

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Team America PAC

ADDRESS (number and street)

501 Church Street #315

☐Check if different
than previously
reported. (ACC)

Vienna

VA

22180

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00396291

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2009

through

02

28

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Helen Fullinwider

Signature of Treasurer

Electronically Filed by Helen Fullinwider

Date

08

29

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3XA**
Transaction ID :

Amendment filed to answer letter regarding incorrect totals on lines 21(b), 21(c) and 29. Our February monthly report was amended, and this invalidated the totals on our March monthly. This amendment corrects the discrepancies.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 21

Write or Type Committee Name
Team America PAC

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																
6. (a) Cash on Hand January 1 <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		<table><tr><td>1</td><td>8</td><td>4</td><td>0</td><td>2</td><td>.</td><td>3</td><td>0</td></tr></table>	1	8	4	0	2	.	3	0
Y	Y	Y	Y															
2	0	0	9															
1	8	4	0	2	.	3	0											
(b) Cash on Hand at Beginning of Reporting Period	<table><tr><td>1</td><td>9</td><td>3</td><td>8</td><td>0</td><td>.</td><td>6</td><td>2</td></tr></table>	1	9	3	8	0	.	6	2									
1	9	3	8	0	.	6	2											
(c) Total Receipts (from Line 19)	<table><tr><td>2</td><td>3</td><td>7</td><td>2</td><td>6</td><td>.</td><td>6</td><td>3</td></tr></table>	2	3	7	2	6	.	6	3	<table><tr><td>5</td><td>4</td><td>3</td><td>7</td><td>1</td><td>.</td><td>9</td><td>6</td></tr></table>	5	4	3	7	1	.	9	6
2	3	7	2	6	.	6	3											
5	4	3	7	1	.	9	6											
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table><tr><td>4</td><td>3</td><td>1</td><td>0</td><td>7</td><td>.</td><td>2</td><td>5</td></tr></table>	4	3	1	0	7	.	2	5	<table><tr><td>7</td><td>2</td><td>7</td><td>7</td><td>4</td><td>.</td><td>2</td><td>6</td></tr></table>	7	2	7	7	4	.	2	6
4	3	1	0	7	.	2	5											
7	2	7	7	4	.	2	6											
7. Total Disbursements (from Line 31)	<table><tr><td>1</td><td>3</td><td>6</td><td>0</td><td>7</td><td>.</td><td>9</td><td>1</td></tr></table>	1	3	6	0	7	.	9	1	<table><tr><td>4</td><td>3</td><td>2</td><td>7</td><td>4</td><td>.</td><td>9</td><td>2</td></tr></table>	4	3	2	7	4	.	9	2
1	3	6	0	7	.	9	1											
4	3	2	7	4	.	9	2											
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td>2</td><td>9</td><td>4</td><td>9</td><td>9</td><td>.</td><td>3</td><td>4</td></tr></table>	2	9	4	9	9	.	3	4	<table><tr><td>2</td><td>9</td><td>4</td><td>9</td><td>9</td><td>.</td><td>3</td><td>4</td></tr></table>	2	9	4	9	9	.	3	4
2	9	4	9	9	.	3	4											
2	9	4	9	9	.	3	4											
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	0	.	0	0	0									
0	0	0	0	.	0	0	0											
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td>9</td><td>5</td><td>1</td><td>9</td><td>.</td><td>7</td><td>7</td><td>0</td></tr></table>	9	5	1	9	.	7	7	0									
9	5	1	9	.	7	7	0											

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Team America PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	2	2	8	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4285.00	13835.00
(ii) Unitemized	18717.00	39638.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)	23002.00	53473.68
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	23002.00	53473.68
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	724.63	898.28
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	23726.63	54371.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23726.63	54371.96

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	13607.91	43274.92	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	13607.91	43274.92	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13607.91	43274.92	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13607.91	43274.92	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	23002.00	53473.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23002.00	53473.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13607.91	43274.92
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13607.91	43274.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Team America PAC

A.

Full Name (Last, First, Middle Initial)

Clifford Cone

Mailing Address P.O. Box 1629

City

Lovington

State

NM

Zip Code

88260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation

PHARMACEUTICALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 2 / 2 0 0 9

Transaction ID: 90320.C52316

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Clifford Cone

Mailing Address P.O. Box 1629

City

Lovington

State

NM

Zip Code

88260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation

PHARMACEUTICALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 9

Transaction ID: 90320.C52349

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Joan Ellinwood

Mailing Address P.O. Box 1445

City

Tubac

State

AZ

Zip Code

85646-1445

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 9

Transaction ID: 90216.C51164

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Team America PAC

A.

