

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

Name of Employer Occupation  
U S Travel Association Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt: 08 / 10 / 2010  
Transaction ID: SA11AI.4528  
Amount of Each Receipt this Period: 540.00  
contribution

**B.** Full Name (Last, First, Middle Initial)  
Bonnie Carlson

Mailing Address 2013 Woodstone Dr

City State Zip Code  
Victoria MN 55386

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

Name of Employer Occupation  
Bloomington CVB President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 08 / 10 / 2010  
Transaction ID: SA11AI.4530  
Amount of Each Receipt this Period: 350.00  
contribution

**C.** Full Name (Last, First, Middle Initial)  
Kaye Ceille

Mailing Address 51 Shady Path Drive

City State Zip Code  
Madison NJ 07940

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

Name of Employer Occupation  
Avis Budget Group Sr. VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 08 / 10 / 2010  
Transaction ID: SA11AI.4615  
Amount of Each Receipt this Period: 20.00  
contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 910.00

**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 / 38
	<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)  
U. S. Travel Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph D'Alessandro		Date of Receipt
	Mailing Address 4537 20th St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	San Francisco	CA	94114
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4532
Name of Employer San Francisco CVB		Occupation President & CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 330.00
			contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Todd Davidson		Date of Receipt
	Mailing Address 766 Fir Place SE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Salem	OR	97306
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4534
Name of Employer Travel Oregon		Occupation Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 515.00
			contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) John A Deleva		Date of Receipt
	Mailing Address 830 Beach Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Union	WA	98592
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4506
Name of Employer Small World Publications		Occupation Publisher	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 630.00
			contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1475.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 38  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
U. S. Travel Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Linda Dow

Mailing Address 7828 Stable Way

City Potomac State MD Zip Code 20854

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

Name of Employer unemployed Occupation spouse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2010

**Transaction ID:** SA11AI.4538

Amount of Each Receipt this Period  
5000.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Roger J. Dow

Mailing Address 7828 Stable Way

City Potomac State MD Zip Code 20854

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

Name of Employer U. S. Travel Association Occupation President & Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1428.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2010

**Transaction ID:** SA11AI.4475

Amount of Each Receipt this Period  
714.00

payroll contribution semi monthly

**C.**

Full Name (Last, First, Middle Initial)  
Roger J. Dow

Mailing Address 7828 Stable Way

City Potomac State MD Zip Code 20854

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

Name of Employer U. S. Travel Association Occupation President & Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2198.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2010

**Transaction ID:** SA11AI.4540

Amount of Each Receipt this Period  
770.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6484.00**

**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 11 / 38  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
U. S. Travel Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Roger J. Dow

Mailing Address 7828 Stable Way

City State Zip Code  
Potomac MD 20854

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

Name of Employer Occupation  
U. S. Travel Association President & Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2555.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** SA11AI.4619

Amount of Each Receipt this Period  
357.00

payroll contribution-semi monthly

**B.**

Full Name (Last, First, Middle Initial)  
Kenneth Esterow

Mailing Address 313 Canterbury Road

City State Zip Code  
Wyckoff NJ 07481

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

Name of Employer Occupation  
Gullivers Travel Associates President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 11 / 2010

**Transaction ID:** SA11AI.4525

Amount of Each Receipt this Period  
1000.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Michael Fegley

Mailing Address 8815 Torrington Dr

City State Zip Code  
Roswell GA 30076

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

Name of Employer Occupation  
Intercontinental Hotels Vice President Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2010

**Transaction ID:** SA11AI.4558

Amount of Each Receipt this Period  
290.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1647.00**

