

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
ADMINISTRATIVE
JUL 15 12 31 PM '94

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <u>American Society of Travel Agents PAC</u>		2. FEC IDENTIFICATION NUMBER <u>C00114108</u>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <u>1101 King St.</u>		
CITY, STATE and ZIP CODE <u>Alexandria, VA 22314</u>		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		


4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>4/1/94</u> through <u>6/30/94</u>		
6. (a) Cash on Hand January 1, 19_____		\$ 39,799.88
(b) Cash on Hand at Beginning of Reporting Period	\$ 37,096.67	
(c) Total Receipts (from Line 19)	\$ 13,215.40	\$ 21,734.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 50,312.07	\$ 61,534.53
7. Total Disbursements (from Line 30)	\$ 12,780.52	\$ 24,002.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 37,531.55	\$ 37,531.55
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 668 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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
Joachim DeCarlo

Signature of Treasurer  Date 7/13/94

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

94059080997

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE American Society of Travel Agents		REPORT COVERING PERIOD FROM 4/1/94 TO 6/30/94	
		COLUMN A Total This Period	COLUMN B Calendar Year
I Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		300.00	300.00
ii. Unitemized		12,431.00	20,821.00
iii. Total (add i and ii) >		12,731.00	21,121.00
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contributions (add a ii, b and c) >		12,731.00	21,121.00
12. Transfers From Affiliated/Other Party Committees		-0-	-0-
13. All Loans Received		-0-	-0-
14. Loan Repayments Received		-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		250.00	250.00
17. Other Federal Receipts (Dividends, Interest, etc.)		234.40	363.65
18. Transfers from Nonfederal Account for Joint Activity		-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		13,215.40	21,734.65
20. Total Federal Receipts (subtract line 18 from line 19) >		13,215.40	21,734.65
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		-0-	-0-
ii. Non-Federal Share		-0-	-0-
b. Other Federal Operating Expenditures		2,155.52	4,527.98
c. Total Operating Expenditures (add a i, a ii, and b) >		2,155.52	4,527.98
22. Transfers to Affiliated/Other Party Committees		-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees		10,625.00	19,475.00
24. Independent Expenditures (use Schedule E)		-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		-0-	-0-
26. Loan Repayments Made		-0-	-0-
27. Loans Made		-0-	-0-
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		-0-	-0-
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contribution Refunds (add a, b and c) >		-0-	-0-
29. Other Disbursements		-0-	-0-
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		12,780.52	24,002.98
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		12,780.52	24,002.98
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		12,731.00	21,121.00
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from 32)		12,731.00	21,121.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		2,155.52	4,527.98
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) >		2,155.52	4,527.98

94039030998

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 10
FOR LINE NUMBER 11a

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 Political Action Committee ASTAPAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rose Dominguez 1711 Southeastern Ave. Las Vegas, NV 89104-3943	Discovery Travel	4/27/94	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Travel Agent	Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$300.00

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 10
FOR LINE NUMBER 16

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NAME OF COMMITTEE (in Full)

American Society of Travel Agents Political Action Committee ASTAPAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wallop Senate Drive PO Box 6001 Sheridan, WY 82801		5/12/94	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$250.00

94039001000

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 10
FOR LINE NUMBER 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 Political Action Committee ASTAPAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Merrill Lynch Ready Assets Trust PO Box 11063 Church Station, NY 10249	N/A	6/30/94	234.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 363.65	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$234.40

94031001

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

American Society of Travel Agents Political Action Committee ASTAPAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Braddock Communications, Inc. 909 North Washington St. 301 Alexandria, VA 22314-1555	Materials Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Materials	4/22/94	2,125.00
Riggs National Bank W.W. Corcorano Office Washington DC 20074	Banking Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Banking Fee	6/30/94	30.52
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 2,155.52

TOTAL This Period (last page this line number only) 2,155.52

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 10
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Society of Travel Agents Political Action Committee ASTAPAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Mark Foley PO Box 19536 West Palm, FL 33416	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/94	200.00
B. Full Name, Mailing Address and ZIP Code Lauch Faircloth for Senate PO Box 26585 Raleigh, NC 27611-6585	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	200.00
C. Full Name, Mailing Address and ZIP Code Friends of Jim Oberstar PO Box 465 Buluth, MN 55802	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	500.00
D. Full Name, Mailing Address and ZIP Code Bill Brewster for Congress PO Box 990 Washington, DC 20044-0990	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	200.00
E. Full Name, Mailing Address and ZIP Code Hefley for Congress PO Box 462113 Aurora, CO 80046	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	200.00
F. Full Name, Mailing Address and ZIP Code Stupak for Congress PO Box 143 Menominee, MI 49858	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	200.00
G. Full Name, Mailing Address and ZIP Code Friends of Tom Bevill 1420 New York Ave. NW Suite 1050 Washington, DC 20005	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	200.00
H. Full Name, Mailing Address and ZIP Code Mike Bilirakis for Congress 1350 I Street, NW Suite 870 Washington, DC 20005	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	150.00
I. Full Name, Mailing Address and ZIP Code Friends of Peter Geren PO Box 990 Washington, DC 20044	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	200.00

SUBTOTAL of Disbursements This Page (optional) 2,050.00

TOTAL This Period (last page this line number only)

