

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
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FEC MAIL CENTER
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

NATIONAL TOUR ASSOCIATION TOUR PAC

ADDRESS (number and street)

1011 PIRADISPIRADOIS PLACE
SUNSHINE ISLAND
LEXINGTON KY 40509

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00138339

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
 - Convention (12C)
 - General (12G)
 - Special (12S)
 - Runoff (12R)
- Election on: M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
 - Runoff (30R)
 - Special (30S)
- Election on: M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period

04 / 01 / 2013 through 06 / 30 / 2013

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 Ben Hayward

Signature of Treasurer

Ben Hayward

Date

07 / 15 / 2013

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

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

13031100314

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period: From:

04 / 01 / 2013

To:

06 / 30 / 2013

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2013		2,651.61
(b) Cash on Hand at Beginning of Reporting Period.....	2,651.61	
(c) Total Receipts (from Line 19)	3,350.00	3,350.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3,350.00	3,350.00
7. Total Disbursements (from Line 31).....	500.00	500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	5501.61	5501.61
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information contact:

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

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

13031100315

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

M M / D D / Y Y Y Y

To:

M M / D D / Y Y Y Y

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).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

3,350.00

3,350.00

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

3,350.00

3,350.00

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

3,350.00

3,350.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

3,350.00

3,350.00

13031100316

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	000	000
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	000	000
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	000	000

13031100318

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

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)

Full Name (Last, First, Middle Initial) A. Mark Hoffman, Mark		Date of Receipt MM / DD / YYYY 04 / 15 / 2013
Mailing Address 9521 Folsom Blvd ste H		Amount of Each Receipt this Period 500.00
City Sacramento	State Zip Code CA 95827	
FEC ID number of contributing federal political committee. C		
Name of Employer Sports Leisure Vacation	Occupation Tow Operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Amrine, Neil		Date of Receipt MM / DD / YYYY 04 / 15 / 2013
Mailing Address 5621 Ogden Rd		Amount of Each Receipt this Period 300.00
City Bethesda	State Zip Code MD 20816-3321	
FEC ID number of contributing federal political committee. C		
Name of Employer Guide Svc of Washington	Occupation Tour Supplier	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Simon, Mary E.		Date of Receipt MM / DD / YYYY 04 / 15 / 2013
Mailing Address 14 Richmond Avenue		Amount of Each Receipt this Period 500.00
City Lexington	State Zip Code KY 40502	
FEC ID number of contributing federal political committee. C		
Name of Employer NTA	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

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

13031100319

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

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)
Gretchen, Cathy

Mailing Address
1907 Hwy 71 N

City Carroll State IN Zip Code 51401

FEC ID number of contributing federal political committee. C

Name of Employer Star Destinations Occupation Tour Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 1,000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 15 / 2013

Amount of Each Receipt this Period
1,000.00

B. Full Name (Last, First, Middle Initial)
Soucy, Blair

Mailing Address
P.O. Box 70

City Terryville State CT Zip Code 06786

FEC ID number of contributing federal political committee. C

Name of Employer Getaway Tours Occupation Tour Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 1,000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2013

Amount of Each Receipt this Period
1,000.00

C. Full Name (Last, First, Middle Initial)
Jaffe, Thomas

Mailing Address
P.O. Box 16171

City Seattle State WA Zip Code 98116-0171

FEC ID number of contributing federal political committee. C

Name of Employer Self & Travel & Reception Serv Occupation Tour Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2013

Amount of Each Receipt this Period
500.00

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

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

13031100320

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

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

FOR LINE NUMBER:		PAGE	OF
(check only one)			
<input 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"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)
Babb, Jon C

Mailing Address
1514 17th Street NW NO. 306

City Washington State DC Zip Code 20036-6219

FEC ID number of contributing federal political committee. C

Name of Employer The Group Company Inc Occupation Tour Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2017

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Richer, Stephen P.

Mailing Address
P.O. Box 7156

City Gulfport State MS Zip Code 39506

FEC ID number of contributing federal political committee. C

Name of Employer NTA Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2017

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Armstrong, Thomas

Mailing Address
45 Davis Dr.

City Milford Ct. State CT Zip Code 06460

FEC ID number of contributing federal political committee. C

Name of Employer Tandl Occupation Tour Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 100.00

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

Amount of Each Receipt this Period
100.00

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

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

13031100321

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

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

FOR LINE NUMBER:		PAGE	OF
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A. Butterworth, Brian

Mailing Address

P.O. Box 127

City

West Stockbridge

State

MA

Zip Code

01266

FEC ID number of contributing federal political committee.

C

Date of Receipt

05/30/2013

Amount of Each Receipt this Period

100.00

Name of Employer

The Red Lion Inn

Occupation

Tour Operator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Full Name (Last, First, Middle Initial)

B. Osborn, Justin

Mailing Address

220 N. Main St.

City

Wayland

State

MA

Zip Code

01981

FEC ID number of contributing federal political committee.

C

Date of Receipt

05/16/2013

Amount of Each Receipt this Period

50.00

Name of Employer

Imore Tours

Occupation

Tour Operator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Full Name (Last, First, Middle Initial)

C. Pepper, Catherine

Mailing Address

665 Cromwell Way

City

Lexington

State

MA

Zip Code

01847

FEC ID number of contributing federal political committee.

C

Date of Receipt

06/28/2013

Amount of Each Receipt this Period

100.00

Name of Employer

NTA

Occupation

Senior Vice President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

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

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

3,350.00

13031100322

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
National Tour Association Tour Pac

Full Name (Last, First, Middle Initial) A. <i>Alaskans for Besich</i>		Date of Disbursement MM / DD / YYYY <i>04 / 16 / 2013</i>	
Mailing Address <i>P.O. Box 410</i>		Amount of Each Disbursement this Period <i>500.00</i>	
City <i>Palmer</i>	State <i>Alaska</i>		Zip Code <i>99641</i>
Purpose of Disbursement <i>Contribution for event</i>			Category/Type
Candidate Name <i>Mark Besich</i>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY	
Mailing Address		Amount of Each Disbursement this Period	
City	State		Zip Code
Purpose of Disbursement			Category/Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		Amount of Each Disbursement this Period	
City	State		Zip Code
Purpose of Disbursement			Category/Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	<i>500.00</i>

13031100323

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
7/15/13

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jmf 7/25/13
 PREPARER DATE PREPARED

13031100324