**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 12 / 38
	<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)  
U. S. Travel Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) George Fertitta	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 136 Waverly Place #15A	<b>Transaction ID:</b> SA11AI.4541
	City State Zip Code New York NY 10014	Amount of Each Receipt this Period 860.00
	FEC ID number of contributing federal political committee. <b>C</b>	contribution
	Name of Employer Occupation NYC & Co President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 860.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Felicia Fisher	Date of Receipt MM / DD / YYYY 08 / 11 / 2010
	Mailing Address 60 Penn Blvd	<b>Transaction ID:</b> SA11AI.4507
	City State Zip Code Scarsdale NY 10583	Amount of Each Receipt this Period 405.00
	FEC ID number of contributing federal political committee. <b>C</b>	contribution
	Name of Employer Occupation Loews Hotels Senior VP Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Douglas C Frechtling	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 6003 Cromwell Drive	<b>Transaction ID:</b> SA11AI.4545
	City State Zip Code Bethesda MD 20816	Amount of Each Receipt this Period 490.00
	FEC ID number of contributing federal political committee. <b>C</b>	contribution
	Name of Employer Occupation George Washington Univ. Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1755.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 13 / 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
U. S. Travel Association PAC

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

Mailing Address 2101 Rockingham Street

City State Zip Code  
McLean VA 22101

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

Name of Employer Occupation  
U S Travel Association Sr. VP Public Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2270.00

Date of Receipt: 08 / 10 / 2010  
Transaction ID: SA11AI.4546  
Amount of Each Receipt this Period: 2270.00  
contribution

**B.** Full Name (Last, First, Middle Initial)  
Michael B Gallagher

Mailing Address 1035 Barrow Lane

City State Zip Code  
Napa CA 94558

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

Name of Employer Occupation  
CityPass Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4040.00

Date of Receipt: 08 / 11 / 2010  
Transaction ID: SA11AI.4487  
Amount of Each Receipt this Period: 2540.00  
contribution

**C.** Full Name (Last, First, Middle Initial)  
Michael Gamble

Mailing Address 320 Myrtle St.

City State Zip Code  
Stillwater MN 55082

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

Name of Employer Occupation  
Searchwide President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1220.00

Date of Receipt: 08 / 10 / 2010  
Transaction ID: SA11AI.4547  
Amount of Each Receipt this Period: 1220.00  
contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 6030.00

**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 14 / 38
	<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)  
U. S. Travel Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Randy A Garfield		Date of Receipt
	Mailing Address 6017 Lady Bet Drive		<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Orlando	FL	32819
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Disney Destinations LLC		Occupation Sr. VP Worldwide Sales	<b>Transaction ID:</b> SA11AI.4509
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="1810.00"/>
		<input type="text" value="1810.00"/>	contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Steven Hacker		Date of Receipt
	Mailing Address 362 Rio Bravo Drive		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Fairview	TX	75069
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer IAEE		Occupation President	<b>Transaction ID:</b> SA11AI.4553
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="520.00"/>
		<input type="text" value="770.00"/>	contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Tyson Helms		Date of Receipt
	Mailing Address 330 Carl Sands Dr		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Cary	IL	60013
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Hyatt Corp		Occupation Sr VP	<b>Transaction ID:</b> SA11AI.4554
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="370.00"/>
		<input type="text" value="370.00"/>	contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2700.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 15 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)  
U. S. Travel Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Nina Joyce

Mailing Address 10750 Columbia Pike

City State Zip Code  
Silver Spring MD 20901

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

Name of Employer unemployed Occupation spouse

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.4492

Amount of Each Receipt this Period

4240.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Kathleen C Matthews

Mailing Address 9 East Kirke St.

City State Zip Code  
Chevy Chase MD 20815

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

Name of Employer Marriott International Occupation Exec VP Global Communications

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

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

Transaction ID: SA11AI.4465

Amount of Each Receipt this Period

2500.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Rosemary Rice McCormick

Mailing Address 1308 Westhampton Woods Ct.

City State Zip Code  
Chesterfield MO 63005

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

Name of Employer Shop America Alliance LLC Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.4570

Amount of Each Receipt this Period

20.00

contribution

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

6760.00

**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 16 / 38  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
U. S. Travel Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
J Steve Moore

Mailing Address 2531 E Vogel Ave

City State Zip Code  
Phoenix AZ 85028

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

Name of Employer Occupation  
Phoenix CVB President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1040.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2010

**Transaction ID:** SA11AI.4575

Amount of Each Receipt this Period  
1040.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Jerry Mosiello

Mailing Address 6875 NW 102nd Lane

City State Zip Code  
Parkland FL 33076

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

Name of Employer Occupation  
Enterprise Holdings Vice President, Intl

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
815.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2010

