

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**U.S. Travel Association PAC**

ADDRESS (number and street) **1100 New York Avenue**  
**Suite 450W**  
 Check if different than previously reported. (ACC) **Washington DC 20005-3934**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C 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 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2023 through  /  /  2023

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 **Djaouga, Contina, , ,**

Signature of Treasurer **Djaouga, Contina, , ,** Date  /  /  2024

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

U.S. Travel Association PAC

Report Covering the Period: From: 12 / 01 / 2023 To: 12 / 31 / 2023

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include Cash on Hand, Total Receipts, Total Disbursements, and Debts and Obligations.

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**U.S. Travel Association PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	530.54	379810.93
(ii) Unitemized .....	10.00	2775.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	540.54	382585.93
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	27750.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	540.54	410335.93
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).....	0.67	3684.20
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	541.21	414020.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	541.21	414020.13

## DETAILED SUMMARY PAGE of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	238.18	11127.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	238.18	11127.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27500.00	261200.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	540.00	18335.00
(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)).....	540.00	18335.00
29. Other Disbursements (Including Non-Federal Donations).....	14269.43	21114.39
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	42547.61	311776.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42547.61	311776.53

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	540.54	410335.93
34. Total Contribution Refunds (from Line 28(d)) .....	540.00	18335.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.54	392000.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	238.18	11127.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.67	3684.20
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	237.51	7442.94

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

Contains refunds of November 2023 overages

Form/Schedule:  
Transaction ID:

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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. Conway, Shelley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 N Pickett St  
 Apt 1415  
 City Alexandria State VA Zip Code 22304-2130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) U.S. Travel Association Occupation (for Individual) Director, Meetings  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : A390DCDA3B9884AD4A9C**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction: \$10.00/Bi-Weekly

**B. Glenn, Treon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1613 Isherwood St NE  
 Apt 2  
 City Washington State DC Zip Code 20002-5531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) U.S. Travel Association Occupation (for Individual) Senior Director, Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : AF2E8D16955194FEB9A4**  
 Amount of Each Receipt this Period 90.00  
 Memo Item  
 Payroll Deduction: \$45.00/Bi-Weekly

**C. Hansen, Erik, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 New York Ave NW  
 Ste 450  
 City Washington State DC Zip Code 20005-3934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) U.S. Travel Association Occupation (for Individual) SVP, Government Relations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : A8E6819D812084293990**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Payroll Deduction: \$75.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	260.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Harris, Judith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 Sunset Dr  
 City Severna Park State MD Zip Code 21146-3229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) U.S. Travel Association Occupation (for Individual) VP, Member Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2165.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : ABFB36632F91D41FBA63**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction: \$10.00/Bi-Weekly

**B. Holmberg, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8334 Ridge Crossing Ln  
 City Springfield State VA Zip Code 22152-3562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) U.S. Travel Association Occupation (for Individual) SVP, Marketing and Industry Communi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : A0057AF897C1A4DC2BC0**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 Payroll Deduction: \$22.50/Bi-Weekly

**C. Newhart, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1915 16th St NW Apt 103  
 City Washington State DC Zip Code 20009-3336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) U.S. Travel Association Occupation (for Individual) Senior Director, Government Relations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.93

Date of Receipt 12 / 31 / 2023  
**Transaction ID : AA303587E85944B9D8CE**  
 Amount of Each Receipt this Period 155.54  
 Memo Item  
 Payroll Deduction: \$77.77/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.54
<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 9 OF 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"/> 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. Nichols, Nolan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2750 Gallows Rd  
 Apt 327  
 City Vienna State VA Zip Code 22180-7164  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) U.S. Travel Association Occupation (for Individual) Manager, Video Productions  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : A59CF0B62F2E64DE7BCC**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 Payroll Deduction: \$10.00/Bi-Weekly

**B. Sandberg, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8820 Dayton Ave  
 City North Beach State MD Zip Code 20714-4081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) U.S. Travel Association Occupation (for Individual) VP & IPW Assistant General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : A7401CEBAA4C74671BB6**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 Payroll Deduction: \$15.00/Bi-Weekly

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	530.54

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 19
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 8440 Woodfield Crossing Blvd  
Ste 500

City Indianapolis State IN Zip Code 46240-7313

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.67

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2023

**Transaction ID : A971876AACD05498094A**

Amount of Each Receipt this Period  
0.67

Memo Item  
Partial refund of credit card processign fees

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.67
<b>TOTAL</b> This Period (last page this line number only).....▶	0.67

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**U.S. Travel Association PAC**

Full Name (Last, First, Middle Initial)

### A. OneCause

Mailing Address 8440 Woodfield Crossing Blvd  
Ste 500

City Indianapolis

State IN

Zip Code 46240-7313

Purpose of Disbursement

Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2023			

FEC Identification Number

C [ ]

Transaction ID : **BDbeb48c5**

Amount of Each Disbursement this Period

[ ] 238.18

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

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

[ ] 238.18

[ ] 238.18

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)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Box 23 is checked.

