

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** 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 09 20 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							
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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
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		13109.29
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	84070.19									
(c) Total Receipts (from Line 19)	77010.74	268021.13								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	161080.93	281130.42								
7. Total Disbursements (from Line 31)	47976.07	167659.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	113104.86	113471.41								
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**

Write or Type Committee Name
Team America PAC

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
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	19615.00	74854.63
(i) Itemized (use Schedule A)		
(ii) Unitemized	55272.45	179904.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)	74887.45	254759.12
(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)	74887.45	254759.12
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	658.20
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2123.29	12603.81
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))	77010.74	268021.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	77010.74	268021.13

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.....	35531.72	129048.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	35531.72	129048.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12407.23	30518.23
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.....	37.12	3178.28
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))..	47976.07	167659.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47976.07	167659.01

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)	74887.45	254759.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	74887.45	254759.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	35531.72	129048.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	658.20
38. Net Operating Expenditures (subtract Line 37 from Line 36)	35531.72	128389.80

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 83
	<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

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 Occupation Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 18 / 2008

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 08 / 04 / 2008

Transaction ID: 80919.C44889

Amount of Each Receipt this Period 2000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Daniel Baker

Mailing Address 14326 RiverForest Dr.

City Houston State TX Zip Code 77079

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

Name of Employer Shell Occupation engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 25 / 2008

Transaction ID: 80620.C40526

Amount of Each Receipt this Period 150.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 2400.00

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: (check only one)	PAGE 7 / 83
	<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	

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NAME OF COMMITTEE (In Full)
Team America PAC

A.	Full Name (Last, First, Middle Initial) James Bickley		Date of Receipt
	Mailing Address 14 Casa Verde		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 8 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Austin	TX	78734-3412
	FEC ID number of contributing federal political committee. C		Transaction ID: 80919.C45128
Name of Employer Austin Engineering		Occupation estimator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 250.00	Receipt

B.	Full Name (Last, First, Middle Initial) Darrell Boyd		Date of Receipt
	Mailing Address 6816 Cheyenne Cir.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 8 / 0 4 / 2 0 0 8
	City	State	Zip Code
	Minneapolis	MN	55439-1110
	FEC ID number of contributing federal political committee. C		Transaction ID: 80919.C45157
Name of Employer N/A		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 300.00	Receipt

C.	Full Name (Last, First, Middle Initial) L. W. Dan Bridges		Date of Receipt
	Mailing Address 1925 S Vaughn Way Apt 207		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 8 / 0 5 / 2 0 0 8
	City	State	Zip Code
	Aurora	CO	80014-1336
	FEC ID number of contributing federal political committee. C		Transaction ID: 80919.C45328
Name of Employer Self employed		Occupation Retired Oil Geogolist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 200.00	Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 350.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 83
	<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

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NAME OF COMMITTEE (In Full)
Team America PAC

A. Full Name (Last, First, Middle Initial)
Maria Burgess

Mailing Address 2346 Casa Rufina Rd.
#402

City State Zip Code
 NM 87507

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
MM / DD / YYYY
08 / 04 / 2008

Transaction ID: 80919.C44890

Amount of Each Receipt this Period
200.00

Receipt

B. Full Name (Last, First, Middle Initial)
D Butler

Mailing Address 11515 Olde Tiverton Circle
#202

City State Zip Code
 Reston VA 20194

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

Name of Employer Information Requested Occupation Information Requested
Fibertek Engr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2008

Transaction ID: 60616.C33459

Amount of Each Receipt this Period
200.00

Receipt

C. Full Name (Last, First, Middle Initial)
James Carter

Mailing Address 8424 Paseo Del. Ocaso

City State Zip Code
 La Jolla CA 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
MM / DD / YYYY
08 / 04 / 2008

Transaction ID: 80919.C44986

Amount of Each Receipt this Period
100.00

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: (check only one)	PAGE 9 / 83
	<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	

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NAME OF COMMITTEE (In Full)
Team America PAC

A. Full Name (Last, First, Middle Initial)
Kenneth Cillo

Mailing Address 1585 HWY 70

City State Zip Code
Kyles Ford TN 37765

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 ▼ 520.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2008

Transaction ID: 80919.C46097

Amount of Each Receipt this Period
200.00

Receipt

B. Full Name (Last, First, Middle Initial)
Minor Collinsworth

Mailing Address 2463 San Fernando Ct.

City State Zip Code
Claremont CA 91711

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

Name of Employer Information Requested Occupation Information Requested
N/A Retired Anti Globalization Jihadist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 110.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2008

Transaction ID: 80919.C44884

Amount of Each Receipt this Period
60.00

Receipt

C. Full Name (Last, First, Middle Initial)
Minor Collinsworth

Mailing Address 2463 San Fernando Ct.

City State Zip Code
Claremont CA 91711

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

Name of Employer Information Requested Occupation Information Requested
N/A Retired Anti Globalization Jihadist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2008

Transaction ID: 80919.C46180

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 360.00

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: (check only one)	PAGE 10 / 83
	<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

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NAME OF COMMITTEE (In Full)
Team America PAC

A.	Full Name (Last, First, Middle Initial) Clifford Cone		Date of Receipt
	Mailing Address P.O. Box 1629		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lovington	NM	88260-1629
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Information Requested		Occupation Information Requested	Transaction ID: 80919.C44572
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="300.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="100.00"/>
		Receipt	

B.	Full Name (Last, First, Middle Initial) clifford Crane		Date of Receipt
	Mailing Address 3610 BIRCH ST		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Palm Desert	CA	92260
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation engineer	Transaction ID: 80620.C40389
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="200.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="100.00"/>
		Receipt	

C.	Full Name (Last, First, Middle Initial) Prudence Cutler		Date of Receipt
	Mailing Address 7 Prattling Pond Rd.		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Farmington	CT	06032-1803
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer N/A		Occupation Retired	Transaction ID: 80919.C46082
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="200.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="100.00"/>
		Receipt	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 83
	<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	

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NAME OF COMMITTEE (In Full)
Team America PAC

A. 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 Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 08 / 07 / 2008

Transaction ID: 80919.C45528

Amount of Each Receipt this Period 200.00

Receipt

B. 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 08 / 04 / 2008

Transaction ID: 80919.C44938

Amount of Each Receipt this Period 500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Mike Delgado

Mailing Address 123456 Inverness Ave

City Sunnvale State CA Zip Code 94087

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

Name of Employer nasa Occupation engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 08 / 25 / 2008

Transaction ID: 80620.C40556

Amount of Each Receipt this Period 200.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 83
(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)
Edward Denn

Mailing Address 217 federal Hill Road

City Millbury State MA Zip Code 01527

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

Name of Employer Carbon Occupation technical sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 08 / 25 / 2008

Transaction ID: 80620.C40509

Amount of Each Receipt this Period 100.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Kathryn Diehl

Mailing Address 790 South Main Street #514

City Lima State OH Zip Code 45804-1561

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 ▼ 125.00

Date of Receipt 08 / 01 / 2008

Transaction ID: 80919.C44714

Amount of Each Receipt this Period 25.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Kathryn Diehl

Mailing Address 790 South Main Street #514

City Lima State OH Zip Code 45804-1561

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 ▼ 150.00

Date of Receipt 08 / 18 / 2008

Transaction ID: 80919.C46135

Amount of Each Receipt this Period 25.00

Earmarked To Federal Campaign

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: (check only one)	PAGE 13 / 83
	<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) Kathryn Diehl	Date of Receipt MM / DD / YYYY 08 / 25 / 2008
	Mailing Address 790 South Main Street #514	Transaction ID: 80620.C40534
	City State Zip Code Lima OH 45804-1561	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C C00431684	Earmarked To Federal Campaign
	Name of Employer none Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	Earmarked For FRIENDS OF JASON CHAFFETZ