**Transaction ID:** SA11AI.4578

Amount of Each Receipt this Period  
815.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Michael Murphy

Mailing Address 1607 Autumnwood Dr

City State Zip Code  
Reston VA 20194

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

Name of Employer Occupation  
Choice Hotels Sr VP Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2010

**Transaction ID:** SA11AI.4580

Amount of Each Receipt this Period  
420.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2275.00**

**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 17 / 38  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
U. S. Travel Association PAC

**A.**

Full Name (Last, First, Middle Initial) Christopher J Nassetta		Date of Receipt MM / DD / YYYY 07 / 12 / 2010
Mailing Address 2904 Dinwiddie St. Ste 1100		Transaction ID: SA11AI.4472
City Arlington	State VA	Zip Code 22207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Hilton Worldwide	Occupation President & CEO	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) Howard C Nusbaum		Date of Receipt MM / DD / YYYY 08 / 11 / 2010
Mailing Address 4410 Dexter St NW		Transaction ID: SA11AI.4510
City Washington	State DC	Zip Code 20007
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 710.00
Name of Employer ARDA	Occupation President & CEO	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 710.00	

**C.**

Full Name (Last, First, Middle Initial) Gary Oster		Date of Receipt MM / DD / YYYY 07 / 28 / 2010
Mailing Address 1922 Eamons Way		Transaction ID: SA11AI.4474
City Annapolis	State MD	Zip Code 21401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 313.76
Name of Employer U S Travel Association	Occupation Sr. VP Development	payroll contribution-semi monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 941.28	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	6023.76
<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 / 38
	<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)  
U. S. Travel Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Gary Oster		Date of Receipt
	Mailing Address 1922 Eamons Way		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Annapolis	MD	21401
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer U S Travel Association		Occupation Sr. VP Development	Transaction ID: SA11AI.4618
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1255.04"/>	
		Amount of Each Receipt this Period	<input type="text" value="313.76"/>
		payroll contribution - semi monthly	

<b>B.</b>	Full Name (Last, First, Middle Initial) Gary Oster		Date of Receipt
	Mailing Address 1922 Eamons Way		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Annapolis	MD	21401
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer U S Travel Association		Occupation Sr. VP Development	Transaction ID: SA11AI.4731
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1568.80"/>	
		Amount of Each Receipt this Period	<input type="text" value="313.76"/>
		payroll contribution-semi monthly	

<b>C.</b>	Full Name (Last, First, Middle Initial) David M Peikin		Date of Receipt
	Mailing Address 715 Turtle Pond Lane		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Gaithersburg	MD	20878
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Choice Hotels		Occupation Sr. Director, Corp Communications	Transaction ID: SA11AI.4584
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="386.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="20.00"/>
		contribution	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="647.52"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 38  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
U. S. Travel Association PAC

**A.**

Full Name (Last, First, Middle Initial) Dennis Petroskey		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 3900 Fairfax Drive Unit 701		<b>Transaction ID:</b> SA11AI.4623
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer U S Travel Association	Occupation Sr. VP Communications	payroll contribution-semi monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

**B.**

Full Name (Last, First, Middle Initial) Dennis Petroskey		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3900 Fairfax Drive Unit 701		<b>Transaction ID:</b> SA11AI.4735
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer U S Travel Association	Occupation Sr. VP Communications	payroll contribution-semi monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

**C.**

Full Name (Last, First, Middle Initial) Chad Prosser		Date of Receipt MM / DD / YYYY 08 / 10 / 2010
Mailing Address 697 Wedgewood Dr		<b>Transaction ID:</b> SA11AI.4585
City Murrells Inlet	State SC	Zip Code 29201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2720.00
Name of Employer South Carolina Dept of To- urism	Occupation Director	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2720.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2880.00</b>
<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 20 / 38
	<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)  
U. S. Travel Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Rossi T Ralenkotter	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 3009 Beach View Ct	<b>Transaction ID:</b> SA11AI.4587
	City State Zip Code Las Vegas NV 89117	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Occupation Las Vegas CVA President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Alma Patricia Rojas	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 1401 17th Street NW Apt 603	<b>Transaction ID:</b> SA11AI.4590
	City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 520.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Occupation U S Travel Association VP Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Gary Sain	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 102 East Lake Colony Dr	<b>Transaction ID:</b> SA11AI.4591
	City State Zip Code Maitland FL 32751	Amount of Each Receipt this Period 1240.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Occupation Orlando/Orangé County CVB President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1780.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 38  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
U. S. Travel Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Timothy Schneider