Full Name (Last, First, Middle Initial)

Glen Johnson

Mailing Address 289 Woodland Pines Rd.

City

Athens

State

PA

Zip Code

18810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Guthrie Clinic

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 2 / 2 0 0 9

Transaction ID: 90320.C52351

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John Keaveny

Mailing Address 309 Lunar Ln.

City

Bismarck

State

ND

Zip Code

58503-0469

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Oral & Haxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 1 / 2 0 0 9

Transaction ID: 90216.C51137

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Walter Kleiner

Mailing Address 1725 89th Place NE

City

Clyde Hill

State

WA

Zip Code

98004-3213

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: 90216.C50710

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Team America PAC

A.

Full Name (Last, First, Middle Initial)

Victor Lazar

Mailing Address 108 Woolf Ln.

City

Ithaca

State

NY

Zip Code

14850-9551

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: 90216.C50897

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Rushton Patterson

Mailing Address 44 S Front St. Apt. 3B

City

Memphis

State

TN

Zip Code

38103-2424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
medical doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: 90216.C50807

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Blenda Rappaport

Mailing Address P.O. Box 158

City

Colebrook

State

NH

Zip Code

03576-0158

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation
carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 2 / 2 0 0 9

Transaction ID: 90216.C50606

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Team America PAC

A.

Full Name (Last, First, Middle Initial)

Dennis Sawyer

Mailing Address 2989 Alane St.

City

Salt Lake City

State

UT

Zip Code

84120-1601

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 9

Transaction ID: 90308.C51456

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Elizabeth Schafer

Mailing Address 610 1st St.

City

Coronado

State

CA

Zip Code

92118-1202

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 9

Transaction ID: 90216.C50676

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Thomas Sealy

Mailing Address 805 Sunny Lane

City

Cedar Park

State

TX

Zip Code

78613-3750

FEC ID number of contributing
federal political committee.

C

Name of Employer
US treasury Dept.

Occupation
attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: 90308.C51400

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Team America PAC

A.

Full Name (Last, First, Middle Initial)

Chong Vang

Mailing Address 13143 Raritan St.

City

Westminster

State

CO

Zip Code

80234-1445

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90308.C51691

Amount of Each Receipt this Period

285.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Robert Zaitlin

Mailing Address 118 S Cliffwood Ave.

City

Los Angeles

State

CA

Zip Code

90049-3822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 2 / 2 0 0 9

Transaction ID: 90216.C50630

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

535.00

TOTAL This Period (last page this line number only)

4285.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 21

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Team America PAC

A.

Full Name (Last, First, Middle Initial)

RMLC

Mailing Address 44084 Riverside Parkway
Suite350

City State Zip Code
Leesburg VA 20176-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.01

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: 90320.C52364

Amount of Each Receipt this Period

702.01

Other Receipt

SUBTOTAL of Receipts This Page (optional)

702.01

TOTAL This Period (last page this line number only)

702.01

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Team America PAC

A.

Full Name (Last, First, Middle Initial)
Corporate Payroll Services

Mailing Address 1803 Research Blvd Ste 300

City State Zip Code
Rockville MD 20850-6108

Purpose of Disbursement

Payroll fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E3531

Date of Disbursement

/ /

Amount of Each Disbursement this Period

34.85

PAYROLL FEES

B.

Full Name (Last, First, Middle Initial)
Corporate Payroll Services

Mailing Address 1803 Research Blvd Ste 300

City State Zip Code
Rockville MD 20850-6108

Purpose of Disbursement

Payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E3532

Date of Disbursement

/ /

Amount of Each Disbursement this Period

680.13

PAYROLL TAXES

C.

Full Name (Last, First, Middle Initial)
Corporate Payroll Services

Mailing Address 1803 Research Blvd Ste 300

City State Zip Code
Rockville MD 20850-6108

Purpose of Disbursement

Payroll fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E3536

Date of Disbursement

/ /

Amount of Each Disbursement this Period

34.85

PAYROLL FEES

SUBTOTAL of Disbursements This Page (optional)

