

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Team America PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|---------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | | 7424.48 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 7424.48 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 49412.09 | 49412.09 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 56836.57 | 56836.57 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 39464.26 | 39464.26 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 17372.31 | 17372.31 | | | | | | | | |
| 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) | 71357.22 | | | | | | | | | |

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**

Write or Type Committee Name
Team America PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| 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 | 7722.00 | 7722.00 |
| (i) Itemized (use Schedule A) | 41689.09 | 41689.09 |
| (ii) Unitemized | 49411.09 | 49411.09 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 49411.09 | 49411.09 |
| 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.) | 1.00 | 1.00 |
| 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)) | 49412.09 | 49412.09 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 49412.09 | 49412.09 |

DETAILED SUMMARY PAGE
of Disbursements

| 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..... | 39464.26 | 39464.26 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 39464.26 | 39464.26 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 39464.26 | 39464.26 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 39464.26 | 39464.26 |

DETAILED SUMMARY PAGE
of Disbursements

| 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 | 49411.09 | 49411.09 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 49411.09 | 49411.09 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 39464.26 | 39464.26 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 39464.26 | 39464.26 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 30 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
Team America PAC

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Anonymous Anonymous | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 501 Church St NE DNM | | Transaction ID: 60124.C26700 |
| City Vienna State VA Zip Code 22180-4734 | Amount of Each Receipt this Period 1400.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt |
| Name of Employer N/A Occupation n/a | Aggregate Year-to-Date ▼ 1400.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Anonymous Anonymous | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 501 Church St NE DNM | | Transaction ID: 60213.C27935 |
| City Vienna State VA Zip Code 22180-4734 | Amount of Each Receipt this Period 10.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt |
| Name of Employer N/A Occupation n/a | Aggregate Year-to-Date ▼ 1410.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Anonymous Anonymous | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 501 Church St NE DNM | | Transaction ID: 60213.C28096 |
| City Vienna State VA Zip Code 22180-4734 | Amount of Each Receipt this Period 1.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt |
| Name of Employer N/A Occupation n/a | Aggregate Year-to-Date ▼ 1411.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1411.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 30 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
Team America PAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Anonymous Anonymous | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address 501 Church St NE DNM | | Transaction ID: 60213.C27595 |
| City Vienna State VA Zip Code 22180-4734 | Amount of Each Receipt this Period 1.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt |
| Name of Employer N/A Occupation n/a | Aggregate Year-to-Date ▼ 1412.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Anonymous Anonymous | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 501 Church St NE DNM | | Transaction ID: 60213.C27344 |
| City Vienna State VA Zip Code 22180-4734 | Amount of Each Receipt this Period 10.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt |
| Name of Employer N/A Occupation n/a | Aggregate Year-to-Date ▼ 1422.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Robert Ferguson | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address 23072 Lake Center Dr | | Transaction ID: 60213.C27372 |
| City Lake Forest State CA Zip Code 92630-6802 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt |
| Name of Employer self Occupation Oil & Gas Expl | Aggregate Year-to-Date ▼ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 511.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 30 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
Team America PAC

| | | |
|--|---|--|
| A. Full Name (Last, First, Middle Initial) Eunena Hobbs Mailing Address 2351 Loma Dr City State Zip Code Lemon Grove CA 91945-3817 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 Transaction ID: 60213.C27302 Amount of Each Receipt this Period 1000.00 Receipt |
| Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Information Requested Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|---|--|
| B. Full Name (Last, First, Middle Initial) Barbara Kasler Mailing Address 19169 Strathcona Dr City State Zip Code Detroit MI 48203-1486 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 Transaction ID: 60213.C27988 Amount of Each Receipt this Period 1000.00 Receipt |
| Name of Employer retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation n/a Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) John Keaveny Mailing Address 309 Lunar Ln. City State Zip Code Bismarck ND 58503-0469 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Transaction ID: 60213.C27686 Amount of Each Receipt this Period 500.00 Receipt |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation physician Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 30 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
Team America PAC

