

RECEIVED  
FEDERAL  
ELECTIONS CENTER  
2003 MAR -3 P 12:52  
Office Use Only

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

1. NAME OF COMMITTEE (or fund)

(Check if name is changed)

Example: If typing, type over the lines.

1278495

National Business Travel Association Political Action Committee

ADDRESS (number and street)

110 North Royal Street, Suite 400

(Check if address is changed)

Alexandria

VA

22314-2747

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

February 26, 2003

3. FEC IDENTIFICATION NUMBER ▶

C 00373910

4. IS THIS STATEMENT

NEW (N)

OR

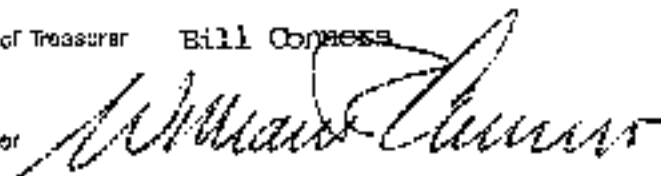
~~XXXX~~ AMENDED (A)

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

Bill Conness

Signature of Treasurer



Date

2/26/03

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 Use Only

For further information contact:  
Federal Election Commission  
Tel. Free 800-424-9530  
Local 202-694-1500

FEC FORM 1  
(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (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 Party Affiliation	Office Sought:	House	Senate	President	State District
-----------------------------	----------------	-------	--------	-----------	----------------

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

National Business Travel Association

Mailing Address 110 North Royal Street, Suite 400

Alexandria

VA 22314-2747

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

National Business Travel Association Political Action Committee

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name **Steve Calayag**Mailing Address **110 North Royal Street, Suite 400****Alexandria****VA****22314-2747**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**Finance Manager**Telephone number **703-684-0836**

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee, and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Bill Connors**Mailing Address **110 North Royal Street, Suite 400****Alexandria****VA****22314-2747**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**Executive Director**Telephone number **703-684-0836**

Full Name of Designated Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

2. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds

Name of Bank, Depository, etc.

Sun Trust Bank

Mailing Address

110 North Royal Street, Suite 100

Alexandria

VA

22314-2747

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

## ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 3-26-03
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>de</i>	3-3-03
PREPARER	DATE PREPARED