B.	Full Name (Last, First, Middle Initial) PATRICK DOSSEY	Date of Receipt MM / DD / YYYY 08 / 06 / 2008
	Mailing Address 202 basswood Dr	Transaction ID: 80919.C45472
	City State Zip Code San Antonio TX 78213	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer unemployed Occupation unemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) Brian Edmonston	Date of Receipt MM / DD / YYYY 08 / 18 / 2008
	Mailing Address 13460 Old Winery Rd	Transaction ID: 80919.C46560
	City State Zip Code Poway CA 92064	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C C00432344	Earmarked To Federal Campaign
	Name of Employer iCODING Occupation manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	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: (check only one)	PAGE 14 / 83
	<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) Robert Ehret		Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address 30544 Golf Club Pt.		Transaction ID: 80919.C4537
	City Evergreen	State CO	Zip Code 80439-8880
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer N/A	Occupation Retired	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) Joan Ellinwood		Date of Receipt MM / DD / YYYY 08 / 04 / 2008
	Mailing Address PO Box 1445		Transaction ID: 80819.C42605
	City Tubac	State AZ	Zip Code 85646-1445
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Self employed	Occupation homemaker	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) Rebecca Fournier		Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address 23 Diamond Oak Ct.		Transaction ID: 80919.C45214
	City Spring	State TX	Zip Code 77381-3453
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Self employed	Occupation homemaker	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

SUBTOTAL of Receipts This Page (optional)	750.00
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 / 83

(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)

Dorothy Friedman

Mailing Address P.O. Box 2430

City State Zip Code
Palos Verdes Pen CA 90274-8430

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

Name of Employer Occupation
UNAVAILABLE Real Estate

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt

M M / D D / 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)

kenneth fujinaka

Mailing Address 2297 Rosendale Village Ave.

City State Zip Code
Reno NV 89502

FEC ID number of contributing federal political committee. **C** C00432344

Name of Employer Occupation
retired Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt

M M / D D / 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 Campaign

Earmarked For FRIENDS OF GAYLE HARRELL

C.

Full Name (Last, First, Middle Initial)

Stephen Gorman

Mailing Address 7206B Gulf Drive

City State Zip Code
Holmes Beach FL 34217

FEC ID number of contributing federal political committee. **C** C00432344

Name of Employer Occupation
retired Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 150.00

Date of Receipt

M M / D D / 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 Campaign

Earmarked For FRIENDS OF GAYLE HARRELL

SUBTOTAL of Receipts This Page (optional) ▶

250.00

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 / 83
(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 Gorman
 Mailing Address 7206B Gulf Drive
 City State Zip Code
 Holmes Beach FL 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 08 / 18 / 2008
Transaction ID: 80919.C46541
 Amount of Each Receipt this Period 50.00
 Earmarked To Federal Campaign
 Earmarked For FRIENDS OF GAYLE HARRELL

B. Full Name (Last, First, Middle Initial)
Stephen Gorman
 Mailing Address 7206B Gulf Drive
 City State Zip Code
 Holmes Beach FL 34217
 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 ▼ 250.00
 Date of Receipt 08 / 25 / 2008
Transaction ID: 80620.C40566
 Amount of Each Receipt this Period 50.00
 Receipt

C. Full Name (Last, First, Middle Initial)
KELLY GRANT
 Mailing Address 16 Forest Green Dr.
 City State Zip Code
 Springfield IL 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 08 / 12 / 2008
Transaction ID: 80919.C46278
 Amount of Each Receipt this Period 100.00
 Earmarked To Federal Campaign
 Earmarked For FRIENDS OF GAYLE HARRELL

SUBTOTAL of Receipts This Page (optional) ► 200.00
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 / 83
(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)
John Graustein

Mailing Address 57 Waites Landing Road

City Falmouth State ME Zip Code 04105

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

Name of Employer NA Occupation lawyer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 08 / 25 / 2008

Transaction ID: 80620.C40542

Amount of Each Receipt this Period 100.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Richard Griffith

Mailing Address 3417 Milam

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 08 / 09 / 2008

Transaction ID: 80919.C46246

Amount of Each Receipt this Period 100.00

Receipt

C.

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 UNAVAILABLE Occupation unavailable

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 21 / 2008

Transaction ID: 80919.C46181

Amount of Each Receipt this Period 250.00

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: (check only one)	PAGE 18 / 83
	<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	

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NAME OF COMMITTEE (In Full)
Team America PAC

A. Full Name (Last, First, Middle Initial)
JOHN HEINDEL

Mailing Address PO Box 3452

City State Zip Code
Saratoga CA 95070

FEC ID number of contributing federal political committee. **C** C00432344

Name of Employer JOHN H. HEINDEL - CONSULTING C Occupation civil engineer

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt MM / DD / YYYY
08 / 11 / 2008

Transaction ID: 80919.C46257

Amount of Each Receipt this Period 100.00

Earmarked To Federal Campaign

Earmarked For FRIENDS OF GAYLE HARRELL

B. Full Name (Last, First, Middle Initial)
Alice Heiney

Mailing Address 1266 E 73rd St.

City State Zip Code
Brooklyn NY 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 MM / DD / YYYY
08 / 04 / 2008

Transaction ID: 80919.C45207

Amount of Each Receipt this Period 100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ronald Henry

Mailing Address 1576 Bella Cruz Dr. #140

City State Zip Code
The Villages FL 32159

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 ▼ 200.00

Date of Receipt MM / DD / YYYY
08 / 25 / 2008

Transaction ID: 80620.C40451

Amount of Each Receipt this Period 100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 83
	<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	

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NAME OF COMMITTEE (In Full)
Team America PAC

A.	Full Name (Last, First, Middle Initial) Audrey Hickman	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 109 Flora Dr.	Transaction ID: 80919.C44703
	City State Zip Code Haines City FL 33844-5801	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Lloyd Highland	Date of Receipt MM / DD / YYYY 08 / 04 / 2008
	Mailing Address 161 Shadowmont Ct.	Transaction ID: 80919.C44965
	City State Zip Code TN 38572-5560	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) WR Jackson	Date of Receipt MM / DD / YYYY 08 / 25 / 2008
	Mailing Address 55 Burbank Lane	Transaction ID: 80620.C40539
	City State Zip Code Yarmouth ME 04096	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer none	Occupation none	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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 20 / 83
(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)
Ron Jacobsen
 Mailing Address 2228 Via Fernandez
 City Palos Verdes Estat State CA Zip Code 90274
 Date of Receipt MM / DD / YYYY
08 / 25 / 2008
Transaction ID: 80620.C40393
 Amount of Each Receipt this Period
200.00
 Receipt
 Name of Employer retired Occupation AEROSPACE ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

B. Full Name (Last, First, Middle Initial)
Barbara Kasler
 Mailing Address 19169 Strathcona Dr
 City Detroit State MI Zip Code 48203-1486
 Date of Receipt MM / DD / YYYY
08 / 01 / 2008
Transaction ID: 80919.C44590
 Amount of Each Receipt this Period
1000.00
 Receipt
 Name of Employer retired Occupation n/a
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
Lewis Kirby
 Mailing Address PO Box 333
 City Claremont State VA Zip Code 23899-0333
 Date of Receipt MM / DD / YYYY
08 / 25 / 2008
Transaction ID: 60616.C32915
 Amount of Each Receipt this Period
.00
 Receipt
 Name of Employer self Occupation Farmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) 1200.00
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 83
(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)
Ursula Kremer

Mailing Address 4027 Rodeo Rd

City State Zip Code
Davenport IA 52806-4746

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

Name of Employer retired Occupation n/a

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2008

Transaction ID: 80919.C45530

Amount of Each Receipt this Period
100.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Ginny Lendennie

Mailing Address 3908 Chardonay Dr.