A. Full Name (Last, First, Middle Initial)
Willa Key

Mailing Address 101 W, Beck Lane

City State Zip Code
Phoenix AZ 85023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Premiere Properties Ltd. president

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2006

Transaction ID: 60213.C27395

Amount of Each Receipt this Period
300.00

Receipt

B. Full Name (Last, First, Middle Initial)
Patricia Lambert

Mailing Address 3817 Petoskey Ave Apt 17

City State Zip Code
Cincinnati OH 45227-3846

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2006

Transaction ID: 60213.C27835

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ray Oden

Mailing Address 702 Thora Blvd

City State Zip Code
Shreveport LA 71106-1824

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2006

Transaction ID: 60124.C26546

Amount of Each Receipt this Period
250.00

Receipt

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 800.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 30 |
| | <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 | |

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

NAME OF COMMITTEE (In Full)
Team America PAC

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Lunsford Richardson | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 7 Indian Spring Rd | | Transaction ID: 60124.C26411 | |
| City State Zip Code Norwalk CT 06853-1304 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Information Requested Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. John Tanton | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 2957 Atkins Rd | | Transaction ID: 60125.C27007 | |
| City State Zip Code Petoskey MI 49770-9531 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer N/A Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. Kay Lee Wrage-Gunn | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 6214 Preston Rd. | | Transaction ID: 60213.C28061 | |
| City State Zip Code Dallas TX 75205 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation n/a Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) ▶ | 7722.00 |

**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 11 / 30

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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

NAME OF COMMITTEE (In Full)
Team America PAC

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Corporate Payroll Services | | Transaction ID: 60213.E1727 Date of Disbursement |
| Mailing Address 1803 Research Blvd Ste 300 | | <input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2006"/> |
| City Rockville | State MD | Zip Code 20850-6108 |
| Purpose of Disbursement fed/state withholding | <input type="text" value="001"/> | |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | FED/STATE WITHHOLDING | |
| Amount of Each Disbursement this Period | | <input type="text" value="2846.73"/> |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Corporate Payroll Services | | Transaction ID: 60213.E1726 Date of Disbursement |
| Mailing Address 1803 Research Blvd Ste 300 | | <input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2006"/> |
| City Rockville | State MD | Zip Code 20850-6108 |
| Purpose of Disbursement payroll service fee | <input type="text" value="001"/> | |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | PAYROLL SERVICE FEE | |
| Amount of Each Disbursement this Period | | <input type="text" value="105.15"/> |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Corporate Payroll Services | | Transaction ID: 60213.E1749 Date of Disbursement |
| Mailing Address 1803 Research Blvd Ste 300 | | <input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2006"/> |
| City Rockville | State MD | Zip Code 20850-6108 |
| Purpose of Disbursement -fed/state taxes | <input type="text" value="001"/> | |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | -FED/STATE TAXES | |
| Amount of Each Disbursement this Period | | <input type="text" value="-1864.29"/> |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="1087.59"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

**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 12 / 30

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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

NAME OF COMMITTEE (In Full)
Team America PAC

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Corporate Payroll Services | | Transaction ID: 60213.E1733 Date of Disbursement |
| Mailing Address 1803 Research Blvd Ste 300 | | <input type="text" value="01"/> / <input type="text" value="24"/> / <input type="text" value="2006"/> |
| City Rockville | State MD | Zip Code 20850-6108 |
| Purpose of Disbursement payroll service fee | <input type="text" value="001"/> Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | PAYROLL SERVICE FEE | |

Amount of Each Disbursement this Period

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Corporate Payroll Services | | Transaction ID: 60213.E1734 Date of Disbursement |
| Mailing Address 1803 Research Blvd Ste 300 | | <input type="text" value="01"/> / <input type="text" value="24"/> / <input type="text" value="2006"/> |
| City Rockville | State MD | Zip Code 20850-6108 |
| Purpose of Disbursement fed/state withholding | <input type="text" value="001"/> Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | FED/STATE WITHHOLDING | |

Amount of Each Disbursement this Period

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Corporate Payroll Services | | Transaction ID: 60213.E1735 Date of Disbursement |
| Mailing Address 1803 Research Blvd Ste 300 | | <input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2006"/> |
| City Rockville | State MD | Zip Code 20850-6108 |
| Purpose of Disbursement payroll service fee | <input type="text" value="001"/> Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | PAYROLL SERVICE FEE | |

Amount of Each Disbursement this Period

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="1644.98"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 30

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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

NAME OF COMMITTEE (In Full)
Team America PAC

| | | |
|--|-----------------|---|
| Full Name (Last, First, Middle Initial) A. Corporate Payroll Services | | Transaction ID: 60213.E1736 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 1803 Research Blvd Ste 300 | | Amount of Each Disbursement this Period 2777.52 |
| City Rockville State MD Zip Code 20850-6108 | FED/STATE TAXES | |
| Purpose of Disbursement fed/state taxes Candidate Name | | 001 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) ▼ |

| | | |
|--|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Publishers Computer Corp | | Transaction ID: 60213.E1712 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 209 Main St | | Amount of Each Disbursement this Period 300.00 |
| City New Milford State NJ Zip Code 07646-1733 | NONCANDIDATE SPECIFIC FUN- DRAISI | |
| Purpose of Disbursement noncandidate specific fundraisi Candidate Name | | 003 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) ▼ |

| | | |
|--|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Junttila Studios, Inc | | Transaction ID: 60213.E1715 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 13575 Melville Ln | | Amount of Each Disbursement this Period 574.00 |
| City Chantilly State VA Zip Code 20151-2495 | NONCANDIDATE SPECIFIC FUN- DRAISI | |
| Purpose of Disbursement noncandidate specific fundraisi Candidate Name | | 003 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) ▼ |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3651.52 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 30

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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

NAME OF COMMITTEE (In Full)
Team America PAC

| | | |
|--|----------------|--|
| Full Name (Last, First, Middle Initial) A. Efficient Secure Transport Systems | | Transaction ID: 60213.E1723 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 9449 Lark Sparrow Dr | | Amount of Each Disbursement this Period 2220.00 |
| City Littleton State CO Zip Code 80126-5221 | TRAVEL EXPENSE | |
| Purpose of Disbursement travel expense Candidate Name | | 001 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) ▼ |

| | | |
|--|------------------|--|
| Full Name (Last, First, Middle Initial) B. Aristotle | | Transaction ID: 60213.E1719 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 205 Pennsylvania Ave SE | | Amount of Each Disbursement this Period 1200.00 |
| City Washington State DC Zip Code 20003-1164 | SOFTWARE EXPENSE | |
| Purpose of Disbursement SOFTWARE EXPENSE 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) ▼ |

| | | |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial) C. BB & T | | Transaction ID: 60213.E1745 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 440 Maple Ave E | | Amount of Each Disbursement this Period 62.50 |
| City Vienna State VA Zip Code 22180-4723 | -CREDIT CARD FEES | |
| Purpose of Disbursement -Credit Card Fees Candidate Name | | 001 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) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3482.50 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 30

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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

NAME OF COMMITTEE (In Full)
Team America PAC

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. BB & T | | Transaction ID: 60213.E1742 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 440 Maple Ave E | | Amount of Each Disbursement this Period 34.00 |
| City Vienna State VA Zip Code 22180-4723 | Purpose of Disbursement -Bank Service Charge Candidate Name Category/Type 001 | |
| 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) ▼ | -BANK SERVICE CHARGE |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. BB & T | | Transaction ID: 60213.E1746 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 6 |
| Mailing Address 440 Maple Ave E | | Amount of Each Disbursement this Period 133.45 |
| City Vienna State VA Zip Code 22180-4723 | Purpose of Disbursement -Credit Card Fees Candidate Name Category/Type 001 | |
| 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) ▼ | -CREDIT CARD FEES |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. BB & T | | Transaction ID: 60213.E1743 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 440 Maple Ave E | | Amount of Each Disbursement this Period 23.10 |
| City Vienna State VA Zip Code 22180-4723 | Purpose of Disbursement -Bank Service Charge Candidate Name Category/Type 001 | |
| 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) ▼ | -BANK SERVICE CHARGE |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 190.55 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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 16 / 30

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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

NAME OF COMMITTEE (In Full)
Team America PAC

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. BB & T | | Transaction ID: 60214.E1750 Date of Disbursement 01 / 21 / 2006 |
| Mailing Address 440 Maple Ave E | | Amount of Each Disbursement this Period 160.53 |
| City Vienna State VA Zip Code 22180-4723 | Purpose of Disbursement -Credit Card Fees Candidate Name Category/Type: 001 | |
| 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) ▼ | -CREDIT CARD FEES |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. BB & T | | Transaction ID: 60214.E1751 Date of Disbursement 01 / 21 / 2006 |
| Mailing Address 440 Maple Ave E | | Amount of Each Disbursement this Period 16.55 |
| City Vienna State VA Zip Code 22180-4723 | Purpose of Disbursement 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) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. BB & T | | Transaction ID: 60213.E1747 Date of Disbursement 01 / 23 / 2006 |
| Mailing Address 440 Maple Ave E | | Amount of Each Disbursement this Period 17.15 |
| City Vienna State VA Zip Code 22180-4723 | Purpose of Disbursement -Bank Service Charges Candidate Name Category/Type: 001 | |
| 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) ▼ | -BANK SERVICE CHARGES |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 194.23 |
| 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)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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

NAME OF COMMITTEE (In Full)
Team America PAC

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. BB & T | | Transaction ID: 60213.E1744 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 440 Maple Ave E | | Amount of Each Disbursement this Period 187.43 | |
| City Vienna State VA Zip Code 22180-4723 | Purpose of Disbursement -Bank Service Charge Candidate Name Category/Type 001 | | |
| 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) ▼ -BANK SERVICE CHARGE | | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. BB & T | | Transaction ID: 60213.E1748 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 440 Maple Ave E | | Amount of Each Disbursement this Period 413.84 | |
| City Vienna State VA Zip Code 22180-4723 | Purpose of Disbursement -Credit Card Fees Candidate Name Category/Type 001 | | |
| 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) ▼ -CREDIT CARD FEES | | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. Angela Bay Buchanan | | Transaction ID: 60213.E1732 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 11321 Hunt Farm Ln | | Amount of Each Disbursement this Period 2473.18 | |
| City Oakton State VA Zip Code 22124-1202 | Purpose of Disbursement payroll Candidate Name Category/Type 001 | | |
| 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 | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3074.45 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 30

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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

NAME OF COMMITTEE (In Full)
Team America PAC

| | | |
|--|-------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Angela Bay Buchanan | | Transaction ID: 60213.E1724 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 11321 Hunt Farm Ln | | Amount of Each Disbursement this Period 3296.34 |
| City Oakton State VA Zip Code 22124-1202 | REIMBURSEMENT TRAVEL EXPENSES | |
| Purpose of Disbursement reimbursement travel expenses Candidate Name | | 001 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) ▼ |

| | | |
|--|---------|--|
| Full Name (Last, First, Middle Initial) B. Angela Bay Buchanan | | Transaction ID: 60213.E1737 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 11321 Hunt Farm Ln | | Amount of Each Disbursement this Period 2473.19 |
| City Oakton State VA Zip Code 22124-1202 | PAYROLL | |
| Purpose of Disbursement payroll Candidate Name | | 001 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) ▼ |

| | | |
|--|---------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Conrad Direct | | Transaction ID: 60213.E1716 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 300 Knickerbocker Rd | | Amount of Each Disbursement this Period 206.99 |
| City Cresskill State NJ Zip Code 07626-1350 | NONCANDIDATE SPECIFIC FUNDRAISI | |
| Purpose of Disbursement noncandidate specific fundraisi Candidate Name | | 003 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) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5976.52 |
| 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 19 / 30

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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

NAME OF COMMITTEE (In Full)
Team America PAC

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Conrad Direct | | Transaction ID: 60213.E1722 Date of Disbursement MM / DD / YYYY 01 / 26 / 2006 | |
| Mailing Address 300 Knickerbocker Rd | | Amount of Each Disbursement this Period 264.99 | |
| City Cresskill State NJ Zip Code 07626-1350 | Purpose of Disbursement noncandidate specific fundraisi Candidate Name | 003 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) ▼ | | |

NONCANDIDATE SPECIFIC FUNDRAISI

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Richard Curtiss | | Transaction ID: 60213.E1731 Date of Disbursement MM / DD / YYYY 01 / 16 / 2006 | |
| Mailing Address 11321 Hunt Farm Ln | | Amount of Each Disbursement this Period 391.95 | |
| City Oakton State VA Zip Code 22124-1202 | Purpose of Disbursement payroll Candidate Name | 001 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

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Richard Curtiss | | Transaction ID: 60213.E1741 Date of Disbursement MM / DD / YYYY 01 / 31 / 2006 | |
| Mailing Address 11321 Hunt Farm Ln | | Amount of Each Disbursement this Period 843.77 | |
| City Oakton State VA Zip Code 22124-1202 | Purpose of Disbursement payroll Candidate Name | 001 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

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1500.71 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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 20 / 30

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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

NAME OF COMMITTEE (In Full)
Team America PAC

| | | |
|--|---------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Falcon Printing | | Transaction ID: 60213.E1708 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 1921 Gallows Rd | | Amount of Each Disbursement this Period 2000.00 |
| City Vienna State VA Zip Code 22182-3900 | -DEBT PAYT-PRINTG NONCAND-SPEC. | |
| Purpose of Disbursement -debt payt-printg noncand-spec. Candidate Name | | 003 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) ▼ |

| | | |
|--|-----------------------|--|
| Full Name (Last, First, Middle Initial) B. Sharon Korchnak | | Transaction ID: 60213.E1713 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address PO Box 425 | | Amount of Each Disbursement this Period 1112.50 |
| City New Middletown State OH Zip Code 44442-0425 | -DEBT PAYT-CONSULTING | |
| Purpose of Disbursement -debt payt-consulting Candidate Name | | 001 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) ▼ |

| | | |
|--|---------|--|
| Full Name (Last, First, Middle Initial) C. Hannah Kosa | | Transaction ID: 60213.E1729 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 6 |
| Mailing Address 5540 Spangler Ln | | Amount of Each Disbursement this Period 646.46 |
| City Woodbridge State VA Zip Code 22193-3506 | PAYROLL | |
| Purpose of Disbursement payroll Candidate Name | | 001 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) ▼ |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3758.96 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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 21 / 30

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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

NAME OF COMMITTEE (In Full)
Team America PAC

| | | |
|--|---------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Hannah Kosa | | Transaction ID: 60213.E1739 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 5540 Spangler Ln | | Amount of Each Disbursement this Period 646.46 |
| City Woodbridge State VA Zip Code 22193-3506 | Category/Type 001 PAYROLL | |
| Purpose of Disbursement payroll Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Nathan Muller | | Transaction ID: 60213.E1714 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 47671 Whirlpool Sq | | Amount of Each Disbursement this Period 875.00 |
| City Sterling State VA Zip Code 20165-7440 | Category/Type 004 -DEBT PAYT-WEB DESIGN | |
| Purpose of Disbursement -debt payt-web design Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

| | | |
|--|---------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Sarah Nielsen | | Transaction ID: 60213.E1728 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 6 |
| Mailing Address 4704 Harvest Woods Ct Apt A | | Amount of Each Disbursement this Period 874.62 |
| City Fairfax State VA Zip Code 22033-5037 | Category/Type 001 PAYROLL | |
| Purpose of Disbursement payroll Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2396.08 |
| 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 22 / 30

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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

