

**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

08

01

2008

through

08

31

2008

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

11

18

2008

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)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Team America PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		13109.29
(b) Cash on Hand at Beginning of Reporting Period	84070.19	
(c) Total Receipts (from Line 19)	64498.14	254816.57
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	148568.33	267925.86
7. Total Disbursements (from Line 31)	47418.84	166776.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	101149.49	101149.49
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ 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)

Page 3

Write or Type Committee Name

Team America PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	8

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	17132.00	78346.63
(i) Itemized (use Schedule A)		
(ii) Unitemized	45249.45	163871.49
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	62381.45	242218.12
(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) ➤	62381.45	242218.12
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.)	2116.69	12598.45
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))	64498.14	254816.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	64498.14	254816.57

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	35174.49	128365.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	35174.49	128365.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11962.10	28073.10
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	4914.50
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.....	282.25	5423.41
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))..	47418.84	166776.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47418.84	166776.37

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	62381.45	242218.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	62381.45	242218.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	35174.49	128365.36
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	35174.49	128365.36

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Team America PAC

A.

Full Name (Last, First, Middle Initial)

Al Anding

Mailing Address 4921 Tonyawatha Trail

City

Monona

State

WI

Zip Code

53716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	8	/	2	0	0	8

Transaction ID: 80919.C46547

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Nathan Bachman

Mailing Address \The Bachman Group, Inc.
7824 Laurel Ave.

City

Cincinnati

State

OH

Zip Code

45243-1620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation

Investment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	0	8

Transaction ID: 80919.C44889

Amount of Each Receipt this Period

2000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Milton Baltas

Mailing Address 3007 Sevor Lane

City

Alexandria

State

VA

Zip Code

22309

FEC ID number of contributing
federal political committee.

C

C00432344

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	0	8

Transaction ID: 80919.C46573

Amount of Each Receipt this Period

10.00

Earmarked To Federal Camp-
aignEarmarked For FRIENDS OF
GAYLE HARRELL

SUBTOTAL of Receipts This Page (optional)

2260.00

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 7 / 93

(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)

James Barnes

Mailing Address 2910 Addie Lane

City

Georgetown

State

TX

Zip Code

78628

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
none

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C46555

Amount of Each Receipt this Period

50.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

B.

Full Name (Last, First, Middle Initial)

Robert Bartels

Mailing Address 8770 Cottonwood Dr

City

Jenison

State

MI

Zip Code

49428

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
Hillview Avionics INC

Occupation
Avionics Teck

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 80919.C46289

Amount of Each Receipt this Period

15.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

C.

Full Name (Last, First, Middle Initial)

Robert Bennett

Mailing Address 117 Kawwatuska Way

City

Loudon

State

TN

Zip Code

37774

FEC ID number of contributing
federal political committee.

C C00444067

Name of Employer
retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 9 / 2 0 0 8

Transaction ID: 80919.C46248

Amount of Each Receipt this Period

10.00

Earmarked To Federal Camp-
aign

Earmarked For ALASKANS FOR
CUDDY

SUBTOTAL of Receipts This Page (optional)

75.00

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 / 93

(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)

Robert Bennett

Mailing Address 117 Kawwatuska Way

City

Loudon

State

TN

Zip Code

37774

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 1 / 2 0 0 8

Transaction ID: 80919.C46259

Amount of Each Receipt this Period

10.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

B.

Full Name (Last, First, Middle Initial)

Robert Bennett

Mailing Address 117 Kawwatuska Way

City

Loudon

State

TN

Zip Code

37774

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C46562

Amount of Each Receipt this Period

10.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

C.

Full Name (Last, First, Middle Initial)

James Bickley

Mailing Address 14 Casa Verde

City

Austin

State

TX

Zip Code

78734-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Engineering

Occupation
estimator

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 8 / 2 1 / 2 0 0 8

Transaction ID: 80919.C45128

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

120.00

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 / 93

(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)

Darrell Boyd

Mailing Address 6816 Cheyenne Cir.

City

Minneapolis

State

MN

Zip Code

55439-1110

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 8

Transaction ID: 80919.C45157

Amount of Each Receipt this Period

150.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Dan Bridges

Mailing Address 1925 S Vaughn Way Apt. 207

City

Aurora

State

CO

Zip Code

80014-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Retired Oil Geologist

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 8 / 0 5 / 2 0 0 8

Transaction ID: 80919.C45328

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Maria Burgess

Mailing Address 2346 Casa Rufina Rd.
#402

City

Santa Fe

State

NM

Zip Code

97507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 8

Transaction ID: 80919.C44890

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

450.00

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 / 93

(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)

James Carter

Mailing Address 8424 Paseo Del. Ocaso

City

La Jolla

State

CA

Zip Code

92037-3023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 8

Transaction ID: 80919.C44986

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Kenneth Cillo

Mailing Address 1585 HWY. 70

City

Kyles Ford

State

TN

Zip Code

37765-6068

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C46097

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

George Collins

Mailing Address 1124 Climbing Rose Turn

City

Cary

State

NC

Zip Code

27518-9650

FEC ID number of contributing
federal political committee.

C

C00432344

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 80919.C44531

Amount of Each Receipt this Period

50.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

SUBTOTAL of Receipts This Page (optional)

350.00

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 / 93

(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)

Minor Collinsworth

Mailing Address 2463 San Fernando Ct.

City

Claremont

State

CA

Zip Code

91711-1649

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A Retired

Occupation

Anti Globalization Jihadist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 8

Transaction ID: 80919.C44884

Amount of Each Receipt this Period

60.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Minor Collinsworth

Mailing Address 2463 San Fernando Ct.

City

Claremont

State

CA

Zip Code

91711-1649

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A Retired

Occupation

Anti Globalization Jihadist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 80919.C46180

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Clifford Cone

Mailing Address P.O. Box 1629

City

Lovington

State

NM

Zip Code

88260-1629

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 8

Transaction ID: 80919.C44572

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

260.00

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 12 / 93

(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)

Donald Conybear

Mailing Address 139 Skyview Dr

City

Roach

State

MO

Zip Code

65787

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 8

Transaction ID: 80919.C46275

Amount of Each Receipt this Period

25.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

B.

Full Name (Last, First, Middle Initial)

Prudence Cutler

Mailing Address 7 Prattling Pond Rd.

City

Farmington

State

CT

Zip Code

06032-1803

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 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C46082

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Marjorie Davis

Mailing Address 6 Huckleberry Ln.

City

Augusta

State

ME

Zip Code

04330-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
none

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 8 / 0 7 / 2 0 0 8

Transaction ID: 80919.C45528

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

325.00

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 13 / 93

(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)

Stephen Dean

Mailing Address P. O. Box 308

City

Piedmont

State

MO

Zip Code

63957-0308

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 8

Transaction ID: 80919.C44938

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Francis Derocher

Mailing Address P.O. Box 126
1160 12th Rd.

City

Bark River

State

MI

Zip Code

49807-0126

FEC ID number of contributing
federal political committee.

C

C00432344

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: 80919.C46043

Amount of Each Receipt this Period

15.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

C.

Full Name (Last, First, Middle Initial)

Francis Derocher

Mailing Address P.O. Box 126
1160 12th Rd.

City

Bark River

State

MI

Zip Code

49807-0126

FEC ID number of contributing
federal political committee.

C

C00432344

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: 80919.C46204

Amount of Each Receipt this Period

15.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

SUBTOTAL of Receipts This Page (optional)

530.00

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 14 / 93

(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)

Kathryn Diehl

Mailing Address 790 South Main Street
#514

City State Zip Code
Lima OH 45804-1561

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 ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 8

Transaction ID: 80919.C44714

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Kathryn Diehl

Mailing Address 790 South Main Street
#514

City State Zip Code
Lima OH 45804-1561

FEC ID number of contributing
federal political committee.

C C00432344

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 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C46135

Amount of Each Receipt this Period

25.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

C.

Full Name (Last, First, Middle Initial)

Patrick Dossey

Mailing Address 202 Basswood Dr.

City State Zip Code
San Antonio TX 78213-2901

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 8 / 0 6 / 2 0 0 8

Transaction ID: 80919.C45472

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 15 / 93

(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)

Wayne Dover

Mailing Address 2010 Timbertrails St.

City

Jonesboro

State

AR

Zip Code

72404

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
fred dacus realtors

Occupation
broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 80819.C42993

Amount of Each Receipt this Period

50.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

B.

Full Name (Last, First, Middle Initial)

Brian Edmonston

Mailing Address 13460 Old Winery Rd.

City

Poway

State

CA

Zip Code

92064

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
iCODING

Occupation
manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C46560

Amount of Each Receipt this Period

200.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

C.

Full Name (Last, First, Middle Initial)

Robert Ehret

Mailing Address 30544 Golf Club Pt.

City

Evergreen

State

CO

Zip Code

80439-8880

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 8 / 0 8 / 2 0 0 8

Transaction ID: 80919.C45537

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

500.00

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 16 / 93

(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)

Joan Ellinwood

Mailing Address PO Box 1445

City

Tubac

State

AZ

Zip Code

85646-1445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
homemaker

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 8 / 0 4 / 2 0 0 8

Transaction ID: 80819.C42605

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Michael Everling

Mailing Address 2816 Vaquero Avenue

City

Los Angeles

State

CA

Zip Code

90032

FEC ID number of contributing
federal political committee.

C

C00432344

Name of Employer
none

Occupation
Not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 1 / 2 0 0 8

Transaction ID: 80919.C46263

Amount of Each Receipt this Period

10.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

C.

Full Name (Last, First, Middle Initial)

Josie Falbo

Mailing Address 2847 S Buckingham

City

Westchester

State

IL

Zip Code

60154

FEC ID number of contributing
federal political committee.

C

C00432344

Name of Employer
Josie Falbo Ltd.

Occupation
Professional Singer

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 8 / 1 1 / 2 0 0 8

Transaction ID: 80919.C46255

Amount of Each Receipt this Period

25.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

SUBTOTAL of Receipts This Page (optional)

285.00

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 17 / 93

(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)

Scott Favalon

Mailing Address 2540 Impala Street

City

Wooster

State

OH

Zip Code

44691-1312

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
Kidron

Occupation
engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: 80919.C46576

Amount of Each Receipt this Period

10.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

B.

Full Name (Last, First, Middle Initial)

William Feemster

Mailing Address 16543 FM 429 Site 65

City

Terrell

State

TX

Zip Code

75161-7144

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 8

Transaction ID: 80919.C46272

Amount of Each Receipt this Period

25.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

C.

Full Name (Last, First, Middle Initial)

Rebecca Fournier

Mailing Address 23 Diamond Oak Ct.

City

Spring

State

TX

Zip Code

77381-3453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
homemaker

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 8 / 0 8 / 2 0 0 8

Transaction ID: 80919.C45214

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

285.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 93

(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)

Dorothy Friedman

Mailing Address P.O. Box 2430

City

Palos Verdes Pen

State

CA

Zip Code

90274-8430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation

Real Estate

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 8 / 0 7 / 2 0 0 8

Transaction ID: 80919.C45580

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Matthew Fuchs

Mailing Address 3471 Cleveland Ave

City

Grove City

State

OH

Zip Code

43123

FEC ID number of contributing
federal political committee.

C

C00432344

Name of Employer
self

Occupation

Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 8

Transaction ID: 80919.C46269

Amount of Each Receipt this Period

25.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

C.

Full Name (Last, First, Middle Initial)

kenneth fujinaka

Mailing Address 2297 Rosendale Village Ave.

City

Reno

State

NV

Zip Code

89502

FEC ID number of contributing
federal political committee.

C

C00432344

Name of Employer
retired

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 8 / 1 2 / 2 0 0 8

Transaction ID: 80919.C46284

Amount of Each Receipt this Period

100.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

SUBTOTAL of Receipts This Page (optional)

225.00

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 19 / 93

(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)

Joe Gilbert

Mailing Address 6219 Gilbert Rd.

City

Laredo

State

TX

Zip Code

78041

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
Gilbert International

Occupation
Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

104.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C46554

Amount of Each Receipt this Period

25.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

B.

Full Name (Last, First, Middle Initial)

Stephen Gorman

Mailing Address 7206B Gulf Drive

City

Holmes Beach

State

FL

Zip Code

34217

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
retired

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 8 / 1 1 / 2 0 0 8

Transaction ID: 80919.C46260

Amount of Each Receipt this Period

50.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

C.

Full Name (Last, First, Middle Initial)

Stephen Gorman

Mailing Address 7206B Gulf Drive

City

Holmes Beach

State

FL

Zip Code

34217

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
retired

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 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C46541

Amount of Each Receipt this Period

50.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

SUBTOTAL of Receipts This Page (optional)

125.00

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 20 / 93

(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)

KELLY GRANT

Mailing Address 16 Forest Green Dr.

City

Springfield

State

IL

Zip Code

62711

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
MEL-O-CREAM DONUTS INTNL.

Occupation
Chairman

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 8 / 1 2 / 2 0 0 8

Transaction ID: 80919.C46278

Amount of Each Receipt this Period

100.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

B.

Full Name (Last, First, Middle Initial)

Richard Griffith

Mailing Address 3417 Milam St.

City

Houston

State

TX

Zip Code

77002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richard S Griffith

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 9 / 2 0 0 8

Transaction ID: 80919.C46246

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

James Guest

Mailing Address 3429 River Oaks Dr.

City

Waco

State

TX

Zip Code

76712

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
Guest Roofing, Inc.

Occupation
Roofing Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C46543

Amount of Each Receipt this Period

25.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

SUBTOTAL of Receipts This Page (optional)

225.00

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 21 / 93

(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)

Laura Gutman

Mailing Address 310 Watts St.

City

Durham

State

NC

Zip Code

27701-2039

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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 80919.C46181

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Marie Haga

Mailing Address 3719 Niner Rd.

City

Finksburg

State

MD

Zip Code

21048-2103

FEC ID number of contributing
federal political committee.

C

C00444067

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: 80919.C45527

Amount of Each Receipt this Period

25.00

Earmarked To Federal Camp-
aign

Earmarked For ALASKANS FOR
CUDDY

C.

Full Name (Last, First, Middle Initial)

Marie Haga

Mailing Address 3719 Niner Rd.

City

Finksburg

State

MD

Zip Code

21048-2103

FEC ID number of contributing
federal political committee.

C

C00432344

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 80919.C46137

Amount of Each Receipt this Period

20.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

SUBTOTAL of Receipts This Page (optional)

295.00

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 22 / 93

(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)

THOMAS HAYES

Mailing Address 2608 E Riding Club Rd.

City

Cheyenne

State

WY

Zip Code

82009-9708

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 1 / 2 0 0 8

Transaction ID: 80919.C46262

Amount of Each Receipt this Period

20.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

B.

Full Name (Last, First, Middle Initial)

JOHN HEINDEL

Mailing Address PO BOX 3452

City

SARATOGA

State

CA

Zip Code

95070

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
JOHN H. HEINDEL - CONSULT-
ING E

Occupation
civil engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 1 / 2 0 0 8

Transaction ID: 80919.C46257

Amount of Each Receipt this Period

100.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

C.

Full Name (Last, First, Middle Initial)

Alice Heiney

Mailing Address 1266 E 73rd St.

City

Brooklyn

State

NY

Zip Code

11234-5806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

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 8 / 0 4 / 2 0 0 8

Transaction ID: 80919.C45207

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

220.00

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 23 / 93

(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)

Robert Herron

Mailing Address 4222 Brudenell Dr

City

Fairfield

State

CA

Zip Code

94533

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
retired

Occupation
U.S. citizen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C46552

Amount of Each Receipt this Period

25.00

Earmarked To Federal Camp-
align

Earmarked For FRIENDS OF
GAYLE HARRELL

B.

Full Name (Last, First, Middle Initial)

Audrey Hickman

Mailing Address 109 Flora Dr.

City

Haines City

State

FL

Zip Code

33844-5801

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 8

Transaction ID: 80919.C44703

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Lloyd Highland

Mailing Address 161 Shadowmont Ct.

City

Crossville

State

TN

Zip Code

38572-5560

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 8 / 0 4 / 2 0 0 8

Transaction ID: 80919.C44965

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

425.00

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 24 / 93

(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)

K W Hipps

Mailing Address 18351 SR 194

City

Pullman

State

WA

Zip Code

99163

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
Self employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C46551

Amount of Each Receipt this Period

30.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

B.

Full Name (Last, First, Middle Initial)

Hal Holmes

Mailing Address 150 Cathcart Dr

City

Inman

State

SC

Zip Code

29349

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
Premium Drilling

Occupation
Rig Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C46549

Amount of Each Receipt this Period

30.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

C.

Full Name (Last, First, Middle Initial)

Milton Horst

Mailing Address 10118 44th Ave. SW

City

Seattle

State

WA

Zip Code

98146

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
The Boeing Company

Occupation
software engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 8

Transaction ID: 80919.C46277

Amount of Each Receipt this Period

30.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

SUBTOTAL of Receipts This Page (optional)

90.00

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 25 / 93

(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)

Manuel Joaquim

Mailing Address 1740 Hardrock St.

City

Las Vegas

State

NV

Zip Code

89156

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 80919.C46177

Amount of Each Receipt this Period

15.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

B.

Full Name (Last, First, Middle Initial)

Jerome John

Mailing Address 6356 Narrow Isthmus Ave

City

Las Vegas

State

NV

Zip Code

89139

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C45279

Amount of Each Receipt this Period

25.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

C.

Full Name (Last, First, Middle Initial)

Kenneth Jones

Mailing Address 31801 Highway 20

City

Fort Bragg

State

CA

Zip Code

95437

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 8

Transaction ID: 80919.C46266

Amount of Each Receipt this Period

25.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

SUBTOTAL of Receipts This Page (optional)

65.00

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 26 / 93

(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)

Barbara Kasler

Mailing Address 19169 Strathcona Dr.

City

Detroit

State

MI

Zip Code

48203-1486

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 8

Transaction ID: 80919.C44590

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Robert & Doreen Kennedy

Mailing Address P.O. Box 128

City

Cameron

State

MT

Zip Code

59720-0128

FEC ID number of contributing
federal political committee.

C

C00432344

Name of Employer
N/A

Occupation
Retired

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 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C46133

Amount of Each Receipt this Period

25.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

C.

Full Name (Last, First, Middle Initial)

Garry Kirkland

Mailing Address 7345 Aspen Glen Ln.

City

Colorado Springs

State

CO

Zip Code

80919-3027

FEC ID number of contributing
federal political committee.

C

C00432344

Name of Employer
Self employed

Occupation
Financial Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C45278

Amount of Each Receipt this Period

25.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

SUBTOTAL of Receipts This Page (optional)

1050.00

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 27 / 93

(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)

Ursula Kremer

Mailing Address 4027 Rodeo Rd.

City

Davenport

State

IA

Zip Code

52806-4746

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: 80919.C45530

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Charles Lindsey

Mailing Address 1803 Rampart Dr.

City

Alexandria

State

VA

Zip Code

22308

FEC ID number of contributing
federal political committee.

C

C00432344

Name of Employer
WTS, Inc.

Occupation
rest. mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 80919.C46041

Amount of Each Receipt this Period

30.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

C.

Full Name (Last, First, Middle Initial)

Charles Lindsey

Mailing Address 1803 Rampart Dr.

City

Alexandria

State

VA

Zip Code

22308

FEC ID number of contributing
federal political committee.

C

C00444067

Name of Employer
WTS, Inc.

Occupation
rest. mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 80919.C46042

Amount of Each Receipt this Period

30.00

Earmarked To Federal Camp-
aign

Earmarked For ALASKANS FOR
CUDDY

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 93

(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)

Joan Livingston

Mailing Address 38 Merline Ave.

City

New Windsor

State

NY

Zip Code

12553-6520

FEC ID number of contributing
federal political committee.

C C00444067

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C46132

Amount of Each Receipt this Period

25.00

Earmarked To Federal Camp-
align

Earmarked For ALASKANS FOR
CUDDY

B.

Full Name (Last, First, Middle Initial)

Francis Lyon

Mailing Address 25401 W. River Rd.

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Consulting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: 80919.C46242

Amount of Each Receipt this Period

30.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Francis Lyon

Mailing Address 25401 W. River Rd.

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Consulting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: 80920.C46638

Amount of Each Receipt this Period

30.00

Receipt

SUBTOTAL of Receipts This Page (optional)

85.00

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 29 / 93

(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)

Francis Lyon

Mailing Address 25401 W. River Rd.

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
self

Occupation
Consulting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C46563

Amount of Each Receipt this Period

50.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

B.

Full Name (Last, First, Middle Initial)

James Malcolm

Mailing Address 135 Lake Rd.

City

Silverlake

State

WA

Zip Code

98645

FEC ID number of contributing
federal political committee.

C C00444067

Name of Employer
retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: 80919.C46241

Amount of Each Receipt this Period

50.00

Earmarked To Federal Camp-
aign

Earmarked For ALASKANS FOR
CUDDY

C.

Full Name (Last, First, Middle Initial)

James Malcolm

Mailing Address 135 Lake Rd.

City

Silverlake

State

WA

Zip Code

98645

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
retired

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
0 8 / 1 2 / 2 0 0 8

Transaction ID: 80919.C46267

Amount of Each Receipt this Period

50.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

SUBTOTAL of Receipts This Page (optional)

150.00

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 30 / 93

(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)

James Malcolm

Mailing Address 135 Lake Rd.

City

Silverlake

State

WA

Zip Code

98645

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
retired

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 8 / 1 9 / 2 0 0 8

Transaction ID: 80919.C46568

Amount of Each Receipt this Period

50.00

Earmarked To Federal Camp-
align

Earmarked For FRIENDS OF
GAYLE HARRELL

B.

Full Name (Last, First, Middle Initial)

Mary Manning

Mailing Address 231 Palisade Dr.

City

Austin

State

TX

Zip Code

78737-4501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

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 8 / 1 1 / 2 0 0 8

Transaction ID: 80919.C45876

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Eugene McElvaney

Mailing Address 2301 W Mescalero Rd.
Ste 859 Petroleum Bldg.

City

Roswell

State

NM

Zip Code

88201-9788

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Oil & Gas Expl And Prod.

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 8 / 0 1 / 2 0 0 8

Transaction ID: 80819.C42545

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

450.00

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 31 / 93

(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)

John McKinnis

Mailing Address 106 Bent Oak Drive

City

Johnson City

State

TN

Zip Code

37604-2260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employ. - McKinnis &
Scott

Occupation
lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 80919.C46570

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

George McLane

Mailing Address 207 Baltimore Ave.

City

Point Pleasant Bea

State

NJ

Zip Code

08742

FEC ID number of contributing
federal political committee.

C

C00432344

Name of Employer
retired

Occupation
electrical engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 8

Transaction ID: 80919.C46305

Amount of Each Receipt this Period

25.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

C.

Full Name (Last, First, Middle Initial)

Gary Michelson

Mailing Address 8 Blue Fox Ct.

City

Littleton

State

CO

Zip Code

80127

FEC ID number of contributing
federal political committee.

C

C00432344

Name of Employer
Western Area Power Admini-
strat

Occupation
accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 8

Transaction ID: 80919.C46276

Amount of Each Receipt this Period

15.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

SUBTOTAL of Receipts This Page (optional)

90.00

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 32 / 93

(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)

Corbin Miller

Mailing Address 370 Park Ave.

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

investment advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 8

Transaction ID: 80919.C46228

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Kenneth Miller

Mailing Address 323 Lacey Drive

City

New Milford

State

NJ

Zip Code

07646

FEC ID number of contributing
federal political committee.

C

C00432344

Name of Employer
none

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C46565

Amount of Each Receipt this Period

35.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

C.

Full Name (Last, First, Middle Initial)

Maury Miller

Mailing Address 13514 SE 71st Court

City

Newcastle

State

WA

Zip Code

98059

FEC ID number of contributing
federal political committee.

C

C00432344

Name of Employer
OpenMarket

Occupation

software engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C46553

Amount of Each Receipt this Period

30.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

SUBTOTAL of Receipts This Page (optional)

265.00

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 33 / 93

(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)

Douglas Moe

Mailing Address 704 NE High St.

City

Goldendale

State

WA

Zip Code

98620

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
Maryhill Winery

Occupation
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 1 / 2 0 0 8

Transaction ID: 80919.C46615

Amount of Each Receipt this Period

25.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

B.

Full Name (Last, First, Middle Initial)

Douglas Moe

Mailing Address 704 NE High St.

City

Goldendale

State

WA

Zip Code

98620

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
Maryhill Winery

Occupation
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C46566

Amount of Each Receipt this Period

25.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

C.

Full Name (Last, First, Middle Initial)

John Moorhouse

Mailing Address 971 Pamela Cir.

City

Maineville

State

OH

Zip Code

45039-8514

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
N/A

Occupation
Retired - Police Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 80919.C46141

Amount of Each Receipt this Period

50.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

SUBTOTAL of Receipts This Page (optional)

100.00

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 34 / 93

(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)

Edwin Naylor

Mailing Address 35 Waterway Island Drive

City

Isle of Palms

State

SC

Zip Code

29451

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

Medical Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: 80919.C46244

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Charlie ORourke

Mailing Address 2 Beacon Hill Lane

City

greenwood Village

State

CO

Zip Code

80111

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORE

Occupation

Business and Technology Consul

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C46545

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Jaydee Ott

Mailing Address P.O. Box 47383

City

Seattle

State

WA

Zip Code

98146-7383

FEC ID number of contributing
federal political committee.

C

C00432344

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

34.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 80919.C46175

Amount of Each Receipt this Period

22.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

SUBTOTAL of Receipts This Page (optional)

222.00

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 35 / 93

(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)

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: 80919.C45534

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Helen Payne

Mailing Address 5131 Sandyfields Ln.

City

Katy

State

TX

Zip Code

77494

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
0 8 / 1 1 / 2 0 0 8

Transaction ID: 80919.C46253

Amount of Each Receipt this Period

25.00

Receipt

C.

Full Name (Last, First, Middle Initial)

James Phillips

Mailing Address 5013 Montego Bay

City

Irving

State

TX

Zip Code

75038

FEC ID number of contributing
federal political committee.

C

C00432344

Name of Employer
Lockheed Martin

Occupation

software engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

170.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 8

Transaction ID: 80919.C46256

Amount of Each Receipt this Period

20.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

SUBTOTAL of Receipts This Page (optional)

545.00

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 36 / 93

(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)

Michael Piser

Mailing Address P.O. Box 616

City

Mattituck

State

NY

Zip Code

11952

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capital One

Occupation
programmer

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 8 / 1 2 / 2 0 0 8

Transaction ID: 80919.C46273

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

William Porter

Mailing Address 632 S Seville St.

City

Wichita

State

KS

Zip Code

67209-1544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aerotek

Occupation
engineer

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 8 / 0 1 / 2 0 0 8

Transaction ID: 80919.C44529

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Robert Pung

Mailing Address P.O. Box 67

City

Pinson

State

TN

Zip Code

38366

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
consultant

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 8 / 0 7 / 2 0 0 8

Transaction ID: 80919.C45199

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

850.00

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 37 / 93

(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)

Wanda Quaid

Mailing Address 2736 Canterbury Drive

City

Fort Collins

State

CO

Zip Code

80526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Re/Max Alliance

Occupation

real estate broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 8

Transaction ID: 80920.C46640

Amount of Each Receipt this Period

40.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Wanda Quaid

Mailing Address 2736 Canterbury Drive

City

Fort Collins

State

CO

Zip Code

80526

FEC ID number of contributing
federal political committee.

C

C00432344

Name of Employer
Re/Max Alliance

Occupation

real estate broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C46556

Amount of Each Receipt this Period

40.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

C.

Full Name (Last, First, Middle Initial)

Bonita Richards

Mailing Address 3413 Wayland Dr.

City

Fort Worth

State

TX

Zip Code

76133-3128

FEC ID number of contributing
federal political committee.

C

C00432344

Name of Employer
Information Requested

Occupation

HR Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 80919.C46174

Amount of Each Receipt this Period

50.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

SUBTOTAL of Receipts This Page (optional)

130.00

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 38 / 93

(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)

James Roberts

Mailing Address H.C. 34, Box 380

City

Lewisburg

State

WV

Zip Code

24901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 80919.C46353

Amount of Each Receipt this Period

70.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Earl Rodman

Mailing Address 1701 Graham Avenue

City

Odessa

State

TX

Zip Code

79763-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

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 8 / 0 1 / 2 0 0 8

Transaction ID: 80919.C44538

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John Roth

Mailing Address PO Box 369

City

Homosassa Springs

State

FL

Zip Code

34447-0369

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 8 / 0 4 / 2 0 0 8

Transaction ID: 80919.C45045

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

520.00

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 39 / 93

(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)

Morton Rudin

Mailing Address 2631 Manhattan Beach Blvd.

City

Gardena

State

CA

Zip Code

90249-4636

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 8 / 0 1 / 2 0 0 8

Transaction ID: 80919.C44657

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mr. and Mrs. Ryan

Mailing Address 393 Dorchester Rd

City

Lyme

State

NH

Zip Code

03768-3900

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 8

Transaction ID: 80919.C44939

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Shirley Sawyer

Mailing Address 2989 Alane St.

City

West Valley City

State

UT

Zip Code

84120

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 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C46073

Amount of Each Receipt this Period

100.00

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 40 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Team America PAC

A.

Full Name (Last, First, Middle Initial)

Richard Sawyer

Mailing Address 12 Maple Lane

City

Myerstown

State

PA

Zip Code

17067

FEC ID number of contributing
federal political committee.**C** C00432344Name of Employer
retiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	2	/	2	0	0	8

Transaction ID: 80919.C46270

Amount of Each Receipt this Period

25.00

Earmarked To Federal Camp-
aignEarmarked For FRIENDS OF
GAYLE HARRELL**B.**

Full Name (Last, First, Middle Initial)

Susan Senatore

Mailing Address 10 Highbury Ct

City

Galloway

State

NJ

Zip Code

08205

FEC ID number of contributing
federal political committee.**C** C00432344Name of Employer
retiredOccupation
insurance agent/broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	2	/	2	0	0	8

Transaction ID: 80919.C46274

Amount of Each Receipt this Period

25.00

Earmarked To Federal Camp-
aignEarmarked For FRIENDS OF
GAYLE HARRELL**C.**

Full Name (Last, First, Middle Initial)

Barbara Shepard

Mailing Address 4160 Stonebridge Point

City

Colorado Springs

State

CO

Zip Code

80904-4737

FEC ID number of contributing
federal political committee.**C**Name of Employer
N/AOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	0	8

Transaction ID: 80819.C42584

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 41 / 93

(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)

Joseph Sheppe

Mailing Address 159 Private Drive 10461

City

Proctorville

State

OH

Zip Code

45669-8027

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C46544

Amount of Each Receipt this Period

100.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

B.

