



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**AMERICAN SOCIETY OF TRAVEL AGENTS PAC**

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

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2012"/>  | <input type="text" value="124626.07"/> | <input type="text" value="124626.07"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="157162.16"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="12852.30"/>  | <input type="text" value="49668.90"/>  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="170014.46"/> | <input type="text" value="174294.97"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="15250.76"/>  | <input type="text" value="19531.27"/>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="154763.70"/> | <input type="text" value="154763.70"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>      |  |

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

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**AMERICAN SOCIETY OF TRAVEL AGENTS PAC**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 6103.90                       | 28564.90                          |
| (ii) Unitemized .....   | 6748.40                       | 16104.00                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 12852.30                      | 44668.90                          |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 5000.00                           |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 12852.30                      | 49668.90                          |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶                        | 12852.30                      | 49668.90                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 12852.30                      | 49668.90                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 250.76                        | 1531.27                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 250.76                        | 1531.27                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 15000.00                      | 18000.00                          |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....  | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 15250.76                      | 19531.27                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 15250.76                      | 19531.27                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 12852.30                      | 49668.90                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 12852.30                      | 49668.90                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 250.76                        | 1531.27                           |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 250.76                        | 1531.27                           |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 6 OF 20  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

**A. Roger Block**  
Full Name (Last, First, Middle Initial)

Mailing Address 3033 Campus Dr  
Ste W320

City Plymouth State MN Zip Code 55441

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

Name of Employer: Travel Leaders Franchise Group  
Occupation: President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**09 / 07 / 2012**

**Transaction ID : C1831613**

Amount of Each Receipt this Period  
**100.00**

**B. Roger Block**  
Full Name (Last, First, Middle Initial)

Mailing Address 3033 Campus Dr  
Ste W320

City Plymouth State MN Zip Code 55441

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

Name of Employer: Travel Leaders Franchise Group  
Occupation: President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**09 / 14 / 2012**

**Transaction ID : C1826025**

Amount of Each Receipt this Period  
**400.00**

**C. Jason Coleman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3002 Midvale Ave Ste 202

City Los Angeles State CA Zip Code 90034

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

Name of Employer: Jason Coleman, Inc.  
Occupation: Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
**07 / 06 / 2012**

**Transaction ID : C1805321**

Amount of Each Receipt this Period  
**50.00**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>550.00</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: PAGE 7 OF 20  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jason Coleman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3002 Midvale Ave Ste 202  
 City Los Angeles State CA Zip Code 90034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jason Coleman, Inc. Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 10 / 2012  
**Transaction ID : C1816842**  
 Amount of Each Receipt this Period 50.00

**B. Jason Coleman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3002 Midvale Ave Ste 202  
 City Los Angeles State CA Zip Code 90034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jason Coleman, Inc. Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 07 / 2012  
**Transaction ID : C1831614**  
 Amount of Each Receipt this Period 50.00

**C. Jackie Friedman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6225 N. State Hwy 161 Ste 450  
 City Irving State TX Zip Code 75038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nexion, LLC Occupation General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 12 / 2012  
**Transaction ID : C1825111**  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 8 OF 20  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Cathie Fryer</b> |   | Date of Receipt<br>MM / DD / YYYY<br>09 / 12 / 2012<br><b>Transaction ID : C1825124</b> |
| Mailing Address 13293 South Street                                |   | Amount of Each Receipt this Period<br>250.00  |
| City Cerritos State CA Zip Code 90703-7307                        | FEC ID number of contributing federal political committee. C  |   |
| Name of Employer Cerritos Travel, Inc. Occupation President       | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00  |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Thomas Jackson</b> |   | Date of Receipt<br>MM / DD / YYYY<br>09 / 12 / 2012<br><b>Transaction ID : C1825120</b> |
| Mailing Address 620 N Main St                                       |   | Amount of Each Receipt this Period<br>250.00  |
| City Santa Ana State CA Zip Code 92701-4191                         | FEC ID number of contributing federal political committee. C  |   |
| Name of Employer World Travel Bureau, Inc. Occupation President     | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Dic Marxen</b>  |   | Date of Receipt<br>MM / DD / YYYY<br>09 / 12 / 2012<br><b>Transaction ID : C1825112</b> |
| Mailing Address P.O. Box 7254                                    |   | Amount of Each Receipt this Period<br>1000.00   |
| City Fort Worth State TX Zip Code 76111                          | FEC ID number of contributing federal political committee. C  |   |
| Name of Employer CCRA Travel Solutions Occupation President, CEO | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 OF 20                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Eric Maryanov**  
Full Name (Last, First, Middle Initial)