NAME OF COMMITTEE (In Full)
Team America PAC

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) A. Sarah Nielsen | | Transaction ID: 60213.E1738 Date of Disbursement 01 / 31 / 2006 | |
| Mailing Address 4704 Harvest Woods Ct Apt A | | Amount of Each Disbursement this Period 800.04 | |
| City Fairfax State VA Zip Code 22033-5037 | Purpose of Disbursement payroll Candidate Name Category/Type 001 | | |
| 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

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. P. Daniel Orlich | | Transaction ID: 60213.E1700 Date of Disbursement 01 / 01 / 2006 | |
| Mailing Address 107 East St NE | | Amount of Each Disbursement this Period 580.00 | |
| City Vienna State VA Zip Code 22180-3615 | Purpose of Disbursement rent Candidate Name Category/Type 001 | | |
| 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) ▼ | | |

RENT

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) C. Supplyline | | Transaction ID: 60213.E1717 Date of Disbursement 01 / 24 / 2006 | |
| Mailing Address 5649 Q General Washington Drive | | Amount of Each Disbursement this Period 417.90 | |
| City Alexandria State VA Zip Code 22312- | Purpose of Disbursement toner Candidate Name Category/Type 001 | | |
| 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) ▼ | | |

TONER

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1797.94 |
| 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 23 / 30

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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

NAME OF COMMITTEE (In Full)
Team America PAC

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) A. USPS | | Transaction ID: 60213.E1725 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>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 0 | 5 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 1 | | 0 | 5 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City Vienna | State VA | Zip Code 22180- | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement noncandidate specific postage | | | 30.40 | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | 001 Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |
| State: District: | NONCANDIDATE SPECIFIC POSTAGE | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) B. USPS | | Transaction ID: 60213.E1701 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>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 1 | 0 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 1 | | 1 | 0 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City Vienna | State VA | Zip Code 22180- | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement noncandidate specific postage | | | 794.40 | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | 001 Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |
| State: District: | NONCANDIDATE SPECIFIC POSTAGE | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) C. USPS | | Transaction ID: 60213.E1702 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>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 1 | 4 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 1 | | 1 | 4 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City Vienna | State VA | Zip Code 22180- | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement non-candidate specific postage | | | 4323.00 | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | 001 Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |
| State: District: | NON-CANDIDATE SPECIFIC POSTAGE | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 5147.80 |
| 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 26 / 30

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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

NAME OF COMMITTEE (In Full)
Team America PAC

| | | | |
|--|---------|---|---|
| Full Name (Last, First, Middle Initial) A. Katherine Ward | | Transaction ID: 60213.E1730 Date of Disbursement MM / DD / YYYY 01 / 16 / 2006 | |
| Mailing Address 3424 Tulane Dr Apt 11 | | Amount of Each Disbursement this Period 616.83 | |
| City Hyattsville State MD Zip Code 20783-1840 | PAYROLL | | |
| Purpose of Disbursement payroll Candidate Name | | | 001 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) ▼ |

| | | | |
|--|---------------|---|---|
| Full Name (Last, First, Middle Initial) B. Katherine Ward | | Transaction ID: 60213.E1709 Date of Disbursement MM / DD / YYYY 01 / 23 / 2006 | |
| Mailing Address 3424 Tulane Dr Apt 11 | | Amount of Each Disbursement this Period 178.74 | |
| City Hyattsville State MD Zip Code 20783-1840 | REIMBURSEMENT | | |
| Purpose of Disbursement reimbursement Candidate Name | | | 001 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) ▼ |

| | | | |
|--|---------|---|---|
| Full Name (Last, First, Middle Initial) C. Katherine Ward | | Transaction ID: 60213.E1740 Date of Disbursement MM / DD / YYYY 01 / 31 / 2006 | |
| Mailing Address 3424 Tulane Dr Apt 11 | | Amount of Each Disbursement this Period 616.83 | |
| City Hyattsville State MD Zip Code 20783-1840 | PAYROLL | | |
| Purpose of Disbursement payroll Candidate Name | | | 001 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) ▼ |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1412.40 |
| TOTAL This Period (last page this line number only) ▶ | 39197.22 |

SCHEDULE C (FEC Form 3X)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 27 / 30 FOR LINE 13 OF FORM 3X |
|---|--|