Mailing Address 720 Toyopa Dr

City State Zip Code  
Pacific Palisades CA 90272

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

Name of Employer Schneider Publishing Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 990.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2010

Transaction ID: SA11AI.4593

Amount of Each Receipt this Period  
990.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Donald G Schumacher

Mailing Address 9880 Forest Glen Drive

City State Zip Code  
Cincinnati OH 45242

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

Name of Employer Natl Assn of Sports Commission Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2010

Transaction ID: SA11AI.4467

Amount of Each Receipt this Period  
500.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Donald G Schumacher

Mailing Address 9880 Forest Glen Drive

City State Zip Code  
Cincinnati OH 45242

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

Name of Employer Natl Assn of Sports Commission Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2010

Transaction ID: SA11AI.4596

Amount of Each Receipt this Period  
270.00

contributions

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1760.00**

**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 22 / 38  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
U. S. Travel Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Jeffrey Senior

Mailing Address 22 Mary Court

City Danville State CA Zip Code 94526

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

Name of Employer Fairmont Raffles Hotels Occupation Executive VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 10 / 2010  
**Transaction ID:** SA11AI.4612  
 Amount of Each Receipt this Period 540.00  
 contribution

**B.**

Full Name (Last, First, Middle Initial)  
Diane Shober

Mailing Address 420 W 2nd Ave

City Cheyenne State WY Zip Code 82001

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

Name of Employer Wyoming Office of Tourism Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 10 / 2010  
**Transaction ID:** SA11AI.4597  
 Amount of Each Receipt this Period 250.00  
 contribution

**C.**

Full Name (Last, First, Middle Initial)  
Christopher Thompson

Mailing Address 8515 Congressional Dr.

City Tallahassee State FL Zip Code 32312

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

Name of Employer VISIT FLORIDA Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 08 / 10 / 2010  
**Transaction ID:** SA11AI.4604  
 Amount of Each Receipt this Period 1320.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2110.00

**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 23 / 38  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
U. S. Travel Association PAC

**A.**

Full Name (Last, First, Middle Initial) Charles Stewart Verdery, Jr.		Date of Receipt MM / DD / YYYY 08 / 11 / 2010
Mailing Address 3153 21st Street N		Transaction ID: SA11AI.4499
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Monument Policy Group	Occupation Partner & Founder	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

**B.**

Full Name (Last, First, Middle Initial) Grace Villamayor		Date of Receipt MM / DD / YYYY 08 / 10 / 2010
Mailing Address 31 SE 5th Street #3416		Transaction ID: SA11AI.4608
City Miami	State FL	Zip Code 33131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hertz Corp.	Occupation Sr. Director Intl Mkting	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

**C.**

Full Name (Last, First, Middle Initial) Tom Vitale		Date of Receipt MM / DD / YYYY 08 / 11 / 2010
Mailing Address 33221 N 55th St		Transaction ID: SA11AI.4500
City Cave Creek	State AZ	Zip Code 85331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 340.00
Name of Employer Veolia Transportation	Occupation Chief Operating Officer	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	380.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 24 / 38	
	(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)  
U. S. Travel Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Caroline P Whitney		Date of Receipt	
	Mailing Address 23986 Clayton Road		M M / D D / Y Y Y Y 08 / 10 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4482
	Grass Valley	CA	95949	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	2060.00
	Name of Employer California Travel & Tourism Co		Occupation CEO	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	3560.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2060.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	58097.28