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NAME OF COMMITTEE (In Full)

U.S. Travel Association PAC

Full Name (Last, First, Middle Initial)

A. ALAMO PAC

Mailing Address 1020 North Fairfax Street, Suite 2

City Alexandria State VA Zip Code 22314-2068

Purpose of Disbursement Contribution to Committee

Category/Type: 011

Candidate Name ALAMO PAC

Office Sought: House, Senate, President. Disbursement For: 2023. Primary, General, Other (specify) Other.

Date of Disbursement

Date: 12 / 15 / 2023

FEC Identification Number

C00387464 Transaction ID : B2E6C62A29

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Amodei for Nevada

Mailing Address 107 S. West Street #176

City Alexandria State VA Zip Code 22314-2824

Purpose of Disbursement Contribution to Committee

Category/Type: 011

Candidate Name Amodei, Mark, , ,

Office Sought: House, Senate, President. Disbursement For: 2024. Primary, General, Other (specify).

Date of Disbursement

Date: 12 / 15 / 2023

FEC Identification Number

C00496760 Transaction ID : B5C67EF2C5

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BERA FOR CONGRESS

Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement Contribution to Committee

Category/Type: 011

Candidate Name Bera, Ami, , ,

Office Sought: House, Senate, President. Disbursement For: 2024. Primary, General, Other (specify).

Date of Disbursement

Date: 12 / 15 / 2023

FEC Identification Number

C00461061 Transaction ID : BDBDD1488

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4500.00

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)

Form for line numbers 21b-28a, 22-28b, 23-28c, 26-29, 27-30b with checkboxes.

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NAME OF COMMITTEE (In Full)

U.S. Travel Association PAC

Full Name (Last, First, Middle Initial)

A. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address 410 1st Street SE, 2nd Floor

City Washington State DC Zip Code 20003-1867

Purpose of Disbursement Contribution to Committee Category/Type 011

Candidate Name

McMorris Rodgers, Cathy, , ,

Office Sought: [X] House [ ] Senate [ ] President Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify) v

State: WA District: 05

Date of Disbursement

Date of Disbursement form: 12 / 15 / 2023

FEC Identification Number

C00390476

Transaction ID : BC37E06A7C

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form: 1000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address 410 1st Street SE, 2nd Floor

City Washington State DC Zip Code 20003-1867

Purpose of Disbursement Contribution to Committee Category/Type 011

Candidate Name

McMorris Rodgers, Cathy, , ,

Office Sought: [X] House [ ] Senate [ ] President Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

State: WA District: 05

Date of Disbursement

Date of Disbursement form: 12 / 15 / 2023

FEC Identification Number

C00390476

Transaction ID : B5F2ACFF7

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form: 2000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. CHRIS PAPPAS FOR CONGRESS

Mailing Address PO Box 313

City Manchester State NH Zip Code 03105-0313

Purpose of Disbursement Contribution to Committee Category/Type 011

Candidate Name

Pappas, Chris, , ,

Office Sought: [X] House [ ] Senate [ ] President Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

State: NH District: 01

Date of Disbursement

Date of Disbursement form: 12 / 15 / 2023

FEC Identification Number

C00660464

Transaction ID : B290098070E

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form: 2000.00

[ ] Memo Item

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

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

SUBTOTAL form: 5000.00

TOTAL form: 5000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**U.S. Travel Association PAC**

Full Name (Last, First, Middle Initial)

**A. DARREN SOTO FOR CONGRESS**

Mailing Address 660 Pennsylvania Ave. SE Ste. 202

City  
Washington

State  
DC

Zip Code  
20003-4357

Purpose of Disbursement  
Contribution to Committee

011

Category/  
Type

Candidate Name

Soto, Darren, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2023			

FEC Identification Number

C C00581074

**Transaction ID : B45807959A**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. DEBBIE DINGELL FOR CONGRESS**

Mailing Address PO Box 636

City  
Annandale

State  
VA

Zip Code  
22003-0636

Purpose of Disbursement  
Contribution to Committee

011

Category/  
Type

Candidate Name

Dingell, Debbie, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: MI District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2023			

FEC Identification Number

C C0058213

**Transaction ID : B3783138C65**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. DEBBIE WASSERMAN SCHULTZ FOR CONGRESS**

Mailing Address 660 Pennsylvania Ave. SE, Suite 20

City  
Washington

State  
DC

Zip Code  
20003-4357

Purpose of Disbursement  
Contribution to Committee

011

Category/  
Type

Candidate Name

Wasserman Schultz, Debbie, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: FL District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2023			

FEC Identification Number

C C00385773

**Transaction ID : B1E8526F08**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

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

4500.00
---------

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

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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**

Full Name (Last, First, Middle Initial)

**A. Emmer for Congress**

Mailing Address 5827 Colfax Ave.

City  
Alexandria

State  
VA

Zip Code  
22311-1013

Purpose of Disbursement

Contribution to Committee

011

Candidate Name

Emmer, Tom, , , Jr.