240323000

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 10
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Society of Travel Agents Political Action Committee ASTAPAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Dan Miller 1212 North Vernon St. Arlington, VA 22201	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	200.00
B. Full Name, Mailing Address and ZIP Code McKeon for Congress Committee 4451 Brookfield Corporate Dr. Suite 200 Chantilly, VA 22021	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	200.00
C. Full Name, Mailing Address and ZIP Code Burton for Congress Committee 4451 Brookfield Corporate Dr. Suite 200 Chantilly, VA 22021	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	200.00
D. Full Name, Mailing Address and ZIP Code Citizens for Kasich 208 G. Street, NE Washington, DC 20002	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	200.00
E. Full Name, Mailing Address and ZIP Code Abercrombie Back to Congress PO Box 2884 Washington, DC 20013	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	500.00
F. Full Name, Mailing Address and ZIP Code Ros-Lehtinen for Congress 3869 Beech Down Dr. Chantilly, VA 22021-3348	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	200.00
G. Full Name, Mailing Address and ZIP Code Friends of Congressman Bill Clinger PO Box 631 Warren, PA 16365	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	200.00
H. Full Name, Mailing Address and ZIP Code Friends of Cliff Stearns PO Box 308 Silver Springs, FL 34489	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	200.00
I. Full Name, Mailing Address and ZIP Code Nancy Johnson for Congress 4451 Brookfield Corporate Dr. Suite 200 Chantilly, VA 22021-1652	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	200.00

SUBTOTAL of Disbursements This Page (optional)

2,100.00

TOTAL This Period (last page this line number only)

94039081004

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 10
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in full)

American Society of Travel Agents Political Action Committee ASTAPAC

5
1
0
0
5
2
0
3
2
2
4
0
3
2
9

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Houghton Committee 3869 Beech Down Drive Chantilly, VA 22021-3348	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	200.00
B. Full Name, Mailing Address and ZIP Code Lehman for Congress Committee 555 New Jersey Ave. NW Suite 201 Washington, DC 20001	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	200.00
C. Full Name, Mailing Address and ZIP Code Keep Nick Rahall in Congress Co. 1301 Delaware Ave. SW #409N Washington, DC 20024	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	200.00
D. Full Name, Mailing Address and ZIP Code Karen Shepherd for Congress Co. 175 South Main St., Suite 1670 Salt Lake City, UT 84111	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	200.00
E. Full Name, Mailing Address and ZIP Code Spence for Congress Committee 3869 Beech Down Drive Chantilly, VA 22021-3348	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	200.00
F. Full Name, Mailing Address and ZIP Code Peter Blute for Congress Re-Election Committee PO Box 16021 Alexandria, VA 22302	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	200.00
G. Full Name, Mailing Address and ZIP Code Talent for US Congress PO Box 23683 Washington DC 20026-3683	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	200.00
H. Full Name, Mailing Address and ZIP Code Friends of Jennifer Dunn PO Box 70124 Washington, DC 20024	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	200.00
I. Full Name, Mailing Address and ZIP Code Upton for Us All PO Box 490 St. Joseph, MI 49085	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/94	200.00

SUBTOTAL of Disbursements This Page (optional)

1,800.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 American Society of Travel Agents Political Action Committee ASTAPAC

94339081007

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Lautenberg Committee 236 Massachusetts Ave. NE Ste306 Washington, DC 20002	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/94	250.00
B. Full Name, Mailing Address and ZIP Code Kyl for US Senate 517 Second St. NE Washington, DC 20002	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/94	250.00
C. Full Name, Mailing Address and ZIP Code Jeffords for Vermont Committee PO Box 246 Montpelier, VT 05602	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/94	250.00
D. Full Name, Mailing Address and ZIP Code Hunter for Congress 9340 Fuerte Dr. Suite 302 La Mesa, CA 91941	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/94	200.00
E. Full Name, Mailing Address and ZIP Code The Friends of Congressman Hockbrueckner PO Box 2884 Washington DC 20013	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/94	200.00
F. Full Name, Mailing Address and ZIP Code Friends of Slade Gorton c/o 1200 North Veitch, # 628 Arlington, VA 22201	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/94	200.00
G. Full Name, Mailing Address and ZIP Code Friends of Farr c/o 555 New Jersey Ave. NW 201 Washington DC 20001	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/94	200.00
H. Full Name, Mailing Address and ZIP Code Friends of Senator D'Amato '98 425 Second Sr. NE Washington, DC 20002	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/94	250.00
I. Full Name, Mailing Address and ZIP Code Friends of Bob Carr PO Box 75538 Washington DC 20013-5538	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/94	200.00

SUBTOTAL of Disbursements This Page (optional) 2,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 10 OF 10
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Society of Travel Agents Political Action Committee ASTAPAC

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3
9

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Bryan 320 4th. St. NE Washington, DC 20002	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/94	250.00
B. Full Name, Mailing Address and ZIP Code Friends of Conrad Burns PO Box 3311 Billings, MT 59103	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/94	200.00
C. Full Name, Mailing Address and ZIP Code Senator Akaka in '94 112 B East Broad St. Falls Church, VA 22046	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/94	200.00
D. Full Name, Mailing Address and ZIP Code Bill Brock for US Senate 211 N. Union St. Suite 100 Alexandria, VA 22314	Campaign Contr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/94	250.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 900.00

TOTAL This Period (last page this line number only) 10,625.00

Federal Election Commission
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FOR INCOMING DOCUMENTS**

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and Registration

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Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

E.S.
PREPARER

7/15/94
DATE PREPARED

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