**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

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)  
U. S. Travel Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>BENNET FOR COLORADO</b> <hr/> Mailing Address <b>PO BOX 3078</b> <hr/> City <b>DENVER</b> State <b>CO</b> Zip Code <b>80201</b> <hr/> Purpose of Disbursement Evening reception <hr/> Candidate Name <b>MICHAEL F BENNET</b> <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CO</b> District: <b>00</b> <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.4668</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> <hr/> Category/Type <table border="1"> <tr> <td style="text-align: center;">011</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	3	/	2	0	1	0	2000.00	011
M	M	/	D	D	/	Y	Y	Y	Y															
0	9	/	2	3	/	2	0	1	0															
2000.00																								
011																								
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>BERMAN FOR CONGRESS</b> <hr/> Mailing Address <b>6380 Wilshire Blvd. #1612</b> <hr/> City <b>Los Angeles</b> State <b>CA</b> Zip Code <b>90048</b> <hr/> Purpose of Disbursement Tasting ,Tutorial ,Take-a way <hr/> Candidate Name <b>HOWARD L. BERMAN</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CA</b> District: <b>28</b> <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.4701</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> <hr/> Category/Type <table border="1"> <tr> <td style="text-align: center;">011</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	9	/	2	0	1	0	1000.00	011
M	M	/	D	D	/	Y	Y	Y	Y															
0	9	/	2	9	/	2	0	1	0															
1000.00																								
011																								
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>CANTOR FOR CONGRESS</b> <hr/> Mailing Address <b>P. O. Box 17813</b> <hr/> City <b>Richmond</b> State <b>VA</b> Zip Code <b>23226</b> <hr/> Purpose of Disbursement Luncheon <hr/> Candidate Name <b>ERIC CANTOR</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>VA</b> District: <b>07</b> <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.4692</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">5000.00</td> </tr> </table> <hr/> Category/Type <table border="1"> <tr> <td style="text-align: center;">011</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	9	/	2	0	1	0	5000.00	011
M	M	/	D	D	/	Y	Y	Y	Y															
0	9	/	2	9	/	2	0	1	0															
5000.00																								
011																								

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<table border="1"> <tr> <td style="text-align: center;"><b>8000.00</b></td> </tr> </table>	<b>8000.00</b>
<b>8000.00</b>		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td style="text-align: center;"> </td> </tr> </table>	

**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)  
U. S. Travel Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) CITIZENS FOR RUSH Mailing Address P. O. Box 7292 City CHICAGO State IL Zip Code 60680 Purpose of Disbursement Breakfast Candidate Name BOBBY L RUSH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 01	Transaction ID: SB23.4674 Date of Disbursement 09 / 23 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE Mailing Address 6380 Wilshire Blvd. #1612 City Los Angeles State CA Zip Code 90048 Purpose of Disbursement Reception Candidate Name HENRY A. WAXMAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 30	Transaction ID: SB23.4677 Date of Disbursement 09 / 23 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) DAN 10 Mailing Address 1088 BISHOP STREET SUITE 1009 City HONOLULU State HI Zip Code 96813 Purpose of Disbursement Reception Candidate Name DANIEL K INOUE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: HI District: 00	Transaction ID: SB23.4665 Date of Disbursement 09 / 23 / 2010
	Amount of Each Disbursement this Period 3000.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

5500.00

**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 27 / 38

<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)  
U. S. Travel Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2010</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Dinner</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4625</p> <p>Date of Disbursement 07 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF CONNIE MACK</p> <p>Mailing Address P.O. Box 519 PMB 388</p> <p>City Naples State FL Zip Code 34106</p> <p>Purpose of Disbursement Birthday</p> <p>Candidate Name CONNIE MACK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 14</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4635</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER</p> <p>Mailing Address 7908 Cincinnati Dayton Road Suite I</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement Dinner</p> <p>Candidate Name JOHN A BOEHNER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4683</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

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

5500.00

**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"/> 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)  
U. S. Travel Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF ROY BLUNT</b>	<b>Transaction ID:</b> SB23.4654 Date of Disbursement 09 / 22 / 2010	
	Mailing Address PO Box 50100 PO Box 50100		
	City Springfield State MO Zip Code 65805	Amount of Each Disbursement this Period 2500.00	
	Purpose of Disbursement Reception & Dinner Candidate Name ROY BLUNT Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>GEORGIANS FOR ISAKSON</b>	<b>Transaction ID:</b> SB23.4695 Date of Disbursement 09 / 29 / 2010	
	Mailing Address POST OFFICE BOX 250116		
	City ATLANTA State GA Zip Code 30325	Amount of Each Disbursement this Period 2000.00	
	Purpose of Disbursement Luncheon Candidate Name JOHN HARDY ISAKSON Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>GRASSLEY COMMITTEE INC</b>	<b>Transaction ID:</b> SB23.4648 Date of Disbursement 09 / 13 / 2010	
	Mailing Address PO BOX 1000		
	City DES MOINES State IA Zip Code 50304	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Birthday Candidate Name CHARLES E SENATOR GRASSLEY Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	