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: MN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2023			

FEC Identification Number

C C00545749

Transaction ID : B6F9AA562D

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ERIC SORENSEN FOR ILLINOIS**

Mailing Address PO BOX 1172

City  
MOLINE

State  
IL

Zip Code  
61265

Purpose of Disbursement

Contribution to Committee

011

Candidate Name

Sorensen, Eric, , ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: IL District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2023			

FEC Identification Number

C C00793935

Transaction ID : BCAF5953C2

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. HUDSON FOR CONGRESS**

Mailing Address 220 W Windsor Ave

City  
Alexandria

State  
VA

Zip Code  
22301-1518

Purpose of Disbursement

Contribution to Committee

011

Candidate Name

Hudson, Richard, , ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: NC District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2023			

FEC Identification Number

C C00504522

Transaction ID : B3B78B2E6E

Amount of Each Disbursement this Period

2500.00

Memo Item

**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"/> 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**

Full Name (Last, First, Middle Initial)

**A. ISSA FOR CONGRESS**

Mailing Address 1200 Trinity Drive

City  
Alexandria

State  
VA

Zip Code  
22314-4724

Purpose of Disbursement  
Contribution to Committee

011

Category/  
Type

Candidate Name

Issa, Darrell, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: CA District: 48

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2023			

FEC Identification Number

C C00350520

Transaction ID : B53265F0FCI

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. JIMMY PANETTA FOR CONGRESS**

Mailing Address 412 First Street SE, Suite 100

City  
Washington

State  
DC

Zip Code  
20003-1804

Purpose of Disbursement  
Contribution to Committee

011

Category/  
Type

Candidate Name

Panetta, Jimmy, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: CA District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2023			

FEC Identification Number

C C00592154

Transaction ID : B5B9E618DB

Amount of Each Disbursement this Period

2000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. JOE MORELLE FOR CONGRESS**

Mailing Address 415 New Jersey Ave, SE - 1

City  
Washington

State  
DC

Zip Code  
20003-4036

Purpose of Disbursement  
Contribution to Committee

011

Category/  
Type

Candidate Name

Morelle, Joseph, D, ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2023			

FEC Identification Number

C C00675108

Transaction ID : B458AC2300

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

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

4000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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**

Full Name (Last, First, Middle Initial)

**A. MORGAN MCGARVEY FOR CONGRESS**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		1	5		2	0	2	3		

Mailing Address PO BOX 5324

FEC Identification Number

**C** C00791392

**Transaction ID : B3D11B4A04**

Amount of Each Disbursement this Period

1000.00

Memo Item

City

LOUISVILLE

State

KY

Zip Code

40255

Purpose of Disbursement

Contribution to Committee

011

Category/  
Type

Candidate Name

Mcgarvey, Morgan, , ,

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: KY

District: 03

Full Name (Last, First, Middle Initial)

**B. Nevadans for Horsford**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		1	5		2	0	2	3		

Mailing Address P.O. Box 15096

FEC Identification Number

**C** C00668228

**Transaction ID : B0696AAF5B**

Amount of Each Disbursement this Period

2500.00

Memo Item

City

Washington

State

DC

Zip Code

20003-0096

Purpose of Disbursement

Contribution to Committee

011

Category/  
Type

Candidate Name

Horsford, Steven, , ,

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: NV

District: 04

Full Name (Last, First, Middle Initial)

**C. TERRI SEWELL FOR CONGRESS**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		1	5		2	0	2	3		

Mailing Address 499 S Capitol Street, SW, Suite 42

FEC Identification Number

**C** C00458976

**Transaction ID : B723510B53**

Amount of Each Disbursement this Period

1000.00

Memo Item

City

Washington

State

DC

Zip Code

20003-4027

Purpose of Disbursement

Contribution to Committee

011

Category/  
Type

Candidate Name

Sewell, Terri, , ,

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: AL

District: 07

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

4500.00

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

27500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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**

Full Name (Last, First, Middle Initial)

**A. Coker, Julie, , ,**

Mailing Address 1440 Columbia St  
Apt 1609

City  
San Diego

State  
CA

Zip Code  
92101-3479

Purpose of Disbursement  
See Line 28 - US Travel Association

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B954983374C**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Gamble, Michael, , ,**

Mailing Address 680 Commerce Dr  
Ste 220

City  
Saint Paul

State  
MN

Zip Code  
55125-4501

Purpose of Disbursement  
See Line 28 US Travel Association

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B855DDC11A**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. U.S. Travel Association**

Mailing Address 1100 New York Ave NW

City  
Washington

State  
DC

Zip Code  
20005-3918

Purpose of Disbursement  
Refund of November Overages

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : BE13CE5FB/**  
Amount of Each Disbursement this Period

Memo Item

**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)

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

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NAME OF COMMITTEE (In Full)

**U.S. Travel Association PAC**

Full Name (Last, First, Middle Initial)

**A. U.S. Travel Association**

Mailing Address 1100 New York Ave NW

City  
Washington

State  
DC

Zip Code  
20005-3918

Purpose of Disbursement  
1/3rd rule reimbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2023  
 Primary  General  
 Other (specify) ▼  
 Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		2	0		2	0	2	3		

FEC Identification Number

C

**Transaction ID : B1F8F34E0B!**

Amount of Each Disbursement this Period

14269.43

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

14269.43

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

14269.43