Full Name (Last, First, Middle Initial)

Scott Shock

Mailing Address 337 24th Ave E

City

Seattle

State

WA

Zip Code

98112

FEC ID number of contributing
federal political committee.

C C00444067

Name of Employer
Exponent

Occupation
engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: 80919.C46239

Amount of Each Receipt this Period

25.00

Earmarked To Federal Camp-
aign

Earmarked For ALASKANS FOR
CUDDY

C.

Full Name (Last, First, Middle Initial)

Thomas Sink

Mailing Address 332-A2 Pine Ridge Circle

City

Greenacres

State

FL

Zip Code

33463

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
retired

Occupation
Clergy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 1 / 2 0 0 8

Transaction ID: 80919.C46265

Amount of Each Receipt this Period

30.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

SUBTOTAL of Receipts This Page (optional)

155.00

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 42 / 93

(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)

Greg Small

Mailing Address P.O. Box 5

City

Fort Bidwell

State

CA

Zip Code

96112-0005

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 7 / 2 0 0 8

Transaction ID: 80919.C46334

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Claire Smeed

Mailing Address 3200 21st St. Ste. 401

City

Bakersfield

State

CA

Zip Code

93301-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

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 8 / 0 7 / 2 0 0 8

Transaction ID: 80919.C45625

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Ronnie Stravlo

Mailing Address 1130 Whippoorwill Nest

City

Choctaw

State

OK

Zip Code

73020

FEC ID number of contributing
federal political committee.

C

C00444067

Name of Employer
TDK

Occupation
administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: 80919.C46240

Amount of Each Receipt this Period

50.00

Earmarked To Federal Camp-
aign

Earmarked For ALASKANS FOR
CUDDY

SUBTOTAL of Receipts This Page (optional)

400.00

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 43 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Team America PAC

A.

Full Name (Last, First, Middle Initial)

Richard Swezey

Mailing Address 1328 16th Street

City

Santa Monica

State

CA

Zip Code

90404

FEC ID number of contributing
federal political committee.**C** C00432344Name of Employer
CequalOccupation
executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	8

Transaction ID: 80919.C46618

Amount of Each Receipt this Period

25.00

Earmarked To Federal Camp-
aignEarmarked For FRIENDS OF
GAYLE HARRELL**B.**

Full Name (Last, First, Middle Initial)

Chris Szeszko

Mailing Address 2830 Aldrich Dr.

City

Cumming

State

GA

Zip Code

30040

FEC ID number of contributing
federal political committee.**C** C00432344Name of Employer
GN NetcomOccupation
Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	8

Transaction ID: 80919.C46264

Amount of Each Receipt this Period

50.00

Earmarked To Federal Camp-
aignEarmarked For FRIENDS OF
GAYLE HARRELL**C.**

Full Name (Last, First, Middle Initial)

Milind Tamasker

Mailing Address 50 Washington St.

City

Westborough

State

MA

Zip Code

01581

FEC ID number of contributing
federal political committee.**C** C00432344Name of Employer
IBMOccupation
software

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Transaction ID: 80919.C46569

Amount of Each Receipt this Period

50.00

Earmarked To Federal Camp-
aignEarmarked For FRIENDS OF
GAYLE HARRELL**SUBTOTAL** of Receipts This Page (optional)

125.00

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 44 / 93

(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)

Stephen Thomason

Mailing Address 3421 W. Dartmouth Ave.

City

Denver

State

CO

Zip Code

80236-2349

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation

Rancher/Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: 80919.C45539

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Samuel Tinaglia

Mailing Address 623 N Merrill St.

City

Park Ridge

State

IL

Zip Code

60068-3405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wm Blair Co.

Occupation

banker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 8

Transaction ID: 80919.C45177

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

michael trout

Mailing Address 8404 epicenter blvd

City

Jakeland

State

FL

Zip Code

33809

FEC ID number of contributing
federal political committee.

C

Name of Employer
uretek icr

Occupation

construction

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 8

Transaction ID: 80919.C46250

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

700.00

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 45 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Team America PAC

A.

Full Name (Last, First, Middle Initial)

Shelly Uscinski

Mailing Address 3 Forest Drive

City

Merrimack

State

NH

Zip Code

03054

FEC ID number of contributing
federal political committee.**C** C00432344Name of Employer
Self employedOccupation
political consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	8

Transaction ID: 80919.C46546

Amount of Each Receipt this Period

25.00

Earmarked To Federal Camp-
aignEarmarked For FRIENDS OF
GAYLE HARRELL**B.**

Full Name (Last, First, Middle Initial)

Terrence Vaughn

Mailing Address 817 5th St

City

Garretson

State

SD

Zip Code

57030

FEC ID number of contributing
federal political committee.**C** C00444067Name of Employer
SGT Inc.Occupation
programmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	8

Transaction ID: 80919.C46238

Amount of Each Receipt this Period

50.00

Earmarked To Federal Camp-
aignEarmarked For ALASKANS FOR
CUDDY**C.**

Full Name (Last, First, Middle Initial)

Terrence Vaughn

Mailing Address 817 5th St

City

Garretson

State

SD

Zip Code

57030

FEC ID number of contributing
federal political committee.**C** C00432344Name of Employer
SGT Inc.Occupation
programmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	8

Transaction ID: 80919.C46550

Amount of Each Receipt this Period

50.00

Earmarked To Federal Camp-
aignEarmarked For FRIENDS OF
GAYLE HARRELL**SUBTOTAL** of Receipts This Page (optional)

125.00

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 46 / 93

(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)

Robert Vekony

Mailing Address P.O. Box 70168

City

Tucson

State

AZ

Zip Code

85737-0029

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C46136

Amount of Each Receipt this Period

35.00

Earmarked To Federal Camp-
align

Earmarked For FRIENDS OF
GAYLE HARRELL

B.

Full Name (Last, First, Middle Initial)

Richard Walling

Mailing Address 700 Mill Creek Road

City

Gladwyne

State

PA

Zip Code

19035-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Express Marine, Inc.

Occupation
owner

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 8 / 0 4 / 2 0 0 8

Transaction ID: 80819.C42606

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Susan Watson

Mailing Address 1562 El Dorado St

City

Vallejo

State

CA

Zip Code

94590

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

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 8 / 2 9 / 2 0 0 8

Transaction ID: 80919.C46596

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

585.00

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 47 / 93

(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)

C. W. & P. G. Weaver

Mailing Address 200 E Caley Ave.

City

Centennial

State

CO

Zip Code

80121-2209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
construction

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 8

Transaction ID: 80919.C45469

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Edward Weyer

Mailing Address 5519 Gondar Ave.

City

Lakewood

State

CA

Zip Code

90713-1607

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 8 / 0 5 / 2 0 0 8

Transaction ID: 80919.C45323

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Paul White

Mailing Address 2300 Corbin Way

City

Cedar Park

State

TX

Zip Code

78613

FEC ID number of contributing
federal political committee.

C

C00432344

Name of Employer
Strata

Occupation
oil field services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 80919.C46567

Amount of Each Receipt this Period

35.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

SUBTOTAL of Receipts This Page (optional)

635.00

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 48 / 93

(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)

Douglas Wilkerson

Mailing Address 200 Heathwood Rd.

City

Charlotte

State

NC

Zip Code

28211-1916

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 80919.C46622

Amount of Each Receipt this Period

40.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

B.

Full Name (Last, First, Middle Initial)

Marilynn Williams

Mailing Address 1705 Republic Rd.

City

Silver Spring

State

MD

Zip Code

20902-3719

FEC ID number of contributing
federal political committee.

C C00432344

Name of Employer
N/A

Occupation

retired banker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80919.C46134

Amount of Each Receipt this Period

40.00

Earmarked To Federal Camp-
aign

Earmarked For FRIENDS OF
GAYLE HARRELL

C.

Full Name (Last, First, Middle Initial)

Ray Wilson

Mailing Address 2920 3rd Ave.

City

Council Bluffs

State

IA

Zip Code

51501-3439

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 8 / 0 4 / 2 0 0 8

Transaction ID: 80919.C44866

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

180.00

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 49 / 93

(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)

Ann Witt

Mailing Address 5136 Huckleberry Cir.

City

Houston

State

TX

Zip Code

77056-2414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 8

Transaction ID: 80919.C45471

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Anne Wunsche

Mailing Address 261 E Line St.
Apt. 6

City

Bishop

State

CA

Zip Code

93514-3533

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 8

Transaction ID: 80919.C45268

Amount of Each Receipt this Period

500.00

Receipt

C.

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 8 / 2 5 / 2 0 0 8

Transaction ID: 80919.C46302

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

17132.00

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

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

FOR LINE NUMBER: PAGE 50 / 93

(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 ▼

12546.91

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 8

Transaction ID: 80926.C46736

Amount of Each Receipt this Period

2081.41

Other Receipt

SUBTOTAL of Receipts This Page (optional)

2081.41

TOTAL This Period (last page this line number only)

2081.41

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 51 / 93

<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: 80919.E2904 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>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Rockville State MD Zip Code 20850-6108	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll fees	<table border="1"> <tr> <td colspan="10">43.40</td> </tr> </table>	43.40																			
43.40																					
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 FEES																				
B. Full Name (Last, First, Middle Initial) Corporate Payroll Services	Transaction ID: 80919.E2905 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>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Rockville State MD Zip Code 20850-6108	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll taxes	<table border="1"> <tr> <td colspan="10">1020.56</td> </tr> </table>	1020.56																			
1020.56																					
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 TAXES																				
C. Full Name (Last, First, Middle Initial) Corporate Payroll Services	Transaction ID: 80919.E2910 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>8</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	8		2	0	0	8												
City Rockville State MD Zip Code 20850-6108	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll taxes	<table border="1"> <tr> <td colspan="10">1855.39</td> </tr> </table>	1855.39																			
1855.39																					
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 TAXES																				

SUBTOTAL of Disbursements This Page (optional)

2919.35

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 52 / 93

<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: 80919.E2909 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>8</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	8		2	0	0	8												
City Rockville State MD Zip Code 20850-6108	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll fees Candidate Name	<table border="1"> <tr> <td colspan="10">44.35</td> </tr> </table>	44.35																			
44.35																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYROLL FEES																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) Junttila Studios, Inc	Transaction ID: 80919.E2891 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>8</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	8		2	0	0	8												
City Chantilly State VA Zip Code 20151-2495	Amount of Each Disbursement this Period																				
Purpose of Disbursement -noncandidate specific fundraisi Candidate Name	<table border="1"> <tr> <td colspan="10">696.00</td> </tr> </table>	696.00																			
696.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	-NONCANDIDATE SPECIFIC FU-NDRAISI																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) C&E Printing	Transaction ID: 80919.E2888 Date of Disbursement																				
Mailing Address 446 Maple Ave., East	<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>8</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	8		2	0	0	8												
City Vienna State VA Zip Code 22180-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Stationary Printing Candidate Name	<table border="1"> <tr> <td colspan="10">817.06</td> </tr> </table>	817.06																			
817.06																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	STATIONARY PRINTING																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

1557.41

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 53 / 93

<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) Quill Mailing Address PO Box 37600	Transaction ID: 80919.E2894 Date of Disbursement <div> <div>08</div> <div>28</div> <div>2008</div> </div>
City Philadelphia State PA Zip Code 19101-0600 Purpose of Disbursement Office supplies Candidate Name 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) ▼	Amount of Each Disbursement this Period <div>252.00</div> OFFICE SUPPLIES
B. Full Name (Last, First, Middle Initial) Intermarkets, Inc. Mailing Address 344 Maple Ave. W Suite 318 City Vienna State VA Zip Code 22180- Purpose of Disbursement Ramos project - outreach expense Candidate Name 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) ▼	Transaction ID: 80920.E2997 Date of Disbursement <div> <div>08</div> <div>07</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> RAMOS PROJECT - OUTREACH EXPENSE
C. Full Name (Last, First, Middle Initial) Aristotle Mailing Address 205 Pennsylvania Ave SE City Washington State DC Zip Code 20003-1164 Purpose of Disbursement Credit card fees Candidate Name 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) ▼	Transaction ID: 80920.E3000 Date of Disbursement <div> <div>08</div> <div>01</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>401.32</div> CREDIT CARD FEES

SUBTOTAL of Disbursements This Page (optional)

5653.32

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 54 / 93

<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: 80920.E3002																				
	Mailing Address 205 Pennsylvania Ave SE	Date of Disbursement <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>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	9		2	0	0	8													
	City Washington State DC Zip Code 20003-1164	Amount of Each Disbursement this Period																				
	<table border="1"> <tr> <td>Purpose of Disbursement</td> <td rowspan="3">Category/ Type</td> </tr> <tr> <td>Credit Card fees</td> </tr> <tr> <td>Candidate Name</td> </tr> </table>	Purpose of Disbursement	Category/ Type	Credit Card fees	Candidate Name	<table border="1"> <tr> <td>444.74</td> </tr> </table>	444.74															
Purpose of Disbursement	Category/ Type																					
Credit Card fees																						
Candidate Name																						
444.74																						
	<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:		CREDIT CARD 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) Aristotle	Transaction ID: 80920.E3003																				
	Mailing Address 205 Pennsylvania Ave SE	Date of Disbursement <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>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	5		2	0	0	8													
	City Washington State DC Zip Code 20003-1164	Amount of Each Disbursement this Period																				
	<table border="1"> <tr> <td>Purpose of Disbursement</td> <td rowspan="3">Category/ Type</td> </tr> <tr> <td>Credit Card fees</td> </tr> <tr> <td>Candidate Name</td> </tr> </table>	Purpose of Disbursement	Category/ Type	Credit Card fees	Candidate Name	<table border="1"> <tr> <td>187.59</td> </tr> </table>	187.59															
Purpose of Disbursement	Category/ Type																					
Credit Card fees																						
Candidate Name																						
187.59																						
	<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:		CREDIT CARD 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) Aristotle	Transaction ID: 80920.E3004																				
	Mailing Address 205 Pennsylvania Ave SE	Date of Disbursement <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>8</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		2	3		2	0	0	8													
	City Washington State DC Zip Code 20003-1164	Amount of Each Disbursement this Period																				
	<table border="1"> <tr> <td>Purpose of Disbursement</td> <td rowspan="3">Category/ Type</td> </tr> <tr> <td>Credit Card fees</td> </tr> <tr> <td>Candidate Name</td> </tr> </table>	Purpose of Disbursement	Category/ Type	Credit Card fees	Candidate Name	<table border="1"> <tr> <td>454.80</td> </tr> </table>	454.80															
Purpose of Disbursement	Category/ Type																					
Credit Card fees																						
Candidate Name																						
454.80																						
	<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:		CREDIT CARD 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)

1087.13

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 55 / 93

<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

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement

Credit Card fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 80920.E3005

Date of Disbursement

08 / 30 / 2008

Amount of Each Disbursement this Period

111.60

CREDIT CARD FEES

B.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address 440 Maple Ave E

City Vienna State VA Zip Code 22180-4723

Purpose of Disbursement

Bank fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 80920.E2994

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

20.75

BANK FEE

C.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address 440 Maple Ave E

City Vienna State VA Zip Code 22180-4723

Purpose of Disbursement

Bank fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 80920.E2995

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

187.57

BANK FEES

SUBTOTAL of Disbursements This Page (optional)

319.92

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 56 / 93

<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)

Angela Buchanan

Mailing Address 11321 Hunt Farm Ln.

City State Zip Code
Oakton VA 22124-

Purpose of Disbursement
Consulting and meeting expense reim

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 80919.E2867

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1955.10

CONSULTING AND MEETING EX-
PENSE REIM

B.

Full Name (Last, First, Middle Initial)

Angela Buchanan

Mailing Address 11321 Hunt Farm Ln.

City State Zip Code
Oakton VA 22124-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 80919.E2907

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1423.92

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Angela Buchanan

Mailing Address 11321 Hunt Farm Ln.

City State Zip Code
Oakton VA 22124-

Purpose of Disbursement
Expense reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 80919.E2883

Date of Disbursement

/ /

Amount of Each Disbursement this Period

141.71

EXPENSE REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)

3520.73

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 57 / 93

<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)

Angela Buchanan

Mailing Address 11321 Hunt Farm Ln.

City State Zip Code
Oakton VA 22124-

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80919.E2911

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2489.07

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Davonte Dodds

Mailing Address

City State Zip Code

Purpose of Disbursement

Convention lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80919.E2873

Date of Disbursement

/ /

Amount of Each Disbursement this Period

800.00

CONVENTION LODGING

C.

Full Name (Last, First, Middle Initial)

Marcus Epstein

Mailing Address 2800 Woodley Rd NW
Apt 238

City State Zip Code
Washington DC 20008-

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80919.E2908

Date of Disbursement

/ /

Amount of Each Disbursement this Period

676.91

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

3965.98

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 58 / 93

<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
Reimbursement office expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 80919.E2892

Date of Disbursement

08 / 28 / 2008

Amount of Each Disbursement this Period

50.32

REIMBURSEMENT OFFICE EXPENSE

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: 80919.E2912

Date of Disbursement

08 / 28 / 2008

Amount of Each Disbursement this Period

676.91

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Helen Fullinwider

Mailing Address 13951 Rockland Village Dr.
102

City Chantilly State VA Zip Code 20151-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 80919.E2913

Date of Disbursement

08 / 28 / 2008

Amount of Each Disbursement this Period

2100.00

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

2827.23

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 59 / 93

<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) Gatorworks	Transaction ID: 80919.E2893 Date of Disbursement																				
Mailing Address 12232 Industriplex Blvd. Suite 1	<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>8</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	8		2	0	0	8												
City Baton Rouge State LA Zip Code 70809-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Web expense Candidate Name	<table border="1"> <tr> <td colspan="10">85.00</td> </tr> </table>	85.00																			
85.00																					
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) ▼																				
Category/Type WEB EXPENSE																					
B. Full Name (Last, First, Middle Initial) Catherine Helsley	Transaction ID: 80919.E2884 Date of Disbursement																				
Mailing Address 775 Johnston Court	<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>8</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	8		2	0	0	8												
City Winchester State VA Zip Code 22601-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Intern payroll Candidate Name	<table border="1"> <tr> <td colspan="10">520.00</td> </tr> </table>	520.00																			
520.00																					
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) ▼																				
Category/Type INTERN PAYROLL																					
C. Full Name (Last, First, Middle Initial) Kristin Larsen	Transaction ID: 80919.E2887 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>8</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	8		2	0	0	8												
City Oakton State VA Zip Code 22124-1201	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement postage Candidate Name	<table border="1"> <tr> <td colspan="10">33.00</td> </tr> </table>	33.00																			
33.00																					
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) ▼																				
Category/Type REIMBURSEMENT POSTAGE																					

SUBTOTAL of Disbursements This Page (optional)

638.00

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 60 / 93

<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

Mailing Address 11322 Hunt Farm Lane

City State Zip Code
Oakton VA 22124-1201

Purpose of Disbursement
Reimbursement office expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 80919.E2885

Date of Disbursement

08 / 28 / 2008

Amount of Each Disbursement this Period

46.66

REIMBURSEMENT OFFICE EXPENSE

B.

Full Name (Last, First, Middle Initial)
P. Daniel Orlich

Mailing Address 107 East St NE

City State Zip Code
Vienna VA 22180-3615

Purpose of Disbursement
Rent for Sept.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 80919.E2889

Date of Disbursement

08 / 28 / 2008

Amount of Each Disbursement this Period

556.00

RENT FOR SEPT.

C.

Full Name (Last, First, Middle Initial)
RMLC

Mailing Address 44084 Riverside Parkway
Suite350

City State Zip Code
Leesburg VA 20176-

Purpose of Disbursement
-noncandidate specific list rent

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 80919.E2895

Date of Disbursement

08 / 28 / 2008

Amount of Each Disbursement this Period

725.00

-NONCANDIDATE SPECIFIC LIST RENT

SUBTOTAL of Disbursements This Page (optional)

1327.66

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 61 / 93

<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) Southwest Publishing	Transaction ID: 80919.E2890 Date of Disbursement																				
Mailing Address 2600 NW Topeka Blvd	<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>8</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	8		2	0	0	8												
City Topeka State KS Zip Code 66617-1160	Amount of Each Disbursement this Period																				
Purpose of Disbursement -non-candidate specific mailing Candidate Name	<table border="1"> <tr> <td colspan="10">8759.51</td> </tr> </table>	8759.51																			
8759.51																					
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) ▼																				
Category/Type: 003																					
-NON-CANDIDATE SPECIFIC MAILING																					
B. Full Name (Last, First, Middle Initial) USPS	Transaction ID: 80919.E2882 Date of Disbursement																				
Mailing Address Laywers Rd & Church St	<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>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	0	8												
City Vienna State VA Zip Code 22180-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage for Thank you letters Candidate Name	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
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) ▼																				
Category/Type:																					
POSTAGE FOR THANK YOU LET-TERS																					
C. Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 80919.E2886 Date of Disbursement																				
Mailing Address PO Box 17120	<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>8</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	8		2	0	0	8												
City Tucson State AZ Zip Code 85731-7120	Amount of Each Disbursement this Period																				
Purpose of Disbursement phone bill Candidate Name	<table border="1"> <tr> <td colspan="10">76.92</td> </tr> </table>	76.92																			
76.92																					
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) ▼																				
Category/Type:																					
PHONE BILL																					

SUBTOTAL of Disbursements This Page (optional)

10936.43

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 62 / 93

<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

City Tucson State AZ Zip Code 85731-7120

Purpose of Disbursement
Phone bill

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 80919.E2897

Date of Disbursement

/ /

Amount of Each Disbursement this Period

286.31

PHONE BILL

SUBTOTAL of Disbursements This Page (optional)

286.31

TOTAL This Period (last page this line number only)

35039.47

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 63 / 93

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Team America PAC

A. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2974 Date of Disbursement
Mailing Address 817 Southwest Kola Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 9 / 2 0 0 8</div> </div>
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>200.00</div>
Candidate Name GAYLE HARRELL	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80919.E2868 Date of Disbursement
Mailing Address 817 Southwest Kola Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 8</div> </div>
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution # C 32344	<div>2500.00</div>
Candidate Name GAYLE HARRELL	<div>004 Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80919.E2872 Date of Disbursement
Mailing Address 817 Southwest Kola Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 9 / 2 0 0 8</div> </div>
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>2000.00</div>
Candidate Name GAYLE HARRELL	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4700.00

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 64 / 93

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Team America PAC

A. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80919.E2881 Date of Disbursement
Mailing Address 817 Southwest Kola Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 8</div> </div>
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period <div>27.98</div>
Purpose of Disbursement OVERNIGHT POSTAGE	<div></div>
Candidate Name GAYLE HARRELL	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	IN KIND: OVERNIGHT POSTAGE
B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2967 Date of Disbursement
Mailing Address 817 Southwest Kola Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 9 / 2 0 0 8</div> </div>
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period <div>50.00</div>
Purpose of Disbursement EARMARKED BY FRANCIS LYON	<div></div>
Candidate Name GAYLE HARRELL	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: EARMARKED BY FRANCIS LYON
C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2966 Date of Disbursement
Mailing Address 817 Southwest Kola Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 9 / 2 0 0 8</div> </div>
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period <div>10.00</div>
Purpose of Disbursement EARMARKED BY ROBERT BENNETT	<div></div>
Candidate Name GAYLE HARRELL	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: EARMARKED BY ROBERT BENNETT

SUBTOTAL of Disbursements This Page (optional)

27.98

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 65 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

Gayle Harrell For Congress

Mailing Address 817 Southwest Kola Ave.

City State Zip Code
Port Saint Lucie FL 34953-

Purpose of Disbursement
EARMARKED BY PAUL WHITE

Candidate Name
GAYLE HARRELL

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 16

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: 80920.E2970

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

MEMO: EARMARKED BY PAUL WHITE

B.

Full Name (Last, First, Middle Initial)

Gayle Harrell For Congress

Mailing Address 817 Southwest Kola Ave.

City State Zip Code
Port Saint Lucie FL 34953-

Purpose of Disbursement
EARMARKED BY KENNETH MILLER

Candidate Name
GAYLE HARRELL

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 16

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: 80920.E2968

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

MEMO: EARMARKED BY KENNETH MILLER

C.

Full Name (Last, First, Middle Initial)

Gayle Harrell For Congress

Mailing Address 817 Southwest Kola Ave.

City State Zip Code
Port Saint Lucie FL 34953-

Purpose of Disbursement
EARMARKED BY JAMES MALCOLM

Candidate Name
GAYLE HARRELL

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 16

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: 80920.E2971

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

MEMO: EARMARKED BY JAMES MALCOLM

SUBTOTAL of Disbursements This Page (optional)

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 66 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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) Gayle Harrell For Congress	Transaction ID: 80920.E2965 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
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City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EDWARD PERKIND	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2969 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
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0	8		1	9		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY DOUGLAS MOE	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2961 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
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City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY MAURY MILLER	<table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>	30.00																			
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Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

[MEMO ITEM]

MEMO: EDWARD PERKIND

[MEMO ITEM]

MEMO: EARMARKED BY DOUGLAS MOE

[MEMO ITEM]

MEMO: EARMARKED BY MAURY MILLER

SUBTOTAL of Disbursements This Page (optional)

0.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 67 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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) Gayle Harrell For Congress	Transaction ID: 80920.E2964 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
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City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY WANDA QUAID	<table border="1"> <tr> <td>40.00</td> </tr> </table>	40.00																			
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Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 16	[MEMO ITEM] MEMO: EARMARKED BY WANDA QUAID																				

B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2956 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
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City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY SHELLEY USCINSKI	<table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 16	[MEMO ITEM] MEMO: EARMARKED BY SHELLEY USCINSKI																				

C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2955 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
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City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY JOSEPH SHEPPE	<table border="1"> <tr> <td>100.00</td> </tr> </table>	100.00																			
100.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 16	[MEMO ITEM] MEMO: EARMARKED BY JOSEPH SHEPPE																				

SUBTOTAL of Disbursements This Page (optional)

0.00

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 68 / 93

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Team America PAC

A. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2957 Date of Disbursement
Mailing Address 817 Southwest Kola Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 9 / 2 0 0 8</div> </div>
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED BY HAL HOLMES	<div>30.00</div>
Candidate Name GAYLE HARRELL	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM] MEMO: EARMARKED BY HAL HOLMES	
B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2959 Date of Disbursement
Mailing Address 817 Southwest Kola Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 9 / 2 0 0 8</div> </div>
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED BY KW HIPPS	<div>30.00</div>
Candidate Name GAYLE HARRELL	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM] MEMO: EARMARKED BY KW HIPPS	
C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2958 Date of Disbursement
Mailing Address 817 Southwest Kola Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 9 / 2 0 0 8</div> </div>
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED BY TERRENCE VAUGHN	<div>50.00</div>
Candidate Name GAYLE HARRELL	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM] MEMO: EARMARKED BY TERRENCE VAUGHN	

SUBTOTAL of Disbursements This Page (optional)

0.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 69 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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) Gayle Harrell For Congress	Transaction ID: 80920.E2962 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
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City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY JOE GILBERT	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
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Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2960 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
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City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY ROBERT HERRON	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2963 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
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City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY JAMES BARNES	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
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Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

0.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 70 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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) Gayle Harrell For Congress			Transaction ID: 80920.E2977 Date of Disbursement 08 / 25 / 2008	
	Mailing Address 817 Southwest Kola Ave.				
	City Port Saint Lucie	State FL	Zip Code 34953-	Amount of Each Disbursement this Period 10.00	
	Purpose of Disbursement EARMARKED BY SCOTT FAVALON			[MEMO ITEM] MEMO: EARMARKED BY SCOTT FAVALON	
	Candidate Name GAYLE HARRELL				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 16					
B.	Full Name (Last, First, Middle Initial) Gayle Harrell For Congress			Transaction ID: 80920.E2972 Date of Disbursement 08 / 19 / 2008	
	Mailing Address 817 Southwest Kola Ave.				
	City Port Saint Lucie	State FL	Zip Code 34953-	Amount of Each Disbursement this Period 50.00	
	Purpose of Disbursement EARMARKED BY MILIND TAMASKER			[MEMO ITEM] MEMO: EARMARKED BY MILIND TAMASKER	
	Candidate Name GAYLE HARRELL				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 16					
C.	Full Name (Last, First, Middle Initial) Gayle Harrell For Congress			Transaction ID: 80920.E2978 Date of Disbursement 08 / 25 / 2008	
	Mailing Address 817 Southwest Kola Ave.				
	City Port Saint Lucie	State FL	Zip Code 34953-	Amount of Each Disbursement this Period 50.00	
	Purpose of Disbursement EARMARKED BY BONITA RICHARDS			[MEMO ITEM] MEMO: EARMARKED BY BONITA RICHARDS	
	Candidate Name GAYLE HARRELL				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 16					

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 71 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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) Gayle Harrell For Congress	Transaction ID: 80920.E2976 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	5		2	0	0	8
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City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY FRANCIS DEROCHER	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
15.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2979 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	5		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY JAYDEE OTT	<table border="1"> <tr> <td colspan="10">22.00</td> </tr> </table>	22.00																			
22.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2981 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	5		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED B M JOAQUIM	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
15.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

[MEMO ITEM]

MEMO: EARMARKED BY FRANCIS DEROCHER

[MEMO ITEM]

MEMO: EARMARKED BY JAYDEE OTT

[MEMO ITEM]

MEMO: EARMARKED B M JOAQUIM

SUBTOTAL of Disbursements This Page (optional)

0.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 72 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

Gayle Harrell For Congress

Mailing Address 817 Southwest Kola Ave.

City Port Saint Lucie State FL Zip Code 34953-

Purpose of Disbursement
EARMARKED BY DOUGLAS WILKERSONCandidate Name
GAYLE HARRELLCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 16

Transaction ID: 80920.E2980

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Amount of Each Disbursement this Period

40.00

[MEMO ITEM]

MEMO: EARMARKED BY DOUGLAS WILKERSON

B.

Full Name (Last, First, Middle Initial)

Gayle Harrell For Congress

Mailing Address 817 Southwest Kola Ave.

City Port Saint Lucie State FL Zip Code 34953-

Purpose of Disbursement
EARMARKED BY MILTON BALTASCandidate Name
GAYLE HARRELLCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 16

Transaction ID: 80920.E2983

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

MEMO: EARMARKED BY MILTON BALTAS

C.

Full Name (Last, First, Middle Initial)

Gayle Harrell For Congress

Mailing Address 817 Southwest Kola Ave.

City Port Saint Lucie State FL Zip Code 34953-

Purpose of Disbursement
EARMARKED BY JOHN MOORHOUSECandidate Name
GAYLE HARRELLCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 16

Transaction ID: 80920.E2982

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

MEMO: EARMARKED BY JOHN MOORHOUSE

SUBTOTAL of Disbursements This Page (optional)

0.00

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 73 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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) Gayle Harrell For Congress	Transaction ID: 80920.E2975 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	5		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY GEORGE MCLANE	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM] MEMO: EARMARKED BY GEORGE MCLANE																				
B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2953 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY STEPHEN GORMAN	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM] MEMO: EARMARKED BY STEPHEN GORMAN																				
C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2954 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY JAMES GUEST	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM] MEMO: EARMARKED BY JAMES GUEST																				

SUBTOTAL of Disbursements This Page (optional)

0.00

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 74 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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) Gayle Harrell For Congress	Transaction ID: 80919.E2927 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY WILLIAM FEEMSTER	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80919.E2926 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY SUSAN SENATORE	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80919.E2928 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
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0	8		1	5		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY RICHARD W SAWYER	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

[MEMO ITEM]

MEMO: EARMARKED BY WILLIAM FEEMSTER

[MEMO ITEM]

MEMO: EARMARKED BY SUSAN SENATORE

[MEMO ITEM]

MEMO: EARMARKED BY RICHARD W SAWYER

SUBTOTAL of Disbursements This Page (optional)

0.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 75 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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) Gayle Harrell For Congress	Transaction ID: 80919.E2930 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY JAMES MALCOLM	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] MEMO: EARMARKED BY JAMES MALCOLM																					
B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80919.E2929 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY MATTHEW FUCHS	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] MEMO: EARMARKED BY MATTHEW FUCHS																					
C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2952 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
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0	8		1	9		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY R. SWEZEY	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] MEMO: EARMARKED BY R. SWEZEY																					

SUBTOTAL of Disbursements This Page (optional)

0.00

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 76 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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) Gayle Harrell For Congress	Transaction ID: 80919.E2931 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY KENNETH JONES	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 16	[MEMO ITEM] MEMO: EARMARKED BY KENNETH JONES																				

B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80919.E2925 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY DONALD CONYBEAR	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 16	[MEMO ITEM] MEMO: EARMARKED BY DONALD CONYBEAR																				

C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80919.E2924 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY GARY MICHELSON	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
15.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 16	[MEMO ITEM] MEMO: EARMARKED BY GARY MICHELSON																				

SUBTOTAL of Disbursements This Page (optional)

0.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 77 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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) Gayle Harrell For Congress	Transaction ID: 80919.E2917 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
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0	8		1	5		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY CHARLES LINDSEY	<table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>	30.00																			
30.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] MEMO: EARMARKED BY CHARLES LINDSEY																					
B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80919.E2916 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY FRANCIS DEROCHE	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
15.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] MEMO: EARMARKED BY FRANCIS DEROCHE																					
C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80919.E2918 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
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0	8		1	5		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY ROBERT BARTELS	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
15.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] MEMO: EARMARKED BY ROBERT BARTELS																					

SUBTOTAL of Disbursements This Page (optional)

0.00

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 78 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

Gayle Harrell For Congress

Mailing Address 817 Southwest Kola Ave.

City Port Saint Lucie State FL Zip Code 34953-

Purpose of Disbursement
EARMARKED BY DENNIS DRY

Candidate Name
GAYLE HARRELL

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 16

Transaction ID: 80919.E2920

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

MEMO: EARMARKED BY DENNIS DRY

B.

Full Name (Last, First, Middle Initial)

Gayle Harrell For Congress

Mailing Address 817 Southwest Kola Ave.

City Port Saint Lucie State FL Zip Code 34953-

Purpose of Disbursement
EARMARKED BY KENNETH FUJINAKA

Candidate Name
GAYLE HARRELL

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 16

Transaction ID: 80919.E2919

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

MEMO: EARMARKED BY KENNETH FUJINAKA

C.

Full Name (Last, First, Middle Initial)

Gayle Harrell For Congress

Mailing Address 817 Southwest Kola Ave.

City Port Saint Lucie State FL Zip Code 34953-

Purpose of Disbursement
EARMARKED BY MILTON HORST

Candidate Name
GAYLE HARRELL

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 16

Transaction ID: 80919.E2922

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

MEMO: EARMARKED BY MILTON HORST

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 79 / 93

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Team America PAC

A. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80919.E2921 Date of Disbursement
Mailing Address 817 Southwest Kola Ave.	<div> <div>MM / DD / YY</div> <div>08 / 15 / 2008</div> </div>
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED BY KELLY GRANT	<div> <div>Amount</div> <div>100.00</div> </div>
Candidate Name GAYLE HARRELL	<div> <div>Category/Type</div> <div></div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM] MEMO: EARMARKED BY KELLY GRANT
B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80919.E2933 Date of Disbursement
Mailing Address 817 Southwest Kola Ave.	<div> <div>MM / DD / YY</div> <div>08 / 15 / 2008</div> </div>
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED BY CHRIS SZESZKO	<div> <div>Amount</div> <div>50.00</div> </div>
Candidate Name GAYLE HARRELL	<div> <div>Category/Type</div> <div></div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM] MEMO: EARMARKED BY CHRIS SZESZKO
C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80919.E2932 Date of Disbursement
Mailing Address 817 Southwest Kola Ave.	<div> <div>MM / DD / YY</div> <div>08 / 15 / 2008</div> </div>
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED BY THOMAS SINK	<div> <div>Amount</div> <div>30.00</div> </div>
Candidate Name GAYLE HARRELL	<div> <div>Category/Type</div> <div></div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM] MEMO: EARMARKED BY THOMAS SINK

SUBTOTAL of Disbursements This Page (optional)

0.00

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 80 / 93

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Team America PAC

A. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80919.E2934 Date of Disbursement
Mailing Address 817 Southwest Kola Ave.	<div> <div>08</div> <div>15</div> <div>2008</div> </div>
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED BY THOMAS HAYES	<div>20.00</div>
Candidate Name GAYLE HARRELL	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM] MEMO: EARMARKED BY THOMAS HAYES	
B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2946 Date of Disbursement
Mailing Address 817 Southwest Kola Ave.	<div> <div>08</div> <div>19</div> <div>2008</div> </div>
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED BY KATHRYN DIEHL	<div>25.00</div>
Candidate Name GAYLE HARRELL	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM] MEMO: EARMARKED BY KATHRYN DIEHL	
C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80919.E2935 Date of Disbursement
Mailing Address 817 Southwest Kola Ave.	<div> <div>08</div> <div>15</div> <div>2008</div> </div>
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED BY MICHAEL EVERLING	<div>10.00</div>
Candidate Name GAYLE HARRELL	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM] MEMO: EARMARKED BY MICHAEL EVERLING	

SUBTOTAL of Disbursements This Page (optional)

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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 81 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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) Gayle Harrell For Congress	Transaction ID: 80920.E2947 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY MARILYNN WILLIAMS	<table border="1"> <tr> <td colspan="10">40.00</td> </tr> </table>	40.00																			
40.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: FL District: 16 Other (specify) ▼	[MEMO ITEM] MEMO: EARMARKED BY MARILY- NN WILLIAMS																				

B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2949 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY GARRY KIRKLAND	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: FL District: 16 Other (specify) ▼	[MEMO ITEM] MEMO: EARMARKED BY GARRY KIRKLAND																				

C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2948 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY DOREEN KENNEDY	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: FL District: 16 Other (specify) ▼	[MEMO ITEM] MEMO: EARMARKED BY DOREEN KENNEDY																				

SUBTOTAL of Disbursements This Page (optional)

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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 82 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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) Gayle Harrell For Congress	Transaction ID: 80920.E2951 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY BRIAN EDMONSTON	<table border="1"> <tr> <td>200.00</td> </tr> </table>	200.00																			
200.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 16	[MEMO ITEM] MEMO: EARMARKED BY BRIAN EDMONSTON																				

B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2950 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY JEROME JOHN	<table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 16	[MEMO ITEM] MEMO: EARMARKED BY JEROME JOHN																				

C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2944 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY DONALD HAGA	<table border="1"> <tr> <td>20.00</td> </tr> </table>	20.00																			
20.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 16	[MEMO ITEM] MEMO: EARMARKED BY DONALD HAGA																				

SUBTOTAL of Disbursements This Page (optional)

0.00

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 83 / 93

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Team America PAC

A. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2945 Date of Disbursement
Mailing Address 817 Southwest Kola Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 9 / 2 0 0 8</div> </div>
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED BY ROBERT VEKONY	<div>35.00</div>
Candidate Name GAYLE HARRELL	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM] MEMO: EARMARKED BY ROBERT VEKONY	
B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2943 Date of Disbursement
Mailing Address 817 Southwest Kola Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 9 / 2 0 0 8</div> </div>
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED BY GEORGE COLLINS	<div>50.00</div>
Candidate Name GAYLE HARRELL	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM] MEMO: EARMARKED BY GEORGE COLLINS	
C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80919.E2936 Date of Disbursement
Mailing Address 817 Southwest Kola Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 8</div> </div>
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED BY DOUGLAS MOE	<div>25.00</div>
Candidate Name GAYLE HARRELL	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM] MEMO: EARMARKED BY DOUGLAS MOE	

SUBTOTAL of Disbursements This Page (optional)

0.00

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 84 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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) Gayle Harrell For Congress	Transaction ID: 80919.E2938 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY ROBERT BENNETT	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] MEMO: EARMARKED BY ROBERT BENNETT																					
B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80919.E2937 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY STEPHEN GORMAN	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] MEMO: EARMARKED BY STEPHEN GORMAN																					
C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80919.E2939 Date of Disbursement																				
Mailing Address 817 Southwest Kola Ave.	<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>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY JOHN HEINDEL	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] MEMO: EARMARKED BY JOHN HEINDEL																					

