Image# 14941846374				07/16/2014 13 : 50
	STATEME	NT OF		PAGE 1 / 4
FEC FORM 1	ORGANIZ	ATION		
			Offi	ce Use Only
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	
COMMITTEE (in full)	is changed)	over the lines.	L	
ADDRESS (number and street)	409 7th Street, N.W.			
(Check if address	Suite #350			
is changed)	WASHINGTON		DC 2000	14
			L L⊥_ STATE ▲	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address	treasurer@teamlpac.c	om		I
is changed)				
	Optional Second E-Mail Ac mlgaldo@cox.net			
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
(Check if address	www.teamlpac.com			
is changed)				
M = M / D	D / Y Y Y Y			
2. DATE 07 1	6 2014			
3. FEC IDENTIFICATION N		00519413		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined t	his Statement and to the best	t of my knowledge and belief in	t is true, correct and	complete.
The applied New 77				
Type or Print Name of Treasure				
Signature of Treasurer	<i>KRITCHIE</i>	[Electronically Filed]	Date 07	16 / Y Y Y Y 2014
NOTE: Submission of false, error		may subject the person signing ION SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information bel	ow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (C information below.)	Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Office Sought: House Senate Presiden	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	3 .
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Part
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	connected organization is
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 committee. (i.e., nonconnected committee)	e segregated fund or part
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidates and the committee of the committee	•
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	or two or more political
Committees Participating in Joint Fundraiser	
1 FEC ID number	
2 FEC ID number C	
3 FEC ID number C	
4 FEC ID number C	

6.

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Write or Type Committee Name

L PAC				
6. Name of Any Connected O	rganization, Affiliated (Committee, Joint Fundraising R	Representative, or Lea	dership PAC Sponsor
Mailing Address				
		CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliat	ed Committee Joint Fundrais	sing Representative	Leadership PAC Sponsor

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

Maria L G	aldo
Full Name	
Mailing Address	409 7th Street, NW
	Suite #350
	Washington DC 20004
Title or Position	CITY STATE ZIP CODE
	Telephone number

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	
Mailing Address	PO Box 30220
Maining / Maiross	
	Fort Lauderdale
Title or Desition	CITY STATE ZIP CODE
Title or Position Treasurer	917 282 5777 Telephone number 917 282

Full Name of Designated Agent	Katherine C	Grainger				1						1		1											
Mailing Address		409 7th Street,	N.W.			1																			
		Suite #350																							
		Washington											D	C			2	000)4			-[
				CI	TΥ							Ś	STA	ΤE						ZIF	o C	ODE	Ξ		
Title or Position	urer							Tele	epho	one	nu	mb	er			91	7] -		716		-[1688	3

9. 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.

Mailing Address	700 13TH STREET, NW		
		DC 20005	
	CITY	STATE ZIF	P CODE
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY	STATE ZIF	P CODE