

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
NATIONAL BUSINESS TRAVEL ASSOCIATION POLITICAL ACTION COMMIT

ADDRESS (number and street) 110 N ROYAL STREET  
Check if different than previously reported. (ACC) ALEXANDRIA VA 22314

2. **FEC IDENTIFICATION NUMBER** C00373910  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 10 01 2009 through 10 31 2009

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 Shane Downey

Signature of Treasurer Electronically Filed by Shane Downey Date 11 18 2009

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 **FEC FORM 3X**  
(Rev. 12/2004)

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

Write or Type Committee Name

NATIONAL BUSINESS TRAVEL ASSOCIATION POLITICAL ACTION COMMIT

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		58515.82
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	74612.88									
(c) Total Receipts (from Line 19) .....	1441.68	45445.53								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	76054.56	103961.35								
7. Total Disbursements (from Line 31) .....	3254.33	31161.12								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	72800.23	72800.23								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

Write or Type Committee Name

NATIONAL BUSINESS TRAVEL ASSOCIATION POLITICAL ACTION COMMIT

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	1391.26	20081.51
(ii) Unitemized .....	50.42	20364.02
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1441.68	40445.53
(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) .....	1441.68	45445.53
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 Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1441.68	45445.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1441.68	45445.53

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	254.33	2502.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	254.33	2502.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	28500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	158.33
(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	158.33
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3254.33	31161.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3254.33	31161.12

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	1441.68	45445.53
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	158.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1441.68	45287.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	254.33	2502.79
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	254.33	2502.79

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 10  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
NATIONAL BUSINESS TRAVEL ASSOCIATION POLITICAL ACTION COMMIT

**A.**

Full Name (Last, First, Middle Initial)  
Craig Banikowski

Mailing Address 4151 Redwood Avenue  
#201

City State Zip Code  
Los Angeles CA 90066

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

Name of Employer Occupation  
Hilton Hotels Corporation Director, Global Travel Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 05 / 2009

Transaction ID: 2646

Amount of Each Receipt this Period  
83.34

Sustaining Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Daphne Bryant

Mailing Address 6 Demian Court

City State Zip Code  
Stafford VA 22556

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

Name of Employer Occupation  
NBTA Director - NBTA Foundation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.40

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2009

Transaction ID: 2649

Amount of Each Receipt this Period  
10.42

**C.**

Full Name (Last, First, Middle Initial)  
C. Maylena Burchfield

Mailing Address 113 Pine Cliff Circle

City State Zip Code  
Birmingham AL 35226

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

Name of Employer Occupation  
ADTRAV Travel Management Director of Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 19 / 2009

Transaction ID: 2617

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1093.76**

**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 7 / 10
	<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)  
NATIONAL BUSINESS TRAVEL ASSOCIATION POLITICAL ACTION COMMIT

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Zane Kerby	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 9
	Mailing Address 8657 White Beech Way	<b>Transaction ID:</b> 2641
	City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period 20.83
	FEC ID number of contributing federal political committee. C	
	Name of Employer NBTA Occupation Sr. Director, Business & Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 395.77	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Zane Kerby	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 9
	Mailing Address 8657 White Beech Way	<b>Transaction ID:</b> 2651
	City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period 20.83
	FEC ID number of contributing federal political committee. C	
	Name of Employer NBTA Occupation Sr. Director, Business & Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.60	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas Klein	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 9
	Mailing Address 2365 Nantucket Drive	<b>Transaction ID:</b> 2645
	City State Zip Code Salt Lake City UT 84121	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Sustaining Contribution
	Name of Employer CHG Healthcare Services Occupation Supervisor, Travel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	51.66
<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 8 / 10  
(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)  
NATIONAL BUSINESS TRAVEL ASSOCIATION POLITICAL ACTION COMMIT

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Henry J. (Hank) Roeder

Mailing Address 1814 Saint Roman Dr

City State Zip Code  
Vienna VA 22182

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

Name of Employer: National Business Travel Association  
Occupation: Vice President, Domestic & International

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1385.48

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 15 / 2009

**Transaction ID: 2643**

Amount of Each Receipt this Period  
72.92

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Henry J. (Hank) Roeder

Mailing Address 1814 Saint Roman Dr

City State Zip Code  
Vienna VA 22182

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

Name of Employer: National Business Travel Association  
Occupation: Vice President, Domestic & International

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1458.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 31 / 2009

**Transaction ID: 2653**

Amount of Each Receipt this Period  
72.92

**C.**

Full Name (Last, First, Middle Initial)  
Bhart Sarin

Mailing Address 825 Morewood Avenue

City State Zip Code  
PITTSBURGH PA 15213

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

Name of Employer: ATI  
Occupation: Strategic Sourcing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 05 / 2009

**Transaction ID: 2647**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **245.84**

**TOTAL** This Period (last page this line number only) ..... ► **1391.26**

**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)  
NATIONAL BUSINESS TRAVEL ASSOCIATION POLITICAL ACTION COMMIT

<p><b>A.</b> Full Name (Last, First, Middle Initial) Edonation.com</p> <p>Mailing Address 118 N. Saint Asaph Street</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Credit card processing fee</p> <p>Candidate Name Edonation.com</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2658 <b>Date of Disbursement</b> 10 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 29.33</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) HSBC Bank</p> <p>Mailing Address 415 John Carlyle Street Carlyle Place Office</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Bank service charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2656 <b>Date of Disbursement</b> 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 15.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) HSBC Bank</p> <p>Mailing Address 415 John Carlyle Street Carlyle Place Office</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Credit card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2657 <b>Date of Disbursement</b> 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 210.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>254.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>254.33</b>

**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 10 / 10

<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)  
NATIONAL BUSINESS TRAVEL ASSOCIATION POLITICAL ACTION COMMIT

<b>A.</b> Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS <hr/> Mailing Address PO Box 442 <hr/> City Allentown State PA Zip Code 18105 <hr/> Purpose of Disbursement <input type="text"/>	<b>Transaction ID:</b> 2661 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period <input type="text"/> 1000.00
Candidate Name CHARLES W DENT <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type <input type="text"/>
<b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID <hr/> Mailing Address P.O. BOX 19163 <hr/> City LAS VEGAS State NV Zip Code 89132 <hr/> Purpose of Disbursement <input type="text"/>	<b>Transaction ID:</b> 2660 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period <input type="text"/> 2000.00
Candidate Name HARRY REID <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type <input type="text"/>

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

3000.00

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

3000.00