SUBTOTAL of Disbursements This Page (optional)

0.00

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 85 / 93

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Team America PAC

A. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80919.E2940 Date of Disbursement
Mailing Address 817 Southwest Kola Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 8</div> </div>
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED BY JAMES PHILLIPS	<div> <div></div> <div>20.00</div> </div>
Candidate Name GAYLE HARRELL	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: EARMARKED BY JAMES PHILLIPS
B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80920.E2942 Date of Disbursement
Mailing Address 817 Southwest Kola Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 9 / 2 0 0 8</div> </div>
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED BY WAYNE DOVER	<div> <div></div> <div>50.00</div> </div>
Candidate Name GAYLE HARRELL	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: EARMARKED BY WAYNE DOVER
C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress	Transaction ID: 80919.E2941 Date of Disbursement
Mailing Address 817 Southwest Kola Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 8</div> </div>
City Port Saint Lucie State FL Zip Code 34953-	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED BY JOSIE FALBO	<div> <div></div> <div>25.00</div> </div>
Candidate Name GAYLE HARRELL	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: EARMARKED BY JOSIE FALBO

SUBTOTAL of Disbursements This Page (optional)

0.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 86 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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) FRIENDS OF GAYLE HARRELL	Transaction ID: 80919.E2876 Date of Disbursement																				
Mailing Address 1885 N.W. Eagle Point	<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>8</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	5		2	0	0	8												
City State Zip Code Stuart FL 34994	Amount of Each Disbursement this Period																				
Purpose of Disbursement FORWARD EARMARKED CONTRIBUTIONS C00	<table border="1"> <tr> <td>237.00</td> </tr> </table>	237.00																			
237.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Earmarked - - Transmitt- ed by Committee Check																				
B. Full Name (Last, First, Middle Initial) FRIENDS OF GAYLE HARRELL	Transaction ID: 80919.E2870 Date of Disbursement																				
Mailing Address 1885 N.W. Eagle Point	<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>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City State Zip Code Stuart FL 34994	Amount of Each Disbursement this Period																				
Purpose of Disbursement FORWARDING EARMARKED CONTRIBUTIONS	<table border="1"> <tr> <td>870.00</td> </tr> </table>	870.00																			
870.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Earmarked - - Transmitt- ed by Committee Check																				
C. Full Name (Last, First, Middle Initial) FRIENDS OF GAYLE HARRELL	Transaction ID: 80919.E2871 Date of Disbursement																				
Mailing Address 1885 N.W. Eagle Point	<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>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	0	8												
City State Zip Code Stuart FL 34994	Amount of Each Disbursement this Period																				
Purpose of Disbursement FORWARDING EARMARKED CONTRIBUTIONS	<table border="1"> <tr> <td>1305.00</td> </tr> </table>	1305.00																			
1305.00																					
Candidate Name GAYLE HARRELL	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Earmarked - - Transmitt- ed by Committee Check																				

SUBTOTAL of Disbursements This Page (optional)

2412.00

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 87 / 93

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Team America PAC

A. Full Name (Last, First, Middle Initial) Alaskans For Cuddy	Transaction ID: 80920.E2999 Date of Disbursement
Mailing Address 555 W. Northern Lights Blvd. #222	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 8</div> </div>
City Anchorage State AK Zip Code 99503-	Amount of Each Disbursement this Period
Purpose of Disbursement POLLING ON BEHALF OF CANDIDATE	<div>4500.00</div>
Candidate Name DAVID W CUDDY	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AK District: 00	IN KIND: POLLING ON BEHALF OF CANDIDATE
B. Full Name (Last, First, Middle Initial) Alaskans For Cuddy	Transaction ID: 80919.E2878 Date of Disbursement
Mailing Address 555 W. Northern Lights Blvd. #222	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 8</div> </div>
City Anchorage State AK Zip Code 99503-	Amount of Each Disbursement this Period
Purpose of Disbursement OVERNIGHT POSTAGE	<div>37.12</div>
Candidate Name DAVID W CUDDY	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AK District: 00	IN KIND: OVERNIGHT POSTAGE
C. Full Name (Last, First, Middle Initial) Alaskans For Cuddy	Transaction ID: 80920.E2988 Date of Disbursement
Mailing Address 555 W. Northern Lights Blvd. #222	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 8</div> </div>
City Anchorage State AK Zip Code 99503-	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED BY JAMES MALCOLM	<div>50.00</div>
Candidate Name DAVID W CUDDY	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AK District: 00	[MEMO ITEM] MEMO: EARMARKED BY JAMES MALCOLM

SUBTOTAL of Disbursements This Page (optional)

4537.12

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 PageFOR LINE NUMBER:
(check only one)

PAGE 88 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

Alaskans For Cuddy

Mailing Address 555 W. Northern Lights Blvd. #222

City Anchorage State AK Zip Code 99503-

Purpose of Disbursement
EARMARKED BY ROBERT BENNETTCandidate Name
DAVID W CUDDYCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AK District: 00

Transaction ID: 80920.E2987

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

MEMO: EARMARKED BY ROBERT BENNETT

B.

Full Name (Last, First, Middle Initial)

Alaskans For Cuddy

Mailing Address 555 W. Northern Lights Blvd. #222

City Anchorage State AK Zip Code 99503-

Purpose of Disbursement
EARMARKED BY TERRENCE VAUGHNCandidate Name
DAVID W CUDDYCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AK District: 00

Transaction ID: 80920.E2989

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

MEMO: EARMARKED BY TERRENCE VAUGHN

C.

Full Name (Last, First, Middle Initial)

Alaskans For Cuddy

Mailing Address 555 W. Northern Lights Blvd. #222

City Anchorage State AK Zip Code 99503-

Purpose of Disbursement
EARMARKED BY RONNIE STRAVLOCandidate Name
DAVID W CUDDYCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AK District: 00

Transaction ID: 80920.E2991

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

MEMO: EARMARKED BY RONNIE STRAVLO

SUBTOTAL of Disbursements This Page (optional)

0.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 89 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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) Alaskans For Cuddy	Transaction ID: 80920.E2990 Date of Disbursement																				
Mailing Address 555 W. Northern Lights Blvd. #222	<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>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Anchorage State AK Zip Code 99503-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY SCOTT SHOCK	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name DAVID W CUDDY	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AK District: 00	[MEMO ITEM] MEMO: EARMARKED BY SCOTT SHOCK																				

B. Full Name (Last, First, Middle Initial) Alaskans For Cuddy	Transaction ID: 80920.E2993 Date of Disbursement																				
Mailing Address 555 W. Northern Lights Blvd. #222	<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>8</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	5		2	0	0	8												
City Anchorage State AK Zip Code 99503-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY JOAN LIVINGSTON	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name DAVID W CUDDY	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AK District: 00	[MEMO ITEM] MEMO: EARMARKED BY JOAN LIVINGSTON																				

C. Full Name (Last, First, Middle Initial) Alaskans For Cuddy	Transaction ID: 80920.E2992 Date of Disbursement																				
Mailing Address 555 W. Northern Lights Blvd. #222	<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>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Anchorage State AK Zip Code 99503-	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED BY KAY BROWER	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
20.00																					
Candidate Name DAVID W CUDDY	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AK District: 00	[MEMO ITEM] MEMO: EARMARKED BY KAY BROWER																				

SUBTOTAL of Disbursements This Page (optional)

0.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 90 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

Alaskans For Cuddy

Mailing Address 555 W. Northern Lights Blvd. #222

City Anchorage State AK Zip Code 99503-

Purpose of Disbursement
EARMARKED BY DONALD HAGACandidate Name
DAVID W CUDDYCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AK District: 00

Transaction ID: 80920.E2986

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

MEMO: EARMARKED BY DONALD HAGA

B.

Full Name (Last, First, Middle Initial)

Alaskans For Cuddy

Mailing Address 555 W. Northern Lights Blvd. #222

City Anchorage State AK Zip Code 99503-

Purpose of Disbursement
EARMARKED BY CHARLES LINSDEYCandidate Name
DAVID W CUDDYCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AK District: 00

Transaction ID: 80920.E2985

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

MEMO: EARMARKED BY CHARLES LINSDEY

C.

Full Name (Last, First, Middle Initial)

ALASKANS FOR CUDDY

Mailing Address 1900 STANFORD DRIVE

City ANCHORAGE State AK Zip Code 99508

Purpose of Disbursement
FORWARDING EARMARKED CONTRIBUTIONSCandidate Name
DAVID W CUDDYCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AK District: 00

Transaction ID: 80919.E2874

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Amount of Each Disbursement this Period

260.00

Earmarked - - Transmitt-
ed by Committee Check

SUBTOTAL of Disbursements This Page (optional)

260.00

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 91 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
ALASKANS FOR CUDDY

Mailing Address 1900 STANFORD DRIVE

City ANCHORAGE State AK Zip Code 99508

Purpose of Disbursement
FORWARDING EARMARKED CONTRIBUTIONS

Candidate Name
DAVID W CUDDY

Office Sought: ☐ House
☒ Senate
☐ President

State: AK District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: 80919.E2875

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.00

Earmarked - - Transmitt-
ed by Committee Check

SUBTOTAL of Disbursements This Page (optional)

25.00

TOTAL This Period (last page this line number only)

11962.10

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 92 / 93

<input 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 checked="" 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)

Randy Terrill 2008

Mailing Address 2119 Riverwalk Dr.
Suite 192

City Oklahoma City State OK Zip Code 73160-

Purpose of Disbursement
FORWARD EARMARKED CONTRIBUTIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 80919.E2877

Date of Disbursement

/ /

Amount of Each Disbursement this Period

282.25

SUBTOTAL of Disbursements This Page (optional)

282.25

TOTAL This Period (last page this line number only)

282.25

Image# 28993130613

Form/Schedule: **F3XA**

Transaction ID:

Regarding the letter referencing our amended Sept. monthly report: The receipts disclosed on our original filing were in error. We had a software problem that was pulling receipts from earlier periods and inserting them in our report. We filed the amended report as soon as the error was corrected. The amended report figures are correct.
