PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) GLOBAL BUSINESS TRAVEL ASSOCIATION PAC (Business Travel PAC) 1101 King Street ADDRESS (number and street) Suite 500 (Check if address is changed) ALEXANDRIA 22314 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS hshah@gbta.org (Check if address X is changed) Optional Second E-Mail Address cparana@politicalcompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00373910 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Shah, Hema, , , Type or Print Name of Treasurer Shah, Hema,,, [Electronically Filed] 04 16 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

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

	FFC Fo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE	i aye Z				
Can	ndidate	idate Committee:					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate				
Nam Cand	e of didate						
	didate / Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate						
Par	ty Con	nmittee:	(5)				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a				
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party				
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
	Committees Participating in Joint Fundraiser						
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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	/rite or Type Committee Name			
_	GLOBAL BUSINI	ESS TRAVEL ASSOCIATION PA	AC (Busin	ess Travel PAC)
6.	Name of Any Connected C	organization, Affiliated Committee, Joint Fundraising Re	presentative, or L	eadership PAC Sponsor
G	LOBAL BUSINESS	FRAVEL ASSOCIATION		
L				
	Mailing Address	1101 King Street		
	Maning Madress	Suite 500		
		Alexandria	VA 2	2314
		CITY	STATE	ZIP CODE
				_
	Relationship: X Connected	I Organization Affiliated Committee Joint Fundraisin	ng Representative	Leadership PAC Sponsor
	Custodian of Records: Ider books and records.	tify by name, address (phone number optional) and pos	sition of the persor	n in possession of committee
	Full Name	1101 King Street		
	Mailing Address			
		Suite 500		
		Alexandria	VA 2	22314
	Title or Position	CITY	STATE	ZIP CODE
	Treasurer	Telephone nu	umber 703	_ 684 _ 0836
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the ssistant treasurer).	ne committee; and	the name and address of
	Full Name Shah, Hem of Treasurer	a, , ,		
	Mailing Address	1101 King Street		
		Suite 500		
		Alexandria	VA 2	2314
	Title on Desiders	CITY	STATE	ZIP CODE
	Title or Position Treasurer	Telephone nu	ımber 703	_ 684 0836

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes of Name of Bank, Depos	sitory, etc.	zanta nunua, monua decounita, ferita
safety deposit boxes of Name of Bank, Depos	SBC Bank 415 John Carlyle Street Carlyle Place Office	
Name of Bank, Depos	SBC Bank 415 John Carlyle Street	
Name of Bank, Depos	SBC Bank 415 John Carlyle Street Carlyle Place Office	22314
Name of Bank, Depos	SBC Bank 415 John Carlyle Street Carlyle Place Office Alexandria CITY STATE	
Name of Bank, Depos Mailing Address Name of Bank, Depos	CITY STATE	
safety deposit boxes of Name of Bank, Deposition Mailing Address	SBC Bank 415 John Carlyle Street Carlyle Place Office Alexandria CITY STATE	
Name of Bank, Depos Mailing Address Name of Bank, Depos	SBC Bank 415 John Carlyle Street Carlyle Place Office Alexandria CITY STATE	