749.83

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Team America PAC

A. Full Name (Last, First, Middle Initial) Corporate Payroll Services	Transaction ID: 90320.E3537 Date of Disbursement																				
Mailing Address 1803 Research Blvd Ste 300	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	0	9												
City Rockville State MD Zip Code 20850-6108	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll taxes Candidate Name	<table border="1"> <tr> <td colspan="10">692.34</td> </tr> </table>	692.34																			
692.34																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAYROLL TAXES																					
B. Full Name (Last, First, Middle Initial) Alexander & MacGregor, Inc.	Transaction ID: 90320.E3528 Date of Disbursement																				
Mailing Address PO Box 40580	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	0		2	0	0	9												
City Washington State DC Zip Code 20016-0580	Amount of Each Disbursement this Period																				
Purpose of Disbursement non candidate specific mail product Candidate Name	<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
NON CANDIDATE SPECIFIC MAIL PRODUCT																					
C. Full Name (Last, First, Middle Initial) Image Direct	Transaction ID: 90320.E3526 Date of Disbursement																				
Mailing Address 4400 Wedgewood Blvd., Unit N	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	6		2	0	0	9												
City Frederick State MD Zip Code 21703-	Amount of Each Disbursement this Period																				
Purpose of Disbursement -noncand specific mailing costs Candidate Name	<table border="1"> <tr> <td colspan="10">2750.00</td> </tr> </table>	2750.00																			
2750.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
-NONCAND SPECIFIC MAILING COSTS																					

SUBTOTAL of Disbursements This Page (optional)

7442.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Team America PAC

A. Full Name (Last, First, Middle Initial) Junttila Studios, Inc	Transaction ID: 90320.E3525 Date of Disbursement																				
Mailing Address 13575 Melville Ln	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	6		2	0	0	9												
City Chantilly State VA Zip Code 20151-2495	Amount of Each Disbursement this Period																				
Purpose of Disbursement noncand specific mailing expen Candidate Name	<table border="1"> <tr> <td colspan="10">786.00</td> </tr> </table>	786.00																			
786.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Aristotle	Transaction ID: 90320.E3542 Date of Disbursement																				
Mailing Address 205 Pennsylvania Ave SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	5		2	0	0	9												
City Washington State DC Zip Code 20003-1164	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit card fees Candidate Name	<table border="1"> <tr> <td colspan="10">2.75</td> </tr> </table>	2.75																			
2.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Aristotle	Transaction ID: 90320.E3543 Date of Disbursement																				
Mailing Address 205 Pennsylvania Ave SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	7		2	0	0	9												
City Washington State DC Zip Code 20003-1164	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit card fees Candidate Name	<table border="1"> <tr> <td colspan="10">43.55</td> </tr> </table>	43.55																			
43.55																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

832.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Team America PAC

A. Full Name (Last, First, Middle Initial) Aristotle	Transaction ID: 90320.E3544 Date of Disbursement																				
Mailing Address 205 Pennsylvania Ave SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	4		2	0	0	9												
City Washington State DC Zip Code 20003-1164	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit card fees Candidate Name	<table border="1"> <tr> <td colspan="10">182.05</td> </tr> </table>	182.05																			
182.05																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	CREDIT CARD FEES																				
B. Full Name (Last, First, Middle Initial) Aristotle	Transaction ID: 90320.E3545 Date of Disbursement																				
Mailing Address 205 Pennsylvania Ave SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	1		2	0	0	9												
City Washington State DC Zip Code 20003-1164	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit card fees Candidate Name	<table border="1"> <tr> <td colspan="10">62.45</td> </tr> </table>	62.45																			
62.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	CREDIT CARD FEES																				
C. Full Name (Last, First, Middle Initial) Aristotle	Transaction ID: 90320.E3546 Date of Disbursement																				
Mailing Address 205 Pennsylvania Ave SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	5		2	0	0	9												
City Washington State DC Zip Code 20003-1164	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card fees Candidate Name	<table border="1"> <tr> <td colspan="10">33.25</td> </tr> </table>	33.25																			
33.25																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	CREDIT CARD FEES																				

SUBTOTAL of Disbursements This Page (optional)

277.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Team America PAC

A. Full Name (Last, First, Middle Initial) BB&T	Transaction ID: 90320.E3547 Date of Disbursement																				
Mailing Address 440 Maple Ave E	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	3		2	0	0	9												
<table border="1"> <tr> <td>City Vienna</td> <td>State VA</td> <td>Zip Code 22180-4723</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Bank fees</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Vienna	State VA	Zip Code 22180-4723	Purpose of Disbursement Bank fees		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>22.84</td> </tr> </table>	22.84											
City Vienna	State VA	Zip Code 22180-4723																			
Purpose of Disbursement Bank fees		<input type="text"/> Category/ Type																			
Candidate Name																					
22.84																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		BANK FEES														
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
B. Full Name (Last, First, Middle Initial) BB&T	Transaction ID: 90320.E3548 Date of Disbursement																				
Mailing Address 440 Maple Ave E	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	3		2	0	0	9												
<table border="1"> <tr> <td>City Vienna</td> <td>State VA</td> <td>Zip Code 22180-4723</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Bank fees</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Vienna	State VA	Zip Code 22180-4723	Purpose of Disbursement Bank fees		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>15.00</td> </tr> </table>	15.00											
City Vienna	State VA	Zip Code 22180-4723																			
Purpose of Disbursement Bank fees		<input type="text"/> Category/ Type																			
Candidate Name																					
15.00																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		BANK FEES														
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
C. Full Name (Last, First, Middle Initial) BB&T	Transaction ID: 90320.E3551 Date of Disbursement																				
Mailing Address 440 Maple Ave E	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	3		2	0	0	9												
<table border="1"> <tr> <td>City Vienna</td> <td>State VA</td> <td>Zip Code 22180-4723</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Bank fees</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Vienna	State VA	Zip Code 22180-4723	Purpose of Disbursement Bank fees		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>79.74</td> </tr> </table>	79.74											
City Vienna	State VA	Zip Code 22180-4723																			
Purpose of Disbursement Bank fees		<input type="text"/> Category/ Type																			
Candidate Name																					
79.74																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		BANK FEES														
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