Mailing Address 2001 S Barrington Ave Ste 315

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Los Angeles | State<br>CA | Zip Code<br>90025-5379 |
|---------------------|-------------|------------------------|

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

|                                |                         |
|--------------------------------|-------------------------|
| Name of Employer<br>All Travel | Occupation<br>President |
|--------------------------------|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 28    | / | 2012        |

**Transaction ID : C1831651**

Amount of Each Receipt this Period  

|        |
|--------|
| 250.00 |
|--------|

**B. Nina Meyer**  
Full Name (Last, First, Middle Initial)

Mailing Address 5000 SW 75th Ave Ste 300

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Miami | State<br>FL | Zip Code<br>33155 |
|---------------|-------------|-------------------|

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

|                                    |   |
|------------------------------------|---|
| Name of Employer<br>Express Travel | Occupation<br>Director of Sales & Marketing |
|------------------------------------|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    | / | 20    | / | 2012        |

**Transaction ID : C1805331**

Amount of Each Receipt this Period  

|        |
|--------|
| 250.00 |
|--------|

**C. Mary Peters**  
Full Name (Last, First, Middle Initial)

Mailing Address 1506-D Belle View Blvd

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Alexandria | State<br>VA | Zip Code<br>22307-6530 |
|--------------------|-------------|------------------------|

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

|  |                         |
|--|-------------------------|
| Name of Employer<br>Friendly Travel Inc. | Occupation<br>President |
|--|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 14    | / | 2012        |

**Transaction ID : C1831640**

Amount of Each Receipt this Period  

|        |
|--------|
| 475.00 |
|--------|

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>975.00</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: PAGE 10 OF 20  
(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)  
**AMERICAN SOCIETY OF TRAVEL AGENTS PAC**

Full Name (Last, First, Middle Initial)  
**A. Steve Powers**

Mailing Address 509 Lincoln Blvd

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Long Beach | State<br>NY | Zip Code<br>11561-2311 |
|--------------------|-------------|------------------------|

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

|   |                            |
|---|----------------------------|
| Name of Employer<br>Hidden Treasure Tours | Occupation<br>Travel Agent |
|---|----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 06    |   | 2012        |

**Transaction ID : C1805324**

Amount of Each Receipt this Period  

|       |
|-------|
| 25.00 |
|-------|

Full Name (Last, First, Middle Initial)  
**B. Steve Powers**

Mailing Address 509 Lincoln Blvd

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Long Beach | State<br>NY | Zip Code<br>11561-2311 |
|--------------------|-------------|------------------------|

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

|   |                            |
|---|----------------------------|
| Name of Employer<br>Hidden Treasure Tours | Occupation<br>Travel Agent |
|---|----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 10    |   | 2012        |

**Transaction ID : C1816847**

Amount of Each Receipt this Period  

|       |
|-------|
| 25.00 |
|-------|

Full Name (Last, First, Middle Initial)  
**C. Steve Powers**

Mailing Address 509 Lincoln Blvd

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Long Beach | State<br>NY | Zip Code<br>11561-2311 |
|--------------------|-------------|------------------------|

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

|   |                            |
|---|----------------------------|
| Name of Employer<br>Hidden Treasure Tours | Occupation<br>Travel Agent |
|---|----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 07    |   | 2012        |

