

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) NATIONAL BUSINESS TRAVEL ASSOCIATION POLITICAL ACTION COMMIT

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) 110 N ROYAL STREET ALEXANDRIA VA 22314

Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 09 01 2009 through 09 30 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 10 19 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
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	9

D	D
3	0

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 .....	74282.10									
(c) Total Receipts (from Line 19) .....	3850.02	44003.85								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	78132.12	102519.67								
7. Total Disbursements (from Line 31) .....	3519.24	27906.79								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	74612.88	74612.88								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

NATIONAL BUSINESS TRAVEL ASSOCIATION POLITICAL ACTION COMMIT

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	3545.84	18690.25
(ii) Unitemized .....	304.18	20313.60
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3850.02	39003.85
(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) .....	3850.02	44003.85
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)) .....	3850.02	44003.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3850.02	44003.85

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	519.24	2248.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	519.24	2248.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	25500.00
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))..	3519.24	27906.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3519.24	27906.79

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	3850.02	44003.85
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	158.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3850.02	43845.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	519.24	2248.46
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	519.24	2248.46

**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 / 13
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Craig Banikowski		Date of Receipt	
	Mailing Address 4151 Redwood Avenue #201		M M / D D / Y Y Y Y Y 09 / 05 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> 2620
	Los Angeles	CA	90066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		83.34	
Name of Employer Hilton Hotels Corporation		Occupation Director, Global Travel Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.02		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Shane Downey		Date of Receipt	
	Mailing Address 929 S Columbus Street Suite 100		M M / D D / Y Y Y Y Y 09 / 02 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> 2632
	Alexandria	VA	22314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer National Business Travel Association		Occupation Government Relations Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Donald L. Draves		Date of Receipt	
	Mailing Address 20195 Colony Court		M M / D D / Y Y Y Y Y 09 / 02 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> 2631
	Brookfield	WI	53045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		355.00	
Name of Employer Miller Coors		Occupation Corporate Services Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 555.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	938.34
<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: <span style="float: right;">PAGE 7 / 13</span>
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Donna Kelliher	Date of Receipt MM / DD / YYYY 09 / 02 / 2009
	Mailing Address 8640 Brown Summit Road	<b>Transaction ID:</b> 2634
	City State Zip Code RICHMOND VA 23235	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Dominion Occupation Director, Travel Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Zane Kerby	Date of Receipt MM / DD / YYYY 09 / 15 / 2009
	Mailing Address 8657 White Beech Way	<b>Transaction ID:</b> 2602
	City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period 20.83
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 354.11	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Zane Kerby	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 8657 White Beech Way	<b>Transaction ID:</b> 2612
	City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period 20.83
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 374.94	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>291.66</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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 8 / 13
	<input checked="" 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas Klein	Date of Receipt MM / DD / YYYY 09 / 02 / 2009
	Mailing Address 2365 Nantucket Drive	<b>Transaction ID:</b> 2628
	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	
	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 ▼ 255.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas Klein	Date of Receipt MM / DD / YYYY 09 / 05 / 2009
	Mailing Address 2365 Nantucket Drive	<b>Transaction ID:</b> 2619
	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	
	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 ▼ 265.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Henry J. (Hank) Roeder	Date of Receipt MM / DD / YYYY 09 / 15 / 2009
	Mailing Address 1814 Saint Roman Dr	<b>Transaction ID:</b> 2604
	City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period 72.92
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Business Travel Association Occupation Vice President, Domestic & Internation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1239.64	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	92.92
<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 / 13
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Henry J. (Hank) Roeder	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 1814 Saint Roman Dr	<b>Transaction ID:</b> 2614
	City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period 72.92
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer National Business Travel Association	Occupation Vice President, Domestic & Internation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1312.56	

<b>B.</b>	Full Name (Last, First, Middle Initial) Bhart Sarin	Date of Receipt MM / DD / YYYY 09 / 02 / 2009
	Mailing Address 825 Morewood Avenue	<b>Transaction ID:</b> 2621
	City State Zip Code PITTSBURGH PA 15213	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ATI	Occupation Strategic Sourcing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Scott A. Solombrino	Date of Receipt MM / DD / YYYY 09 / 03 / 2009
	Mailing Address P.O. Box 46	<b>Transaction ID:</b> 2599
	City State Zip Code Hamilton MA 01936	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Dav El Chauffeured Transp- ortation Netw	Occupation President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2172.92</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 / 13
	(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) Mark Ziegler		Date of Receipt
Mailing Address 45 Newton Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 02 / 2009
City	State	Zip Code
SAN FRANCISCO	CA	94112
FEC ID number of contributing federal political committee.		Transaction ID: 2627
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 25.00
Name of Employer Atmel Corporation	Occupation Corporate Travel Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 300.00	

**B.**

Full Name (Last, First, Middle Initial) Mark Ziegler		Date of Receipt
Mailing Address 45 Newton Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 05 / 2009
City	State	Zip Code
SAN FRANCISCO	CA	94112
FEC ID number of contributing federal political committee.		Transaction ID: 2618
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 25.00
Name of Employer Atmel Corporation	Occupation Corporate Travel Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 50.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 3545.84

# 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

A.	Full Name (Last, First, Middle Initial) Edonation.com	Transaction ID: 2607 Date of Disbursement 09 / 05 / 2009
	Mailing Address 118 N. Saint Asaph Street	Amount of Each Disbursement this Period 12.83
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Credit card processing fee	Category/Type
	Candidate Name Edonation.com	
	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:	

B.	Full Name (Last, First, Middle Initial) Edonation.com	Transaction ID: 2608 Date of Disbursement 09 / 15 / 2009
	Mailing Address 118 N. Saint Asaph Street	Amount of Each Disbursement this Period 146.50
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Credit card processing fee	Category/Type
	Candidate Name Edonation.com	
	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:	

C.	Full Name (Last, First, Middle Initial) Edonation.com	Transaction ID: 2616 Date of Disbursement 09 / 30 / 2009
	Mailing Address 118 N. Saint Asaph Street	Amount of Each Disbursement this Period 21.83
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Credit Card Processing Fee	Category/Type
	Candidate Name Edonation.com	
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	181.16
<b>TOTAL</b> 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)  
NATIONAL BUSINESS TRAVEL ASSOCIATION POLITICAL ACTION COMMIT

<p><b>A.</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> 2622 <b>Date of Disbursement</b> 09 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 203.54</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Suntrust</p> <p>Mailing Address 110 North Royal Street</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> 2623 <b>Date of Disbursement</b> 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 89.54</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Suntrust</p> <p>Mailing Address 110 North Royal Street</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> 2624 <b>Date of Disbursement</b> 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 45.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>338.08</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>519.24</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)

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<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010</p> <p>Mailing Address POST OFFICE BOX 977</p> <p>City MUSKOGEE State OK Zip Code 74402</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name THOMAS A COBURN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2636 <b>Date of Disbursement</b> 09 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DINA TITUS FOR CONGRESS</p> <p>Mailing Address P. O. Box 50614 Suite C5</p> <p>City Henderson State NV Zip Code 89016</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name DINA TITUS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2638 <b>Date of Disbursement</b> 09 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) HARRY MITCHELL FOR CONGRESS</p> <p>Mailing Address PO Box 23748</p> <p>City Tempe State AZ Zip Code 85285</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name HARRY E. MITCHELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2637 <b>Date of Disbursement</b> 09 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	3000.00