SUBTOTAL of Disbursements This Page (optional)

117.58

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Team America PAC

A.

Full Name (Last, First, Middle Initial)

Marcus Epstein

Mailing Address 2800 Woodley Rd. NW
Apt 238

City Washington State DC Zip Code 20008-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E3533

Date of Disbursement

/ /

Amount of Each Disbursement this Period

677.13

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Marcus Epstein

Mailing Address 2800 Woodley Rd. NW
Apt 238

City Washington State DC Zip Code 20008-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E3538

Date of Disbursement

/ /

Amount of Each Disbursement this Period

677.12

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Kristin Larsen

Mailing Address 11322 Hunt Farm Lane

City Oakton State VA Zip Code 22124-1201

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E3534

Date of Disbursement

/ /

Amount of Each Disbursement this Period

970.66

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

2324.91

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Team America PAC

A. Full Name (Last, First, Middle Initial) Kristin Larsen	Transaction ID: 90320.E3539 Date of Disbursement																				
Mailing Address 11322 Hunt Farm Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	0	9												
City State Zip Code Oakton VA 22124-1201	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">970.67</td> </tr> </table>	970.67																			
970.67																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAYROLL																				
B. Full Name (Last, First, Middle Initial) Vern Robinson	Transaction ID: 90320.E3529 Date of Disbursement																				
Mailing Address 2713 Edinberg Dr.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	0		2	0	0	9												
City State Zip Code Winston Salem NC 27103-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fundraising expense	<table border="1"> <tr> <td colspan="10">221.85</td> </tr> </table>	221.85																			
221.85																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FUNDRAISING EXPENSE																				
C. Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 90320.E3523 Date of Disbursement																				
Mailing Address PO Box 17577	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	6		2	0	0	9												
City State Zip Code Baltimore MD 21297-0513	Amount of Each Disbursement this Period																				
Purpose of Disbursement Phone bill	<table border="1"> <tr> <td colspan="10">116.93</td> </tr> </table>	116.93																			
116.93																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PHONE BILL																				

SUBTOTAL of Disbursements This Page (optional)

1309.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Team America PAC

A. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 17120	Transaction ID: 90320.E3524 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 6 / 2 0 0 9</div> </div>
City Tucson State AZ Zip Code 85731-7120 Purpose of Disbursement - Phone bill Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>238.06</div> - PHONE BILL
B. Full Name (Last, First, Middle Initial) Katelynn White Mailing Address 10179 Hillington Court City Vienna State VA Zip Code 22182- Purpose of Disbursement Payroll Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: 90320.E3535 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>110.82</div> PAYROLL
C. Full Name (Last, First, Middle Initial) Katelynn White Mailing Address 10179 Hillington Court City Vienna State VA Zip Code 22182- Purpose of Disbursement Payroll Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: 90320.E3540 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>180.08</div> PAYROLL

SUBTOTAL of Disbursements This Page (optional)

528.96

TOTAL This Period (last page this line number only)

13583.12

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Team America PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alexander & MacGregor, Inc.

Nature of Debt (Purpose):
non candidate specific ma-
il product

Mailing Address PO Box 40580

City	State	ZIP Code
Washington	DC	20016-0580

Outstanding Balance Beginning This Period

8000.00

Transaction ID: LS90320.E3528

Amount Incurred This Period

0.00

Payment This Period

4000.00

Outstanding Balance at Close of This Period

4000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Image Direct

Nature of Debt (Purpose):
003-non candidate specific
mailing

Mailing Address 4400 Wedgewood Blvd., Unit N

City	State	ZIP Code
Frederick	MD	21703-

Outstanding Balance Beginning This Period

5519.77

Transaction ID: LS90216.E3506

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5519.77

1) **SUBTOTALS** This Period This Page (optional)..... ▶

9519.77

2) **TOTALS** This Period (last page this line number only)..... ▶

9519.77

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)..... ▶

9519.77