**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. U.S. Travel Association PAC 1100 New York Avenue ADDRESS (number and street) Suite 450W (Check if address is changed) Washington 20005-3934 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address PAC@ustravel.org is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00457754 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Type or Print Name of Treasurer Umbright, Brian,, Date 07 10 2024 Signature of Treasurer Umbright, Brian, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

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TYPE OF COMMITTEE:					
Candidate 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. (Complete the candidate information below.)					
Name of Candidate					
Candidate Office Party Affiliation Sought: House Senate President	State				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate					
Party Committee:					
(d) This committee is a (National, State or subordinate) committee of the Republican	c, etc.) Party				
Political Action Committee (PAC):					
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:				
Corporation Corporation w/o Capital Stock Labor C	rganization				
Membership Organization X Trade Association Coopera	ative				
X In addition, this committee is a Lobbyist/Registrant PAC.					
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
In addition, this committee is a Lobbyist/Registrant PAC.					
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
(g) This committee is an independent expenditure-only political committee (Super PAC).					
In addition, this committee is a Lobbyist/Registrant PAC.					
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	AC).				
In addition, this committee is a Lobbyist/Registrant PAC.					
Joint Fundraising Representative:					
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
Committees Participating in Joint Fundraiser					
1 C					
C					

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٧	Vrite or Type Committee Name			
	U.S. Travel Asso	ociation PAC		
6.	Name of Any Connected C	organization, Affiliated Committee, Joint Fundraisin	g Representative, or Lea	dership PAC Sponsor
	U.S. Travel Associat	ion 		
	Mailing Address	1100 New York Ave NW		
			<u> </u>	
		Washington	DC 200	005-3918
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization Joint Fur	ndraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and po	osition of the person in pos	session of committee
	Umbright, Full Name	Brian, , ,		
	Mailing Address	1100 New York Ave NW		
		Ste 450		
		Washington	DC 200	005-3934
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Custodian of Records		one number 202	408
8.	Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasure assistant treasurer).	er of the committee; and th	e name and address of
	Full Name Umbright, of Treasurer	Brian, , ,		
	Mailing Address	1100 New York Ave NW		
		Ste 450		
		Washington	DC 200	005-3934
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telepho	one number 202	- <u> </u>

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Full Name of Designated Agent	Selwitz, DeLisa, , ,				
Mailing Address	1100 New York Avenue NW				
	450				
	Washington	DC 20	0005-3918		
Title or Position <b>▼</b>	CITY ▲	STATE ▲	ZIP CODE ▲		
Designated Agen		ne number 202	- <u>  218</u>   - <u>  3629</u>   <u>  </u>		
	<b>Depositories:</b> List all banks or other depositories in which the cores or maintains funds.	ommittee deposits funds,	holds accounts, rents		
Name of Bank, Depository, etc.					
	PNC Bank				
Mailing Address	1100 H St NW				
	Washington	DC 200	005		
	CITY ▲	STATE ▲	ZIP CODE ▲		
Name of Bank, Depository, etc.					
	<u> </u>				
Mailing Address					
	CITY ▲	STATE ▲	ZIP CODE ▲		

## : 97 'A = G7 9 @ 5 B9 CI G'H9 LH F9 @ 5 H98 'HC' 5 'F9 DCF Hz G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: F1A Transaction ID:

Update to treasurer, assistant treasurer, and secondary email

Form/Schedule: Transaction ID: