FEC FORM 1

## STATEMENT OF ORGANIZATION

| FORM 1                            | OF                                    | (See instruction       | _   |                     | Office use only                 |
|-----------------------------------|---------------------------------------|------------------------|---|---------------------|---------------------------------|
| NAME OF COMMITTEE (in             |                                       | Check if name changed) | Example: If typying, type over the lines                                    | 12FE4M5             | Office das only                 |
| Team America                      | a PAC                                 | 11111                  |   |                     |                                 |
| 1                                 |                                       |                        |   |                     | 1                               |
| ADDRESS (number and               | street) 501 Ch                        | urch Street #2         | 217   |                     |                                 |
| (Check if addr                    | ress                                  |                        |   |                     |                                 |
| is changed)                       | Vienna                                |                        |   | L <mark>VA</mark> ] | 22180                           |
|                                   |                                       |                        | CITY  | STATE▲              | ZIP CODE 🛦                      |
| committee's e-ma                  |                                       |                        |   |                     | 1                               |
|                                   | i i i i i i i i i i i i i i i i i i i |                        |   |                     | <del></del>                     |
|                                   |                                       |                        |   |                     |                                 |
| COMMITTEE'S WEB                   | PAGE ADDRESS (URL                     | .)                     |   |                     |                                 |
| http://www.te                     | amamericapac.org                      |                        | 11111111  | 11111               |                                 |
|                                   |                                       |                        |   |                     |                                 |
| COMMITTEE'S FAX N<br>703-255-2219 | NUMBER                                |                        |   |                     |                                 |
| 2. DATE 0 2                       | 1 7 Y                                 | 2004                   |   |                     |                                 |
| 3. FEC IDENTIFICA                 | ATION NUMBER                          | (                      | C C00396291   |                     |                                 |
| 4. IS THIS STATEM                 | MENT X NEW (                          | N) OR                  | AMENDED (A)   |                     |                                 |
| I certify that I have exami       | ined this Statement and to            | the best of my know    | vledge and belief it is true, correct                                       | and complete        |                                 |
| Type or Print Name of             | Treasurer He                          | len Fullinwider        |   |                     |                                 |
| Signature of Treasurer            | . Electronically Filed b              | y Helen Fulli          | nwider  | Date 11             | <b>20 200 2007</b>              |
| NOTE: Submission of fa            | ·                                     | •                      | subject the person signing this S   | ·                   | es of 2 U.S.C. S437g.           |
| Office<br>Use<br>Only             |                                       |                        | For further information<br>Federal Election Community Toll Free 800-424-953 | nission             | FEC FORM 1<br>(Revised 02/2003) |

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|---|---|--|---|--|--|--|--|
| 5.  | 5. TYPE OF COMMITTEE (Check One)                                  |  |   |  |  |  |  |
|   | (a) This committee is a principal campaign or                     | ommittee. (Complete the candidate information below.)      |   |  |  |  |  |
|   | (b) This committee is an authorized committee information below.) |  |   |  |  |  |  |
|   | Name of Candidate   |  |   |  |  |  |  |
|   | Candidate Office Party Affiliation 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,<br>Republican,etc.) Party. |  |  |  |  |
|   | (e) This committee is a separate segregated f                     | und  |   |  |  |  |  |
|   | (f) X This committee supports/opposes more the committee.         | an one Federal candidate, and is NOT a separate segregated | fund or party                           |  |  |  |  |
| 6.  | 6. Name of Any Connected Organization or Affiliated C             | ommittee   |   |  |  |  |  |
|   |   |  |   |  |  |  |  |
| L   |   |  |   |  |  |  |  |
|   | Mailing Address   |  |   |  |  |  |  |
|   |   |  |   |  |  |  |  |
|   |   |  |   |  |  |  |  |
|   |   | CITY▲ STATE ▲  | ZIP CODE                                |  |  |  |  |
|   | Relationship  |  |   |  |  |  |  |
|   | Type of Connected Organization:                                   |  |   |  |  |  |  |
|   | Corporation   | orporation w/o Capital Stock Labor Organiz                 | ation                                   |  |  |  |  |
|   | Membership Organization Tr  | ade Association Cooperative                                |   |  |  |  |  |
|   |   |  |   |  |  |  |  |

| Write or Type Committee Name                                      |   |                                | Page 3       |  |  |  |
|---|---|--------------------------------|--------------|--|--|--|
| - Mar   |   |                                |              |  |  |  |
| Team America PAC  |   |                                |              |  |  |  |
| Custodian of Records: Identify by possession of Committee books a | name, address, (phone number<br>and records.  | optional), and position of the | ne person in |  |  |  |
| Full Name   |   |                                |              |  |  |  |
| Mailing Address   |   |                                |              |  |  |  |
| Title or Position ♥   | CITY A  |                                |              |  |  |  |
|   |   | Telephone number               |              |  |  |  |
| name and address of any designa                                   | 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  Helen Fullinwi                            | der   |                                |              |  |  |  |
| Mailing Address   | 501 Church Street, Suite 2  | 17                             |              |  |  |  |
|   |   |                                |              |  |  |  |
|   | Vienna  |                                | 22180 _      |  |  |  |
| Title or Position ♥   | Vienna CITY A   | VA                             | 22180        |  |  |  |
| Title or Position ♥  Treasurer                                    | CITY A  |                                |              |  |  |  |
| ·   | CITY A  | STATE A                        | ZIP CODE A   |  |  |  |
| Treasurer Full Name of Designated                                 | CITY A  | STATE A                        | ZIP CODE A   |  |  |  |
| Treasurer  Full Name of Designated Agent                          | CITY A  | STATE A                        | ZIP CODE ▲   |  |  |  |

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|----|--|--|----------|
| 9. | Banks or Other Depositories: safety deposit boxes or maintains | List all banks or other depositories in which the committee deposits funds, holds account s funds. | s, rents |
|    | Name of Bank, Depository, etc.                                 |  |          |
|    | BB&T   |  |          |
|    | Mailing Address  | 415 Maple Ave W  |          |
|    | l  |  |          |
|    | l  | Vienna VA 2218   | 0 _ 4222 |

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$ 

CITY 🗷