Only

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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 htedla@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 2018 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. Tedla, Henok,,, Type or Print Name of Treasurer Tedla, Henok,,, [Electronically Filed] 12 18 2018 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

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	ididate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
Nam Cand	e of didate		
	didate / Affiliation	Office on Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, depublican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 seg committee. (i.e., nonconnected committee)	regated 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	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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١٨	FEC Form 1 (Revised (				Page <b>3</b>
		ESS TRAVEL ASSOCIAT	ION PAC (	Business	: Travel PAC)
6.		Organization, Affiliated Committee, Joint Fun			
G	LOBAL BUSINESS.	FRAVEL ASSOCIATION			
L					
		1101 King Street			
	Mailing Address	1101 King Street			
		Suite 500			
		Alexandria	VA	22314	
		CITY	STA	ATE	ZIP CODE
	Relationship: <b>x</b> Connected	d Organization	nt Fundraising Repr	esentative I	eadership PAC Sponsor
	Connected	Anniated Committee	int i unuraising itepi	esentative	Leadership i Ae Sponsor
	Custodian of Pacords: Iden	nitify by name, address (phone number option	nal) and position of	the nerson in n	assession of committee
	books and records.	iary by hame, address (phone hamber option	iai) and position of	the person in p	ossession of committee
	Tedla, Her	nok, , ,			
	Full Name	,1101 King Street			
	Mailing Address				
		Suite 500			
		Alexandria	V	22314	
	Title or Position	CITY	STAT	E	ZIP CODE
	Treasurer	1 -		703	684 <sub>   </sub> 0836 <sub> </sub>
			elephone number		
3.		d address (phone number optional) of the tro	easurer of the comi	mittee; and the i	name and address of
	any designated agent (e.g., a	issistant treasurer).			
	Full Name Tedla, Her of Treasurer	ok, , ,			
	Mailing Address	1101 King Street			
		Suite 500			
		Alexandria	V	A    22314	
	Title or Decition	CITY	STAT	E	ZIP CODE
	Title or Position Treasurer		elephone number	703	684     0836
		<u> </u>			

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		
	Telephone number	
safety deposit bo Name of Bank, I		
	oxes or maintains funds.	
Name of Bank, [	Pepository, etc.  HSBC Bank  415 John Carlyle Street  Carlyle Place Office  Alexandria  VA  22314	ZIP CODE
Name of Bank, [	Depository, etc.  HSBC Bank  415 John Carlyle Street  Carlyle Place Office  Alexandria  CITY  STATE  Z	
Name of Bank, I	Depository, etc.  HSBC Bank  415 John Carlyle Street  Carlyle Place Office  Alexandria  CITY  STATE  Z	
Name of Bank, I	Depository, etc.  HSBC Bank  415 John Carlyle Street  Carlyle Place Office  Alexandria  CITY  STATE  Z	
Name of Bank, I	Depository, etc.  HSBC Bank  415 John Carlyle Street  Carlyle Place Office  Alexandria  CITY  STATE  Z	
Name of Bank, I	Depository, etc.  HSBC Bank  415 John Carlyle Street  Carlyle Place Office  Alexandria  CITY  STATE  Z	