**Transaction ID : C1831618**

Amount of Each Receipt this Period  

|       |
|-------|
| 25.00 |
|-------|

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>75.00</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 11 OF 20   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |                     |   |
|---|---------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Michael Schrobot</b>   |                     | Date of Receipt<br>MM / DD / YYYY<br>08 / 31 / 2012<br><b>Transaction ID : C1831611</b> |
| Mailing Address 1411 Fourth Ave #1424   |                     | Amount of Each Receipt this Period<br>250.00  |
| City<br>Seattle   | State<br>WA         | Zip Code<br>98101   |
| FEC ID number of contributing federal political committee.<br>C   |                     | Aggregate Year-to-Date<br>350.00  |
| Name of Employer<br>Cetc Travel Services  | Occupation<br>Owner |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                     |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Susan Spain</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>09 / 12 / 2012<br><b>Transaction ID : C1825115</b> |
| Mailing Address 505 Main St Suite 500   |  | Amount of Each Receipt this Period<br>500.00  |
| City<br>Fort Worth  | State<br>TX                                    | Zip Code<br>76102   |
| FEC ID number of contributing federal political committee.<br>C   |  | Aggregate Year-to-Date<br>500.00  |
| Name of Employer<br>Virtuoso  | Occupation<br>Director, Member Sales & Service |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|   |                         |   |
|---|-------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Gregory Stewart</b>  |                         | Date of Receipt<br>MM / DD / YYYY<br>07 / 06 / 2012<br><b>Transaction ID : C1805316</b> |
| Mailing Address 5550 Lyndon B. Johnson Fwy Suite 110  |                         | Amount of Each Receipt this Period<br>500.00  |
| City<br>Dallas  | State<br>TX             | Zip Code<br>75240   |
| FEC ID number of contributing federal political committee.<br>C   |                         | Aggregate Year-to-Date<br>500.00  |
| Name of Employer<br>Colwick Travel Corporation  | Occupation<br>President |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1250.00 |
| <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 12 OF 20                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Nancy Van Allen**  
Full Name (Last, First, Middle Initial)

Mailing Address 8010 N Gross Point Rd

City Morton Grove State IL Zip Code 60053

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

Name of Employer Shama Travel Occupation Independent Travel Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2012

**Transaction ID : C1805295**

Amount of Each Receipt this Period  
 150.00

**B. Nancy Van Allen**  
Full Name (Last, First, Middle Initial)

Mailing Address 8010 N Gross Point Rd

City Morton Grove State IL Zip Code 60053

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

Name of Employer Shama Travel Occupation Independent Travel Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2012

**Transaction ID : C1805314**

Amount of Each Receipt this Period  
 100.00

**C. Mike Weingart**  
Full Name (Last, First, Middle Initial)

Mailing Address 2603-F West Lane Drive

City Houston State TX Zip Code 77027

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

Name of Employer Air Land Sea Consultants Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 253.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2012

**Transaction ID : C1816858**

Amount of Each Receipt this Period  
 253.90

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 503.90

**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 13 OF 20                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Leo Zabinski</b> |   | Date of Receipt<br>MM / DD / YYYY<br>07 / 06 / 2012<br><b>Transaction ID : C1805328</b> |
| Mailing Address 29 Plantation Park Dr Ste 104B<br>Suite 104 B     |   | Amount of Each Receipt this Period<br>50.00   |
| City Bluffton State SC Zip Code 29910-9010                        | FEC ID number of contributing federal political committee. C  |   |
| Name of Employer Classic Travel Occupation President              | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00  |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Leo Zabinski</b> |   | Date of Receipt<br>MM / DD / YYYY<br>08 / 10 / 2012<br><b>Transaction ID : C1816851</b> |
| Mailing Address 29 Plantation Park Dr Ste 104B<br>Suite 104 B     |   | Amount of Each Receipt this Period<br>50.00   |
| City Bluffton State SC Zip Code 29910-9010                        | FEC ID number of contributing federal political committee. C  |   |
| Name of Employer Classic Travel Occupation President              | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00  |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Leo Zabinski</b> |   | Date of Receipt<br>MM / DD / YYYY<br>09 / 14 / 2012<br><b>Transaction ID : C1831637</b> |
| Mailing Address 29 Plantation Park Dr Ste 104B<br>Suite 104 B     |   | Amount of Each Receipt this Period<br>50.00   |
| City Bluffton State SC Zip Code 29910-9010                        | FEC ID number of contributing federal political committee. C  |   |
| Name of Employer Classic Travel Occupation President              | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 150.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 6103.90 |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. American Society of Travel Agents**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 01    |   | 2012      |

Mailing Address 1101 King Street  
Suite 200

**Transaction ID : D137270**

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

Purpose of Disbursement  
CC Processing Fee

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

|       |
|-------|
| 21.02 |
|-------|

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. American Society of Travel Agents**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 31    |   | 2012      |

Mailing Address 1101 King Street  
Suite 200

**Transaction ID : D137271**

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

Purpose of Disbursement  
CC Processing Fee

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

|       |
|-------|
| 16.26 |
|-------|

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. American Society of Travel Agents**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 31    |   | 2012      |

Mailing Address 1101 King Street  
Suite 200

**Transaction ID : D137273**

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

Purpose of Disbursement  
CC Processing Fee

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

|      |
|------|
| 6.71 |
|------|

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

|       |
|-------|
| 43.99 |
|-------|

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

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

Full Name (Last, First, Middle Initial)

**A. Aristotle, Inc.**

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
CC Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

Transaction ID : D137255

Amount of Each Disbursement this Period

71.49

Full Name (Last, First, Middle Initial)

**B. Aristotle, Inc.**

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
CC Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

Transaction ID : D137256

Amount of Each Disbursement this Period

7.50

Full Name (Last, First, Middle Initial)

**C. Aristotle, Inc.**

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
CC Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

Transaction ID : D137257

Amount of Each Disbursement this Period

2.50

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

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

81.49

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Aristotle, Inc.**

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
CC Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : D137258**

Amount of Each Disbursement this Period

17.50

Full Name (Last, First, Middle Initial)

**B. Aristotle, Inc.**

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
CC Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D137259**

Amount of Each Disbursement this Period

12.50

Full Name (Last, First, Middle Initial)

**C. Aristotle, Inc.**

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
CC Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

**Transaction ID : D137260**

Amount of Each Disbursement this Period

12.64

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

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

42.64



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Aristotle, Inc.**

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
CC Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

**Transaction ID : D137261**

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial)

**B. Aristotle, Inc.**

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
CC Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2012

**Transaction ID : D137262**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Aristotle, Inc.**

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
CC Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : D137264**

Amount of Each Disbursement this Period

15.14

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

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

40.14

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Aristotle, Inc.**

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
CC Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D137265**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Aristotle, Inc.**

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
CC Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D137266**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Aristotle, Inc.**

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
CC Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D137267**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Mazie Hirono**

Mailing Address PO BOX 677

City Honolulu State HI Zip Code 96809

Purpose of Disbursement  
Contribution to Candidate Committee

Candidate Name

**Hirono**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: HI District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2012

**Transaction ID : D136956**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Friends Of Mazie Hirono**

Mailing Address PO BOX 677

City Honolulu State HI Zip Code 96809

Purpose of Disbursement  
Contribution to Candidate Committee

Candidate Name

**Hirono**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: HI District:

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

**Transaction ID : D136957**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. LONGHORN PAC**

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

Purpose of Disbursement  
Contribution to Leadership PAC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : D136960**

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

**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"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

**A. MARY BONO MACK COMMITTEE**

Mailing Address PO BOX 3370

City State Zip Code  
PALM SPRINGS CA 92263

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Rep. Mary Bono Mack**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: CA District: 45

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2012

**Transaction ID : D135426**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. KLOBUCHAR FOR MINNESOTA 2012**

Mailing Address PO BOX 4146

City State Zip Code  
ST PAUL MN 55104

Purpose of Disbursement  
Contribution to Candidate Committee

Candidate Name  
**Sen. Amy Klobuchar**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: MN District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2012

**Transaction ID : D136958**

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**C. KLOBUCHAR FOR MINNESOTA 2012**

Mailing Address PO BOX 4146

City State Zip Code  
ST PAUL MN 55104

Purpose of Disbursement  
Contribution to Candidate Committee

Candidate Name  
**Sen. Amy Klobuchar**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: MN District:

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

**Transaction ID : D136959**

Amount of Each Disbursement this Period

1500.00

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

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

7500.00

15000.00