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

**5500.00**

**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"/> 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)  
U. S. Travel Association PAC

**A.** Full Name (Last, First, Middle Initial)  
HAL ROGERS FOR CONGRESS

Mailing Address P.O. BOX 1214  
EAST MT VERNON ST

City SOMERSET State KY Zip Code 42502

Purpose of Disbursement  
Dinner

011  
Category/  
Type

Candidate Name  
HAROLD DALLAS ROGERS

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: KY District: 05

Transaction ID: SB23.4686  
Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement  
Breakfast

011  
Category/  
Type

Candidate Name  
ORRIN G HATCH

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: UT District: 00

Transaction ID: SB23.4713  
Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
KAY GRANGER CAMPAIGN FUND

Mailing Address 715 Jones Street, Suite 101

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement  
Luncheon

011  
Category/  
Type

Candidate Name  
KAY GRANGER

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: TX District: 12

Transaction ID: SB23.4629  
Date of Disbursement

07 / 20 / 2010

Amount of Each Disbursement this Period

2000.00

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

5000.00

**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"/> 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)  
U. S. Travel Association PAC

**A.** Full Name (Last, First, Middle Initial)  
KLOBUCHAR FOR MINNESOTA 2012

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement  
Luncheon

Candidate Name  
AMY J KLOBUCHAR

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

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4719  
Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
LEAHY FOR U.S. SENATOR COMMITTEE

Mailing Address PO BOX 1042

City MONTPELIER State VT Zip Code 05601

Purpose of Disbursement  
Dinner

Candidate Name  
PATRICK LEAHY

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

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4725  
Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

3000.00

**C.** Full Name (Last, First, Middle Initial)  
LEWIS FOR CONGRESS COMMITTEE

Mailing Address PO Box 247

City Redlands State CA Zip Code 92373

Purpose of Disbursement  
Lunch

Candidate Name  
JERRY LEWIS

Office Sought:  House  
 Senate  
 President  
State: CA District: 41

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4704  
Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

1500.00

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

5500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
U. S. Travel Association PAC

**A. MIKE ROSS FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement  
Breakfast

Candidate Name  
MICHAEL AVERY ROSS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AR District: 04

Transaction ID: SB23.4656

Date of Disbursement

09 / 22 / 2010

Amount of Each Disbursement this Period

1000.00

**B. MIKULSKI FOR SENATE COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 13147

City BALTIMORE State MD Zip Code 21203

Purpose of Disbursement  
Luncheon

Candidate Name  
BARBARA MIKULSKI

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MD District: 00

Transaction ID: SB23.4722

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

2000.00

**C. NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.4639

Date of Disbursement

08 / 04 / 2010

Amount of Each Disbursement this Period

5000.00

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

8000.00

**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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
U. S. Travel Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) NITA LOWEY FOR CONGRESS <hr/> Mailing Address PO Box 271 <hr/> City White Plains State NY Zip Code 10605 <hr/> Purpose of Disbursement Breakfast Candidate Name NITA M LOWEY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4659 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY <hr/> Mailing Address PO BOX 3662 <hr/> City SEATTLE State WA Zip Code 98124 <hr/> Purpose of Disbursement Reception Candidate Name PATTY MURRAY <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4707 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) PETE KING FOR CONGRESS COMMITTEE <hr/> Mailing Address POST OFFICE BOX 1428 <hr/> City SEAFORD State NY Zip Code 11783 <hr/> Purpose of Disbursement reception Candidate Name PETER T HON. KING <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4680 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

5000.00

**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"/> 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)  
U. S. Travel Association PAC