City State Zip Code
Perris CA 92571

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

Name of Employer GG Publications, Inc. Occupation Bookkeeper

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2008

Transaction ID: 80620.C40388

Amount of Each Receipt this Period
200.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Francis Lyon

Mailing Address 25401 W. River Rd.

City State Zip Code
Perrysburg OH 43551

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

Name of Employer self Occupation small businessman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2008

Transaction ID: 80919.C46242

Amount of Each Receipt this Period
30.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **330.00**

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 / 83
(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**

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008
Transaction ID: 80920.C46638
Amount of Each Receipt this Period
30.00

Receipt

Name of Employer self Occupation small businessman
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

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** C00432344

Date of Receipt
MM / DD / YYYY
08 / 18 / 2008
Transaction ID: 80919.C46563
Amount of Each Receipt this Period
50.00

Earmarked To Federal Campaign

Name of Employer self Occupation small businessman
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00
Earmarked For FRIENDS OF GAYLE HARRELL

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** C00444067

Date of Receipt
MM / DD / YYYY
08 / 08 / 2008
Transaction ID: 80919.C46241
Amount of Each Receipt this Period
50.00

Earmarked To Federal Campaign

Name of Employer retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 150.00
Earmarked For ALASKANS FOR CUDDY

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 23 / 83
(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 State Zip Code
Silverlake WA 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 08 / 12 / 2008
Transaction ID: 80919.C46267
Amount of Each Receipt this Period 50.00
Earmarked To Federal Campaign
Earmarked For FRIENDS OF GAYLE HARRELL

B. Full Name (Last, First, Middle Initial)
James Malcolm
Mailing Address 135 Lake Rd.
City State Zip Code
Silverlake WA 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 08 / 19 / 2008
Transaction ID: 80919.C46568
Amount of Each Receipt this Period 50.00
Earmarked To Federal Campaign
Earmarked For FRIENDS OF GAYLE HARRELL

C. Full Name (Last, First, Middle Initial)
Mary Jo Manning
Mailing Address 231 Palisade Dr.
City State Zip Code
Austin TX 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 08 / 11 / 2008
Transaction ID: 80919.C45876
Amount of Each Receipt this Period 200.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 300.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 83
	<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)
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 08 / 01 / 2008

Transaction ID: 80819.C42545

Amount of Each Receipt this Period 200.00

Receipt

B. Full Name (Last, First, Middle Initial)
John McKinnis

Mailing Address 106 Bent Oak Drive

City Johnson City State TN Zip Code 37604

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

Name of Employer McKinnis & Scott Occupation lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 19 / 2008

Transaction ID: 80919.C46570

Amount of Each Receipt this Period 50.00

Receipt

C. 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 08 / 25 / 2008

Transaction ID: 80919.C46228

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 25 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Team America PAC

A. Full Name (Last, First, Middle Initial)
glen moss
 Mailing Address 24281 ontario lane
 City State Zip Code
lake forest CA 92630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer precision tile & stone in-c. Occupation contractor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 08 / 25 / 2008
Transaction ID: 80620.C40469
 Amount of Each Receipt this Period 250.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Edwin Naylor
 Mailing Address 35 Waterway Island Drive
 City State Zip Code
Isle of Palms SC 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 08 / 08 / 2008
Transaction ID: 80919.C46244
 Amount of Each Receipt this Period 100.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Nicolas Nowinski
 Mailing Address 12958 Centre Park Cir., 125
 City State Zip Code
Herndon VA 20171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer immixGroup, Inc. Occupation Systems Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 08 / 25 / 2008
Transaction ID: 60616.C33461
 Amount of Each Receipt this Period 250.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 600.00
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 / 83
(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)
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 08 / 18 / 2008
Transaction ID: 80919.C46545
Amount of Each Receipt this Period 100.00
Receipt

B. Full Name (Last, First, Middle Initial)
Michael Olcott
Mailing Address 6300 SW Grand Oaks Dr C302
City Corvallis State OR Zip Code 97333
FEC ID number of contributing federal political committee. **C**
Name of Employer unemployed Occupation biochemist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00
Date of Receipt 08 / 25 / 2008
Transaction ID: 80620.C40458
Amount of Each Receipt this Period 100.00
Receipt

C. 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 md
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 08 / 08 / 2008
Transaction ID: 80919.C45534
Amount of Each Receipt this Period 500.00
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 27 / 83
(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)
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 retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 100.00
Date of Receipt 08 / 11 / 2008
Transaction ID: 80919.C46253
Amount of Each Receipt this Period 25.00
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 retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00
Date of Receipt 08 / 25 / 2008
Transaction ID: 80620.C40524
Amount of Each Receipt this Period 100.00
Receipt

C. Full Name (Last, First, Middle Initial)
Michael Piser
Mailing Address PO 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 08 / 12 / 2008
Transaction ID: 80919.C46273
Amount of Each Receipt this Period 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 625.00
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 28 / 83
(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)
William Porter

Mailing Address 632 S Seville St.

City State Zip Code
Wichita KS 67209-1544

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

Name of Employer Occupation
Aerotek engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2008

Transaction ID: 80919.C44529

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Robert Pung

Mailing Address PO Box 67

City State Zip Code
Pinson TN 38366

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

Name of Employer Occupation
self consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2008

Transaction ID: 80919.C45199

Amount of Each Receipt this Period
100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Wanda Quaid

Mailing Address 2736 Canterbury Drive

City State Zip Code
Fort Collins CO 80526

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

Name of Employer Occupation
Re/Max Alliance real estate broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 130.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2008

Transaction ID: 80920.C46640

Amount of Each Receipt this Period
40.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **390.00**

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 / 83
(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)
Wanda Quaid

Mailing Address 2736 Canterbury Drive

City State Zip Code
Fort Collins CO 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 ▼ 170.00

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 Campaign

Earmarked For FRIENDS OF GAYLE HARRELL

B.

Full Name (Last, First, Middle Initial)
Wanda Quaid

Mailing Address 2736 Canterbury Drive

City State Zip Code
Fort Collins CO 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 ▼ 245.00

Date of Receipt M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 8

Transaction ID: 80620.C40505

Amount of Each Receipt this Period 75.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Blenda Rappaport

Mailing Address PO Box 158

City State Zip Code
Colebrook NH 03576

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

Name of Employer USPS Occupation carrier

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 8

Transaction ID: 80620.C40404

Amount of Each Receipt this Period 200.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **315.00**

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 / 83
(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)
Bonita Richards

Mailing Address 3413 Wayland Dr.

City State Zip Code
Fort Worth TX 76133-3128

FEC ID number of contributing federal political committee. **C** C00432344

Name of Employer UNAVAILABLE Occupation HR Coordinator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 21 / 2008
Transaction ID: 80919.C46174
Amount of Each Receipt this Period 50.00
Earmarked To Federal Campaign
Earmarked For FRIENDS OF GAYLE HARRELL

B. Full Name (Last, First, Middle Initial)
Amelia Richardson

Mailing Address 1728 Border Avenue

City State Zip Code
Torrance CA 90501

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

Name of Employer Richardson Construction Occupation Self Employed

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 25 / 2008
Transaction ID: 80620.C40405
Amount of Each Receipt this Period 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
James Roberts

Mailing Address H.C. 34, Box 380

City State Zip Code
Lewisburg WV 24901

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 ▼ 220.00

Date of Receipt 08 / 28 / 2008
Transaction ID: 80919.C46353
Amount of Each Receipt this Period 70.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 620.00

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 / 83
(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)
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 08 / 01 / 2008
Transaction ID: 80919.C44538
Amount of Each Receipt this Period 200.00
Receipt

B. 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 08 / 04 / 2008
Transaction ID: 80919.C45045
Amount of Each Receipt this Period 250.00
Receipt

C. 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 08 / 01 / 2008
Transaction ID: 80919.C44657
Amount of Each Receipt this Period 250.00
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 32 / 83
(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)
Mr. and Mrs. Ryan

Mailing Address 393 Dorchester Rd

City State Zip Code
Lyme NH 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

B. Full Name (Last, First, Middle Initial)
Michael Sanders

Mailing Address 3965 W. 83rd Street
171

City State Zip Code
Prairie Village KS 66208

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

Name of Employer Okura USA Occupation controller

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 5 / 2 0 0 8

Transaction ID: 80620.C40430

Amount of Each Receipt this Period
200.00

Receipt

C. Full Name (Last, First, Middle Initial)
Shirley Sawyer

Mailing Address 2989 Alane St.

City State Zip Code
Salt Lake City UT 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) ► 1300.00

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: (check only one)	PAGE 33 / 83
	<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) Barbara Shepard	Date of Receipt MM / DD / YYYY 08 / 04 / 2008
	Mailing Address 4160 Stonebridge Point	Transaction ID: 80819.C42584
	City State Zip Code Colorado Springs CO 80904-4737	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer N/A Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Joseph Sheppe	Date of Receipt MM / DD / YYYY 08 / 18 / 2008
	Mailing Address 159 Private Drive 10461	Transaction ID: 80919.C46544
	City State Zip Code Proctorville OH 45669	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C C00432344	Earmarked To Federal Campaign
	Name of Employer none Occupation none Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	Earmarked For FRIENDS OF GAYLE HARRELL

C.	Full Name (Last, First, Middle Initial) Thomas Sink	Date of Receipt MM / DD / YYYY 08 / 11 / 2008
	Mailing Address 332-A2 Pine Ridge Circle	Transaction ID: 80919.C46265
	City State Zip Code Greenacres FL 33463	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C C00432344	Earmarked To Federal Campaign
	Name of Employer retired Occupation Clergy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	Earmarked For FRIENDS OF GAYLE HARRELL

SUBTOTAL of Receipts This Page (optional)	230.00
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 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Team America PAC

A. Full Name (Last, First, Middle Initial)
Thomas Sink

Mailing Address 332-A2 Pine Ridge Circle

City State Zip Code
Greenacres FL 33463

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

Name of Employer Occupation
retired Clergy

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 8

Transaction ID: 80620.C40506

Amount of Each Receipt this Period
30.00

Receipt

B. Full Name (Last, First, Middle Initial)
Boris Slutsky

Mailing Address 310 santa clara ave

City State Zip Code
redwood city CA 94061

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

Name of Employer Occupation
University of California engineer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 8

Transaction ID: 80620.C40424

Amount of Each Receipt this Period
300.00

Receipt

C. Full Name (Last, First, Middle Initial)
Greg Small

Mailing Address P.O. Box 5

City State Zip Code
Fort Bidwell CA 96112-0005

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

Name of Employer Occupation
N/A Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / 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

SUBTOTAL of Receipts This Page (optional) ▶ **430.00**

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 / 83
(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)
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: 08 / 07 / 2008

Transaction ID: 80919.C45625

Amount of Each Receipt this Period: 250.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Janice Taylor

Mailing Address 290 Brandywine Drive

City Colorado Springs State CO Zip Code 80906

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

Name of Employer retired Occupation housewife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 08 / 25 / 2008

Transaction ID: 80620.C40400

Amount of Each Receipt this Period: 100.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Rande Taylor

Mailing Address 230 Surf Drive

City New Lenox State IL Zip Code 60451

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

Name of Employer Joliet Equipment Corporation Occupation controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 08 / 25 / 2008

Transaction ID: 80620.C40448

Amount of Each Receipt this Period: 100.00

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: (check only one)	PAGE 36 / 83
	<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) Stephen Thomason	Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address 3421 W. Dartmouth Ave.	Transaction ID: 80919.C45539
	City State Zip Code Denver CO 80236-2349	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Self employed Occupation Rancher/Investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) Samuel Tinaglia	Date of Receipt MM / DD / YYYY 08 / 07 / 2008
	Mailing Address 623 N Merrill St.	Transaction ID: 80919.C45177
	City State Zip Code Park Ridge IL 60068-3405	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Wm Blair Co. Occupation banker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) michael trout	Date of Receipt MM / DD / YYYY 08 / 10 / 2008
	Mailing Address 8404 epicenter blvd	Transaction ID: 80919.C46250
	City State Zip Code lakeland FL 33809	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer uretek icr Occupation construction Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

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: (check only one)	PAGE 37 / 83
	<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) Terrence Vaughn		Date of Receipt	
	Mailing Address 817 5th St		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>	
	City	State	Zip Code	
	Garretson	SD	57030	
	FEC ID number of contributing federal political committee.		C C00444067	
Name of Employer SGT Inc.		Occupation programmer	Transaction ID: 80919.C46238	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
				Earmarked To Federal Campaign
			Earmarked For ALASKANS FOR CUDDY	

B.	Full Name (Last, First, Middle Initial) Terrence Vaughn		Date of Receipt	
	Mailing Address 817 5th St		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>	
	City	State	Zip Code	
	Garretson	SD	57030	
	FEC ID number of contributing federal political committee.		C C00432344	
Name of Employer SGT Inc.		Occupation programmer	Transaction ID: 80919.C46550	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
				Earmarked To Federal Campaign
			Earmarked For FRIENDS OF GAYLE HARRELL	

C.	Full Name (Last, First, Middle Initial) Richard Walling		Date of Receipt	
	Mailing Address 700 Mill Creek Road		<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>	
	City	State	Zip Code	
	Gladwyne	PA	19035-1521	
	FEC ID number of contributing federal political committee.		C	
Name of Employer Express Marine, Inc.		Occupation owner	Transaction ID: 80819.C42606	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
				Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 83
	<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	

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NAME OF COMMITTEE (In Full)
Team America PAC

A.	Full Name (Last, First, Middle Initial) Susan Watson		Date of Receipt
	Mailing Address 1562 El Dorado St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Vallejo	CA	94590
	FEC ID number of contributing federal political committee. C		Transaction ID: 80620.C40489
Name of Employer retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 150.00	Receipt

B.	Full Name (Last, First, Middle Initial) Susan Watson		Date of Receipt
	Mailing Address 1562 El Dorado St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Vallejo	CA	94590
	FEC ID number of contributing federal political committee. C		Transaction ID: 80919.C46596
Name of Employer retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 200.00	Receipt

C.	Full Name (Last, First, Middle Initial) C. W. & P. G. Weaver		Date of Receipt
	Mailing Address 200 E Caley Ave.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Centennial	CO	80121-2209
	FEC ID number of contributing federal political committee. C		Transaction ID: 80919.C45469
Name of Employer self		Occupation construction	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 600.00	Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 600.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 39 / 83
(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)
Edward Wever
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 08 / 05 / 2008
Transaction ID: 80919.C45323
Amount of Each Receipt this Period 100.00
Receipt

B. 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 target energy Occupation oil field services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 150.00
Date of Receipt 08 / 19 / 2008
Transaction ID: 80919.C46567
Amount of Each Receipt this Period 35.00
Earmarked To Federal Campaign
Earmarked For FRIENDS OF GAYLE HARRELL

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**
Name of Employer target energy Occupation oil field services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 175.00
Date of Receipt 08 / 25 / 2008
Transaction ID: 80620.C40577
Amount of Each Receipt this Period 25.00
Receipt

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 83
	<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) Paul White		Date of Receipt MM / DD / YYYY 08 / 25 / 2008
	Mailing Address 2300 Corbin Way		Transaction ID: 80620.C40382
	City Cedar Park	State TX	Zip Code 78613
	FEC ID number of contributing federal political committee. C C00431684		Amount of Each Receipt this Period 35.00
	Name of Employer target energy	Occupation oil field services	Earmarked To Federal Campaign

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	Earmarked For FRIENDS OF JASON CHAFFETZ
---	------------------------------------	---

B.	Full Name (Last, First, Middle Initial) Marilynn Williams		Date of Receipt MM / DD / YYYY 08 / 18 / 2008
	Mailing Address 1705 Republic Rd		Transaction ID: 80919.C46134
	City Silver Spring	State MD	Zip Code 20902-3719
	FEC ID number of contributing federal political committee. C C00432344		Amount of Each Receipt this Period 40.00
	Name of Employer Information Requested	Occupation retired banker	Earmarked To Federal Campaign

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	Earmarked For FRIENDS OF GAYLE HARRELL
---	------------------------------------	--

C.	Full Name (Last, First, Middle Initial) Ray Wilson		Date of Receipt MM / DD / YYYY 08 / 04 / 2008
	Mailing Address 2920 3rd Ave.		Transaction ID: 80919.C44866
	City Council Bluffs	State IA	Zip Code 51501-3439
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Information Requested	Occupation Information Requested	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00
---	------------------------------------

SUBTOTAL of Receipts This Page (optional)	▶	175.00
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: (check only one)	PAGE 41 / 83
	<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)
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 Occupation Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 06 / 2008

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. G

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 08 / 12 / 2008

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 Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 25 / 2008

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)	19615.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 42 / 83	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Team America PAC

A.	Full Name (Last, First, Middle Initial) RMLC		Date of Receipt
	Mailing Address 44084 Riverside Parkway Suite350		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Leesburg	State VA	Zip Code 20176-
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: 80128.C40046
	Name of Employer		Occupation
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="2081.41"/> Other Receipt
Aggregate Year-to-Date ▼		<input type="text" value="12546.91"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2081.41"/>
TOTAL This Period (last page this line number only)	<input type="text" value="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)

<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	<input type="text" value="08"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Rockville State MD Zip Code 20850-6108	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll fees	<input type="text" value="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	<input type="text" value="08"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Rockville State MD Zip Code 20850-6108	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll taxes	<input type="text" value="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	<input type="text" value="08"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Rockville State MD Zip Code 20850-6108	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll taxes	<input type="text" value="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)	<input type="text" value="2919.35"/>
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)

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

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NAME OF COMMITTEE (In Full)
Team America PAC

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

Mailing Address 1803 Research Blvd Ste 300

City Rockville State MD Zip Code 20850-6108

Purpose of Disbursement Payroll fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80919.E2909
Date of Disbursement 08 / 28 / 2008

Amount of Each Disbursement this Period 44.35

Category/Type

PAYROLL FEES

B. Full Name (Last, First, Middle Initial)
Junttila Studios, Inc

Mailing Address 13575 Melville Ln

City Chantilly State VA Zip Code 20151-2495

Purpose of Disbursement Direct mail

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80919.E2891
Date of Disbursement 08 / 28 / 2008

Amount of Each Disbursement this Period 696.00

Category/Type

DIRECT MAIL

C. Full Name (Last, First, Middle Initial)
C&E Printing

Mailing Address 446 Maple Ave., East

City Vienna State VA Zip Code 22180-

Purpose of Disbursement Stationary Printing

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80919.E2888
Date of Disbursement 08 / 28 / 2008

Amount of Each Disbursement this Period 817.06

Category/Type

STATIONARY PRINTING

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)

<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	Transaction ID: 80919.E2894 Date of Disbursement 08 / 28 / 2008
	Mailing Address PO Box 37600	
	City Philadelphia State PA Zip Code 19101-0600	Amount of Each Disbursement this Period 252.00
	Purpose of Disbursement Office supplies 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) ▼
		OFFICE SUPPLIES

B.	Full Name (Last, First, Middle Initial) Drudge Report	Transaction ID: 80920.E2997 Date of Disbursement 08 / 07 / 2008
	Mailing Address	
	City State Zip Code	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Ramos project - outreach 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) ▼
		RAMOS PROJECT - OUTREACH EXPENSE

C.	Full Name (Last, First, Middle Initial) Aristotle	Transaction ID: 80920.E3000 Date of Disbursement 08 / 01 / 2008
	Mailing Address 205 Pennsylvania Ave SE	
	City Washington State DC Zip Code 20003-1164	Amount of Each Disbursement this Period 401.32
	Purpose of Disbursement Credit card fees 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) ▼
		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 46 / 83

<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 Date of Disbursement 08 / 09 / 2008
	Mailing Address 205 Pennsylvania Ave SE	Amount of Each Disbursement this Period 444.74
	City Washington State DC Zip Code 20003-1164	
	Purpose of Disbursement Credit Card fees	Category/ Type
	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) ▼
		CREDIT CARD FEES

B.	Full Name (Last, First, Middle Initial) Aristotle	Transaction ID: 80920.E3003 Date of Disbursement 08 / 15 / 2008
	Mailing Address 205 Pennsylvania Ave SE	Amount of Each Disbursement this Period 187.59
	City Washington State DC Zip Code 20003-1164	
	Purpose of Disbursement Credit Card fees	Category/ Type
	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) ▼
		CREDIT CARD FEES

C.	Full Name (Last, First, Middle Initial) Aristotle	Transaction ID: 80920.E3004 Date of Disbursement 08 / 23 / 2008
	Mailing Address 205 Pennsylvania Ave SE	Amount of Each Disbursement this Period 454.80
	City Washington State DC Zip Code 20003-1164	
	Purpose of Disbursement Credit Card fees	Category/ Type
	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) ▼
		CREDIT CARD FEES

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)

<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.E3005 Date of Disbursement 08 / 30 / 2008
	Mailing Address 205 Pennsylvania Ave SE	Amount of Each Disbursement this Period 111.60
	City Washington State DC Zip Code 20003-1164	
	Purpose of Disbursement Credit Card fees	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) ▼	

B.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: 80920.E2994 Date of Disbursement 08 / 21 / 2008
	Mailing Address 440 Maple Ave E	Amount of Each Disbursement this Period 20.75
	City Vienna State VA Zip Code 22180-4723	
	Purpose of Disbursement Bank fee	BANK FEE
	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) ▼	

C.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: 80920.E2995 Date of Disbursement 08 / 21 / 2008
	Mailing Address 440 Maple Ave E	Amount of Each Disbursement this Period 187.57
	City Vienna State VA Zip Code 22180-4723	
	Purpose of Disbursement Bank fees	BANK 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) ▼	

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)

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

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NAME OF COMMITTEE (In Full)
Team America PAC

<p>A. Full Name (Last, First, Middle Initial) Angela Buchanan</p> <p>Mailing Address 11321 Hunt Farm Ln.</p> <p>City Oakton State VA Zip Code 22124-</p> <p>Purpose of Disbursement Consulting and meeting expense reim</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80919.E2867 Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 1955.10</p> <p>CONSULTING AND MEETING EXPENSE REIM</p>
<p>B. Full Name (Last, First, Middle Initial) Angela Buchanan</p> <p>Mailing Address 11321 Hunt Farm Ln.</p> <p>City Oakton State VA Zip Code 22124-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80919.E2907 Date of Disbursement 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1423.92</p> <p>PAYROLL</p>
<p>C. Full Name (Last, First, Middle Initial) Angela Buchanan</p> <p>Mailing Address 11321 Hunt Farm Ln.</p> <p>City Oakton State VA Zip Code 22124-</p> <p>Purpose of Disbursement Expense reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80919.E2883 Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 141.71</p> <p>EXPENSE REIMBURSEMENT</p>

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)
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

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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 Oakton State VA Zip Code 22124- Purpose of Disbursement Payroll 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: 80919.E2911 Date of Disbursement 08 / 28 / 2008
	Amount of Each Disbursement this Period 2489.07 Category/Type PAYROLL

B. Full Name (Last, First, Middle Initial) Davonte Dodds Mailing Address City State Zip Code Purpose of Disbursement Convention lodging 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: 80919.E2873 Date of Disbursement 08 / 01 / 2008
	Amount of Each Disbursement this Period 800.00 Category/Type CONVENTION LODGING

C. 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 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: 80919.E2908 Date of Disbursement 08 / 15 / 2008
	Amount of Each Disbursement this Period 676.91 Category/Type 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)

<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	Transaction ID: 80919.E2892 Date of Disbursement 08 / 28 / 2008
	Mailing Address 2800 Woodley Rd NW Apt 238	Amount of Each Disbursement this Period 50.32
	City Washington State DC Zip Code 20008-	
	Purpose of Disbursement Reimbursement office expense	Category/Type
	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) ▼
		REIMBURSEMENT OFFICE EXPENSE

B.	Full Name (Last, First, Middle Initial) Marcus Epstein	Transaction ID: 80919.E2912 Date of Disbursement 08 / 28 / 2008
	Mailing Address 2800 Woodley Rd NW Apt 238	Amount of Each Disbursement this Period 676.91
	City Washington State DC Zip Code 20008-	
	Purpose of Disbursement Payroll	Category/Type
	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) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Helen Fullinwider	Transaction ID: 80919.E2913 Date of Disbursement 08 / 28 / 2008
	Mailing Address 13951 Rockland Village Dr. 102	Amount of Each Disbursement this Period 2100.00
	City Chantilly State VA Zip Code 20151-	
	Purpose of Disbursement Payroll	Category/Type
	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) ▼
		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)

<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 <hr/> Mailing Address 12232 Industriplex Blvd. Suite 1 <hr/> City Baton Rouge State LA Zip Code 70809- <hr/> Purpose of Disbursement Web expense Candidate Name <hr/> 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: 80919.E2893 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 85.00 WEB EXPENSE

B. Full Name (Last, First, Middle Initial) Catherine Helsley <hr/> Mailing Address 775 Johnston Court <hr/> City Winchester State VA Zip Code 22601- <hr/> Purpose of Disbursement Intern payroll Candidate Name <hr/> 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: 80919.E2884 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 520.00 INTERN PAYROLL

C. Full Name (Last, First, Middle Initial) Kristin Larsen <hr/> Mailing Address 11322 Hunt Farm Lane <hr/> City Oakton State VA Zip Code 22124-1201 <hr/> Purpose of Disbursement Reimbursement office expense Candidate Name <hr/> 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: 80919.E2885 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 46.66 REIMBURSEMENT OFFICE EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	651.66
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)

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

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NAME OF COMMITTEE (In Full)
Team America PAC

A.	Full Name (Last, First, Middle Initial) Kristin Larsen	Transaction ID: 80919.E2887 Date of Disbursement 08 / 28 / 2008
	Mailing Address 11322 Hunt Farm Lane	Amount of Each Disbursement this Period 33.00
	City Oakton State VA Zip Code 22124-1201	
	Purpose of Disbursement Reimbursement postage 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) ▼
		REIMBURSEMENT POSTAGE

B.	Full Name (Last, First, Middle Initial) P. Daniel Orlich	Transaction ID: 80919.E2889 Date of Disbursement 08 / 28 / 2008
	Mailing Address 107 East St NE	Amount of Each Disbursement this Period 556.00
	City Vienna State VA Zip Code 22180-3615	
	Purpose of Disbursement Rent for Sept. 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) ▼
		RENT FOR SEPT.

C.	Full Name (Last, First, Middle Initial) Paypal	Transaction ID: 80920.E3006 Date of Disbursement 08 / 31 / 2008
	Mailing Address	Amount of Each Disbursement this Period 372.25
	City State Zip Code	
	Purpose of Disbursement Credit card fees 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) ▼
		CREDIT CARD FEES

SUBTOTAL of Disbursements This Page (optional)	▶	961.25
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Team America PAC

A.	Full Name (Last, First, Middle Initial) RMLC Mailing Address 44084 Riverside Parkway Suite350 City Leesburg State VA Zip Code 20176- Purpose of Disbursement List rental 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: 80919.E2895 Date of Disbursement 08 / 28 / 2008 Amount of Each Disbursement this Period 725.00 LIST RENTAL
B.	Full Name (Last, First, Middle Initial) Southwest Publishing Mailing Address 2600 NW Topeka Blvd City Topeka State KS Zip Code 66617-1160 Purpose of Disbursement Direct mail 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: 80919.E2890 Date of Disbursement 08 / 28 / 2008 Amount of Each Disbursement this Period 8759.51 DIRECT MAIL
C.	Full Name (Last, First, Middle Initial) USPS Mailing Address Laywers Rd & Church St City Vienna State VA Zip Code 22180- Purpose of Disbursement Postage for Thank you letters 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: 80919.E2882 Date of Disbursement 08 / 26 / 2008 Amount of Each Disbursement this Period 2100.00 POSTAGE FOR THANK YOU LET- TERS

SUBTOTAL of Disbursements This Page (optional) ▶

11584.51

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Team America PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 17120</p> <p>City Tucson State AZ Zip Code 85731-7120</p> <p>Purpose of Disbursement phone bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80919.E2886</p> <p>Date of Disbursement 08 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 76.92</p> <p>PHONE BILL</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 17120</p> <p>City Tucson State AZ Zip Code 85731-7120</p> <p>Purpose of Disbursement Phone bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80919.E2897</p> <p>Date of Disbursement 08 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 286.31</p> <p>PHONE BILL</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>363.23</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>35411.72</p>

**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 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) Randy Terrill 2008 <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement FORWARD EARMARKED CONTRIBUTIONS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80919.E2877 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 282.25
	Earmarked - - Transmitt- ed by Committee Check
	Category/ Type

B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress <hr/> Mailing Address 817 Southwest Kola Ave. <hr/> City State Zip Code Port Saint Lucie FL 34953- <hr/> Purpose of Disbursement Contribution # C 32344 Candidate Name GAYLE HARRELL <hr/> 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) ▼	Transaction ID: 80919.E2868 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	CONTRIBUTION # C 32344
	Category/ Type 004

C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress <hr/> Mailing Address 817 Southwest Kola Ave. <hr/> City State Zip Code Port Saint Lucie FL 34953- <hr/> Purpose of Disbursement Candidate Name GAYLE HARRELL <hr/> 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) ▼	Transaction ID: 80920.E2974 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 200.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2982.25
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 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 CONTRIBUTION Candidate Name GAYLE HARRELL 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) ▼	Transaction ID: 80919.E2872 Date of Disbursement 08 / 19 / 2008
	Amount of Each Disbursement this Period 2000.00 Category/Type CONTRIBUTION

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 OVERNIGHT POSTAGE Candidate Name GAYLE HARRELL 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) ▼	Transaction ID: 80919.E2881 Date of Disbursement 08 / 25 / 2008
	Amount of Each Disbursement this Period 27.98 Category/Type IN KIND: OVERNIGHT POSTAGE

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 FRANCIS LYON Candidate Name GAYLE HARRELL 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) ▼	Transaction ID: 80920.E2967 Date of Disbursement 08 / 19 / 2008
	Amount of Each Disbursement this Period 50.00 Category/Type [MEMO ITEM] MEMO: EARMARKED BY FRANCIS LYON

SUBTOTAL of Disbursements This Page (optional) ▶	2027.98
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)

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<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 ROBERT BENNETT

Candidate Name
GAYLE HARRELL

Office Sought: House Senate President
State: FL District: 16

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 80920.E2966
Date of Disbursement
08 / 19 / 2008

Amount of Each Disbursement this Period
10.00

[MEMO ITEM]
MEMO: EARMARKED BY ROBERT BENNETT

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 MILLER

Candidate Name
GAYLE HARRELL

Office Sought: House Senate President
State: FL District: 16

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 80920.E2968
Date of Disbursement
08 / 19 / 2008

Amount of Each Disbursement this Period
35.00

[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 Port Saint Lucie State FL Zip Code 34953-

Purpose of Disbursement
EARMARKED BY DOUGLAS MOE

Candidate Name
GAYLE HARRELL

Office Sought: House Senate President
State: FL District: 16

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 80920.E2969
Date of Disbursement
08 / 19 / 2008

Amount of Each Disbursement this Period
25.00

[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)

<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.E2972

Date of Disbursement

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

Mailing Address 817 Southwest Kola Ave.

Amount of Each Disbursement this Period

50.00

City State Zip Code
Port Saint Lucie FL 34953-

Purpose of Disbursement
EARMARKED BY MILIND TAMASKER

Category/
Type

Candidate Name
GAYLE HARRELL

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 16

[MEMO ITEM]

MEMO: EARMARKED BY MILIND TAMASKER

B.

Full Name (Last, First, Middle Initial)
Gayle Harrell For Congress

Transaction ID: 80920.E2970

Date of Disbursement

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

Mailing Address 817 Southwest Kola Ave.

Amount of Each Disbursement this Period

35.00

City State Zip Code
Port Saint Lucie FL 34953-

Purpose of Disbursement
EARMARKED BY PAUL WHITE

Category/
Type

Candidate Name
GAYLE HARRELL

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 16

[MEMO ITEM]

MEMO: EARMARKED BY PAUL WHITE

C.

Full Name (Last, First, Middle Initial)
Gayle Harrell For Congress

Transaction ID: 80920.E2965

Date of Disbursement

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

Mailing Address 817 Southwest Kola Ave.

Amount of Each Disbursement this Period

50.00

City State Zip Code
Port Saint Lucie FL 34953-

Purpose of Disbursement
EDWARD PERKIND

Category/
Type

Candidate Name
GAYLE HARRELL

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 16

[MEMO ITEM]

MEMO: EDWARD PERKIND

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

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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 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

<p>A. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress</p> <p>Mailing Address 817 Southwest Kola Ave.</p> <p>City Port Saint Lucie State FL Zip Code 34953-</p> <p>Purpose of Disbursement EARMARKED BY JAMES MALCOLM</p> <p>Candidate Name GAYLE HARRELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80920.E2971 Date of Disbursement 08 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO: EARMARKED BY JAMES MALCOLM</p>
<p>B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress</p> <p>Mailing Address 817 Southwest Kola Ave.</p> <p>City Port Saint Lucie State FL Zip Code 34953-</p> <p>Purpose of Disbursement EARMARKED BY MAURY MILLER</p> <p>Candidate Name GAYLE HARRELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80920.E2961 Date of Disbursement 08 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 30.00</p> <p>[MEMO ITEM] MEMO: EARMARKED BY MAURY MILLER</p>
<p>C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress</p> <p>Mailing Address 817 Southwest Kola Ave.</p> <p>City Port Saint Lucie State FL Zip Code 34953-</p> <p>Purpose of Disbursement EARMARKED BY WANDA QUAID</p> <p>Candidate Name GAYLE HARRELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80920.E2964 Date of Disbursement 08 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 40.00</p> <p>[MEMO ITEM] MEMO: EARMARKED BY WANDA QUAID</p>

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)

<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 SHELLEY USCINSKI

Candidate Name GAYLE HARRELL

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: FL District: 16

Transaction ID: 80920.E2956
Date of Disbursement 08 / 19 / 2008

Amount of Each Disbursement this Period 25.00

[MEMO ITEM]
MEMO: EARMARKED BY SHELLEY USCINSKI

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 JOSEPH SHEPPE

Candidate Name GAYLE HARRELL

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: FL District: 16

Transaction ID: 80920.E2955
Date of Disbursement 08 / 19 / 2008

Amount of Each Disbursement this Period 100.00

[MEMO ITEM]
MEMO: EARMARKED BY JOSEPH SHEPPE

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 HAL HOLMES

Candidate Name GAYLE HARRELL

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: FL District: 16

Transaction ID: 80920.E2957
Date of Disbursement 08 / 19 / 2008

Amount of Each Disbursement this Period 30.00

[MEMO ITEM]
MEMO: EARMARKED BY HAL HOLMES

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)

<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 KW HIPPS

Candidate Name GAYLE HARRELL

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: FL District: 16

Transaction ID: 80920.E2959
Date of Disbursement 08 / 19 / 2008

Amount of Each Disbursement this Period 30.00

[MEMO ITEM]
MEMO: EARMARKED BY KW HIPPS

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 TERRENCE VAUGHN

Candidate Name GAYLE HARRELL

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: FL District: 16

Transaction ID: 80920.E2958
Date of Disbursement 08 / 19 / 2008

Amount of Each Disbursement this Period 50.00

[MEMO ITEM]
MEMO: EARMARKED BY TERRENCE VAUGHN

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 JOE GILBERT

Candidate Name GAYLE HARRELL

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: FL District: 16

Transaction ID: 80920.E2962
Date of Disbursement 08 / 19 / 2008

Amount of Each Disbursement this Period 25.00

[MEMO ITEM]
MEMO: EARMARKED BY JOE GILBERT

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 62 / 83

<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 ROBERT HERRON Candidate Name GAYLE HARRELL 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) ▼	Transaction ID: 80920.E2960 Date of Disbursement 08 / 19 / 2008
	Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO: EARMARKED BY ROBERT HERRON

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 JAMES BARNES Candidate Name GAYLE HARRELL 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) ▼	Transaction ID: 80920.E2963 Date of Disbursement 08 / 19 / 2008
	Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO: EARMARKED BY JAMES BARNES

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 SCOTT FAVALON Candidate Name GAYLE HARRELL 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) ▼	Transaction ID: 80920.E2977 Date of Disbursement 08 / 25 / 2008
	Amount of Each Disbursement this Period 10.00 [MEMO ITEM] MEMO: EARMARKED BY SCOTT FAVALON