NAME OF COMMITTEE (In Full)
 Team America PAC

Transaction ID: LS60125.C27022

| | |
|--|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Kevin Baadsgaard | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1215 W 900 S | |
| City Spanish Fork State UT ZIP Code 84660-9270 | |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 4914.50 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 4914.50 |
|------------------------------------|------------------------------------|--|

TERMS

| | | | |
|---------------|------------|--------------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 1 2 | D D 2 0 | Y Y Y Y 2 0 0 5 | 20051220 |
| | | .1000 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|--|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |

| | |
|--|---|
| SUBTOTALS This Period This Page (optional) ▶ | <input style="width: 100%;" type="text" value="4914.50"/> |
| TOTALS This Period (last page in this line only) ▶ | <input style="width: 100%;" type="text"/> |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

SCHEDULE C (FEC Form 3X)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 28 / 30 FOR LINE 13 OF FORM 3X |
|---|--|

NAME OF COMMITTEE (In Full)
 Team America PAC

Transaction ID: LS60125.C27023

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Jennie Baadsgaard | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1215 W 900 S | |
| City Spanish Fork State UT ZIP Code 84660-9270 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 4914.50 | 0.00 | 4914.50 |

TERMS

| | | | |
|---------------------------------------|----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 1 2 D D 2 0 Y Y Y Y 2 0 0 5 | 20051220 | .1000 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|--|
| Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code | Name of Employer Occupation Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code | Name of Employer Occupation Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code | Name of Employer Occupation Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code | Name of Employer Occupation Amount Guaranteed Outstanding: |

| | |
|---|---------|
| SUBTOTALS This Period This Page (optional) ▶ | 4914.50 |
| TOTALS This Period (last page in this line only) ▶ | 9829.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Team America PAC

| | | | |
|--|-------|------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Falcon Printing | | | Nature of Debt (Purpose): 003-addl debt-non-cand sp-ec prtg |
| Mailing Address 1921 Gallows Rd | | | |
| City | State | ZIP Code | |
| Vienna | VA | 22182-3900 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: LS60213.E1708 | |
| 33383.29 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 1113.00 | 2000.00 | 32496.29 | |

| | | | |
|--|-------|------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nathan Muller | | | Nature of Debt (Purpose): 004-debt payt-web design |
| Mailing Address 47671 Whirlpool Sq | | | |
| City | State | ZIP Code | |
| Sterling | VA | 20165-7440 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: LS60213.E1714 | |
| 875.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 875.00 | 0.00 | |

| | | | |
|---|-------|------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Southwest Publishing | | | Nature of Debt (Purpose): 001-addl debt-noncand. sp-ec. fundra |
| Mailing Address 2600 NW Topeka Blvd | | | |
| City | State | ZIP Code | |
| Topeka | KS | 66617-1160 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: LS60214.E1753 | |
| 19392.27 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 4501.66 | 0.00 | 23893.93 | |

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 56390.22 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Team America PAC

| | | | |
|--|------------------------|--|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alexander & MacGregor, Inc. | | | Nature of Debt (Purpose): 003-addl debt - Non-candidate-spec |
| Mailing Address PO Box 40580 | | | |
| City State Washington DC | ZIP Code 20016-0580 | | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 3776.00 | | Transaction ID: LS50618.E1230 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3776.00 | |

| | | | |
|--|------------------------|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sharon Korchnak | | | Nature of Debt (Purpose): 001-addl debt-consulting |
| Mailing Address PO Box 425 | | | |
| City State New Middletown OH | ZIP Code 44442-0425 | | |

| | | | |
|--|--------------------------------|--|--|
| Outstanding Balance Beginning This Period 1750.00 | | Transaction ID: LS60213.E1713 | |
| Amount Incurred This Period 724.50 | Payment This Period 1112.50 | Outstanding Balance at Close of This Period 1362.00 | |

| | |
|--|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | 5138.00 |
| 2) TOTALS This Period (last page this line number only)..... | 61528.22 |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | [Empty] |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | [Empty] |