A.	Full Name (Last, First, Middle Initial) <b>PRICE FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.4651
	Mailing Address P.O. Box 1986	Date of Disbursement 09 / 21 / 2010
	City Raleigh State NC Zip Code 27602	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Breakfast	011 Category/Type
	Candidate Name DAVID PRICE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>ROS-LEHTINEN FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.4662
	Mailing Address PO Box 522784	Date of Disbursement 09 / 22 / 2010
	City Miami State FL Zip Code 33152	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Dinner	011 Category/Type
	Candidate Name ILEANA ROS-LEHTINEN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>SHELBY FOR U S SENATE</b>	<b>Transaction ID:</b> SB23.4716
	Mailing Address POST OFFICE BOX 1091	Date of Disbursement 09 / 30 / 2010
	City TUSCALOOSA State AL Zip Code 35403	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Lunch	011 Category/Type
	Candidate Name RICHARD C SHELBY	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5500.00</b>
<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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
U. S. Travel Association PAC

A.	Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US	Transaction ID: SB23.4698 Date of Disbursement
	Mailing Address P.O. Box 490	<input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City St. Joseph State MI Zip Code 49085	Amount of Each Disbursement this Period
	Purpose of Disbursement Dinner	<input type="text" value="1000.00"/>
	Candidate Name FREDERICK STEPHEN UPTON	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS	Transaction ID: SB23.4689 Date of Disbursement
	Mailing Address 10537 St. Paul St.	<input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Kensington State MD Zip Code 20895	Amount of Each Disbursement this Period
	Purpose of Disbursement Breakfast	<input type="text" value="1000.00"/>
	Candidate Name CHRIS VAN HOLLEN	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WHITFIELD FOR CONGRESS COMMITTEE	Transaction ID: SB23.4671 Date of Disbursement
	Mailing Address P.O. BOX 391	<input type="text" value="09"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City HOPKINSVILLE State KY Zip Code 42241	Amount of Each Disbursement this Period
	Purpose of Disbursement breakfast	<input type="text" value="1000.00"/>
	Candidate Name ED WHITFIELD	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="6000.00"/>

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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<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)  
U. S. Travel Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Barbara Logan  Mailing Address 1100 New York Ave NW Suite 450W  City Washington State DC Zip Code 20005  Purpose of Disbursement reimburse for supplies 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) ▼	<b>Transaction ID:</b> SB29.4644 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 1 0	Amount of Each Disbursement this Period  366.82
<b>B.</b>	Full Name (Last, First, Middle Initial) PNC Bank  Mailing Address 1100 H Street NW  City Washington State DC Zip Code 20005  Purpose of Disbursement bank fees 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) ▼	<b>Transaction ID:</b> SB29.4728 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 1 0	Amount of Each Disbursement this Period  30.82
<b>C.</b>	Full Name (Last, First, Middle Initial) PNC Bank  Mailing Address 1100 H Street NW  City Washington State DC Zip Code 20005  Purpose of Disbursement bank fees 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) ▼	<b>Transaction ID:</b> SB29.4729 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0	Amount of Each Disbursement this Period  1144.23

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

1541.87

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
U. S. Travel Association PAC

A.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: SB29.4730 Date of Disbursement
	Mailing Address 1100 H Street NW	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement bank fees	<input type="text" value="337.48"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Smith Bucklin	Transaction ID: SB29.4642 Date of Disbursement
	Mailing Address 2025 M St NW Suite 800	<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement consulting	<input type="text" value="6532.77"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Smith Bucklin	Transaction ID: SB29.4646 Date of Disbursement
	Mailing Address 2025 M St NW Suite 800	<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement consulting	<input type="text" value="3200.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10070.25"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
U. S. Travel Association PAC

A.	Full Name (Last, First, Middle Initial) Smith Bucklin	Transaction ID: SB29.4647 Date of Disbursement
	Mailing Address 2025 M St NW Suite 800	<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement consulting Candidate Name	<input type="text" value="3202.49"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) U. S. Travel Association	Transaction ID: SB29.4641 Date of Disbursement
	Mailing Address 1100 New York Ave. Ste 450W	<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Reimburse for consulting/supplies Candidate Name	<input type="text" value="6992.55"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="008"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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