

**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 COMMITTEE

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 05 01 2007 through 05 31 2007

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 William R. Connors

Signature of Treasurer Electronically Filed by William R. Connors Date 06 20 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
NATIONAL BUSINESS TRAVEL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		59747.90
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	70048.31									
(c) Total Receipts (from Line 19) .....	7489.98	20388.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	77538.29	80136.00								
7. Total Disbursements (from Line 31) .....	2260.49	4858.20								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	75277.80	75277.80								
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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

NATIONAL BUSINESS TRAVEL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	1465.66	7199.51
(i) Itemized (use Schedule A) .....	1024.32	8188.59
(ii) Unitemized .....	2489.98	15388.10
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	5000.00	5000.00
(c) Other Political Committees (such as PACs) .....	7489.98	20388.10
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
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)) .....	7489.98	20388.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7489.98	20388.10

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<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.....	260.49	858.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	260.49	858.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	4000.00
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	0.00
(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	0.00
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))..	2260.49	4858.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	2260.49	4858.20

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	7489.98	20388.10
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7489.98	20388.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	260.49	858.20
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	260.49	858.20

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 14
	<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 COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Jackie Adams		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 7
Mailing Address 840 K Street Suite 200		<b>Transaction ID:</b> SA11A1.5179
City Anchorage	State AK	Zip Code 99501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Spenard Builders Supply	Occupation Advertising Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Gino Bruno		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 1220 L Street NW Suite 850		<b>Transaction ID:</b> SA11A1.5248
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Leading Authorities	Occupation Executive Producer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> William Eric Casey		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 6006 North 5th Place		<b>Transaction ID:</b> SA11A1.5229
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer NBTA	Occupation Sr. Dir, Membership/Marketing/Commun	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	392.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 14
	<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 COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. William Eric Casey</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2007
Mailing Address 6006 North 5th Place		<b>Transaction ID: SA11A1.5230</b>
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer NBTA	Occupation Sr. Dir, Membership/Marketing/Commun	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Carol A. Devine</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2007
Mailing Address Travel Management Dept. 2500 Lou Menk Dr.		<b>Transaction ID: SA11A1.5245</b>
City Ft. Worth	State TX	Zip Code 76131
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Burlington Northern & Santa Fe Railway	Occupation Director Strategic Sourcing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Suzanne M. Fletcher</b>		Date of Receipt MM / DD / YYYY 05 / 02 / 2007
Mailing Address PO Box 9777, MD NP 310		<b>Transaction ID: SA11A1.5209</b>
City Federal Way	State WA	Zip Code 98063
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Weyerhaeuser	Occupation Director of Travel & Meetings	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>207.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 14
	<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 COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mr. Zane Kerby</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address <b>8657 White Beech Way</b>		<b>Transaction ID: SA11A1.5234</b>	
City <b>Vienna</b>	State <b>VA</b>	Zip Code <b>22182</b>	Amount of Each Receipt this Period 20.83
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>NBTA</b>	Occupation <b>Sr. Director, Business &amp; Development</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.49		

Full Name (Last, First, Middle Initial) <b>B. Mr. Zane Kerby</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address <b>8657 White Beech Way</b>		<b>Transaction ID: SA11A1.5235</b>	
City <b>Vienna</b>	State <b>VA</b>	Zip Code <b>22182</b>	Amount of Each Receipt this Period 20.83
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>NBTA</b>	Occupation <b>Sr. Director, Business &amp; Development</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.32		

Full Name (Last, First, Middle Initial) <b>C. Glen Morel</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address <b>1220 L. Street NW Suite # 850</b>		<b>Transaction ID: SA11A1.5254</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>Leading Authorities</b>	Occupation <b>Managing Director</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	291.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 14
	<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 COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Ed Orkand</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 15800 JFK Blvd		<b>Transaction ID: SA11A1.5250</b>	
City State Zip Code Houston TX 77032	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer The Palling Spot	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Terry Rockell</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address 346 Farrell Road Ext		<b>Transaction ID: SA11A1.5189</b>	
City State Zip Code West Henrietta NY 14586	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
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) <b>C. Mr. Henry J. Roeder</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 1814 Saint Roman Dr		<b>Transaction ID: SA11A1.5238</b>	
City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NBTA	Occupation VP, Convention & International Relatio		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.50		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	512.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 14	
	(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"/> 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 COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mr. Henry J. Roeder</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2007	
Mailing Address 1814 Saint Roman Dr		<b>Transaction ID: SA11A1.5239</b>	
City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation NBTA VP, Convention & International Relatio		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 623.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	62.50
<b>TOTAL</b> This Period (last page this line number only) .....	1465.66

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 14	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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 COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**ENTERPRISE RENT-A-CAR COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address **600 Corporate Park Drive**

City **St. Louis** State **MO** Zip Code **63105**

FEC ID number of contributing federal political committee. **C C00219642**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	0	/	2	0	0	7

**Transaction ID: SA11C.5244**

Amount of Each Receipt this Period  

<b>5000.00</b>	
----------------	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>5000.00</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)

<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 COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Edonation.com</b>		<b>Transaction ID:</b> SB21B.5224 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 118 N. Saint Asaph Street		Amount of Each Disbursement this Period 10.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit card processing fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Edonation.com</b>		<b>Transaction ID:</b> SB21B.5225 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 118 N. Saint Asaph Street		Amount of Each Disbursement this Period 105.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit card processing fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Suntrust</b>		<b>Transaction ID:</b> SB21B.5192 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 110 North Royal Street		Amount of Each Disbursement this Period 105.49
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit card processing fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	220.49
<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)

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<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 COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** Suntrust

Mailing Address 110 North Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Bank service charge

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.5193

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**40.00**

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

**260.49**

**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 14 / 14

<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 COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. COLLINS FOR SENATOR</b>		<b>Transaction ID: SB23.5197</b>	
Mailing Address PO BOX 1096		Date of Disbursement 05 / 10 / 2007	
City BANGOR	State ME	Zip Code 04402	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: ME	District: 00		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF JIM OBERSTAR</b>		<b>Transaction ID: SB23.5195</b>	
Mailing Address 1017 8th St NE		Date of Disbursement 05 / 01 / 2007	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN	District: 08		

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

2000.00

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

2000.00