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)

<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 MILTON BALTAS

Candidate Name
GAYLE HARRELL

Office Sought: House Senate President
State: FL District: 16

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 80920.E2983
Date of Disbursement
08 / 25 / 2008

Amount of Each Disbursement this Period
10.00

[MEMO ITEM]
MEMO: EARMARKED BY MILTON BALTAS

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 JAMES GUEST

Candidate Name
GAYLE HARRELL

Office Sought: House Senate President
State: FL District: 16

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 80920.E2954
Date of Disbursement
08 / 19 / 2008

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]
MEMO: EARMARKED BY JAMES GUEST

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 FRANCIS DEROCHE

Candidate Name
GAYLE HARRELL

Office Sought: House Senate President
State: FL District: 16

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 80920.E2976
Date of Disbursement
08 / 25 / 2008

Amount of Each Disbursement this Period
15.00

[MEMO ITEM]
MEMO: EARMARKED BY FRANCIS DEROCHE

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)

<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 BONITA RICHARDS

Candidate Name GAYLE HARRELL

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: FL District: 16

Transaction ID: 80920.E2978
Date of Disbursement 08 / 25 / 2008

Amount of Each Disbursement this Period 50.00

[MEMO ITEM]
MEMO: EARMARKED BY BONITA RICHARDS

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 DOUGLAS WILKERSON

Candidate Name GAYLE HARRELL

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: FL District: 16

Transaction ID: 80920.E2980
Date of Disbursement 08 / 25 / 2008

Amount of Each Disbursement this Period 40.00

[MEMO ITEM]
MEMO: EARMARKED BY DOUGLAS WILKERSON

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 JAYDEE OTT

Candidate Name GAYLE HARRELL

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: FL District: 16

Transaction ID: 80920.E2979
Date of Disbursement 08 / 25 / 2008

Amount of Each Disbursement this Period 22.00

[MEMO ITEM]
MEMO: EARMARKED BY JAYDEE OTT

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)

<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

<p>A. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress</p> <p>Mailing Address 817 Southwest Kola Ave.</p> <p>City Port Saint Lucie State FL Zip Code 34953-</p> <p>Purpose of Disbursement EARMARKED BY JOHN MOORHOUSE</p> <p>Candidate Name GAYLE HARRELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80920.E2982 Date of Disbursement: 08 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO: EARMARKED BY JOHN MOORHOUSE</p>
<p>B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress</p> <p>Mailing Address 817 Southwest Kola Ave.</p> <p>City Port Saint Lucie State FL Zip Code 34953-</p> <p>Purpose of Disbursement EARMARKED B M JOAQUIM</p> <p>Candidate Name GAYLE HARRELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80920.E2981 Date of Disbursement: 08 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 15.00</p> <p>[MEMO ITEM] MEMO: EARMARKED B M JOAQUIM</p>
<p>C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress</p> <p>Mailing Address 817 Southwest Kola Ave.</p> <p>City Port Saint Lucie State FL Zip Code 34953-</p> <p>Purpose of Disbursement EARMARKED BY GEORGE MCLANE</p> <p>Candidate Name GAYLE HARRELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80920.E2975 Date of Disbursement: 08 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] MEMO: EARMARKED BY GEORGE MCLANE</p>

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)

<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

<p>A. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress</p> <p>Mailing Address 817 Southwest Kola Ave.</p> <p>City Port Saint Lucie State FL Zip Code 34953-</p> <p>Purpose of Disbursement EARMARKED BY R. SWEZEY</p> <p>Candidate Name GAYLE HARRELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80920.E2952 Date of Disbursement: 08 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] MEMO: EARMARKED BY R. SWEZEY</p>
<p>B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress</p> <p>Mailing Address 817 Southwest Kola Ave.</p> <p>City Port Saint Lucie State FL Zip Code 34953-</p> <p>Purpose of Disbursement EARMARKED BY STEPHEN GORMAN</p> <p>Candidate Name GAYLE HARRELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80920.E2953 Date of Disbursement: 08 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO: EARMARKED BY STEPHEN GORMAN</p>
<p>C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress</p> <p>Mailing Address 817 Southwest Kola Ave.</p> <p>City Port Saint Lucie State FL Zip Code 34953-</p> <p>Purpose of Disbursement EARMARKED BY WILLIAM FEEMSTER</p> <p>Candidate Name GAYLE HARRELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80919.E2927 Date of Disbursement: 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] MEMO: EARMARKED BY WILLIAM FEEMSTER</p>

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)

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<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 SUSAN SENATORE Candidate Name GAYLE HARRELL 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) ▼	Transaction ID: 80919.E2926 Date of Disbursement 08 / 15 / 2008
	Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO: EARMARKED BY SUSAN SENATORE

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 RICHARD W SAWYER Candidate Name GAYLE HARRELL 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) ▼	Transaction ID: 80919.E2928 Date of Disbursement 08 / 15 / 2008
	Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO: EARMARKED BY RICHARD W SAWYER

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 JAMES MALCOLM Candidate Name GAYLE HARRELL 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) ▼	Transaction ID: 80919.E2930 Date of Disbursement 08 / 15 / 2008
	Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO: EARMARKED BY JAMES MALCOLM

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)

<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 MATTHEW FUCHS Candidate Name GAYLE HARRELL 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) ▼	Transaction ID: 80919.E2929 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 MATTHEW FUCHS

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 CHRIS SZESZKO Candidate Name GAYLE HARRELL 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) ▼	Transaction ID: 80919.E2933 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 CHRIS SZESZKO

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 KENNETH JONES Candidate Name GAYLE HARRELL 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) ▼	Transaction ID: 80919.E2931 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 KENNETH JONES

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)

<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

<p>A. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress</p> <p>Mailing Address 817 Southwest Kola Ave.</p> <p>City Port Saint Lucie State FL Zip Code 34953-</p> <p>Purpose of Disbursement EARMARKED BY DONALD CONYBEAR</p> <p>Candidate Name GAYLE HARRELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80919.E2925 Date of Disbursement: 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] MEMO: EARMARKED BY DONALD CONYBEAR</p>
<p>B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress</p> <p>Mailing Address 817 Southwest Kola Ave.</p> <p>City Port Saint Lucie State FL Zip Code 34953-</p> <p>Purpose of Disbursement EARMARKED BY GARY MICHELSON</p> <p>Candidate Name GAYLE HARRELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80919.E2924 Date of Disbursement: 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 15.00</p> <p>[MEMO ITEM] MEMO: EARMARKED BY GARY MICHELSON</p>
<p>C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress</p> <p>Mailing Address 817 Southwest Kola Ave.</p> <p>City Port Saint Lucie State FL Zip Code 34953-</p> <p>Purpose of Disbursement EARMARKED BY CHARLES LINDSEY</p> <p>Candidate Name GAYLE HARRELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80919.E2917 Date of Disbursement: 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 30.00</p> <p>[MEMO ITEM] MEMO: EARMARKED BY CHARLES LINDSEY</p>

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)

<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 FRANCIS DEROCHER

Candidate Name GAYLE HARRELL

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: FL District: 16

Transaction ID: 80919.E2916
Date of Disbursement 08 / 15 / 2008

Amount of Each Disbursement this Period 15.00

[MEMO ITEM]
MEMO: EARMARKED BY FRANCIS DEROCHER

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 ROBERT BARTELS

Candidate Name GAYLE HARRELL

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: FL District: 16

Transaction ID: 80919.E2918
Date of Disbursement 08 / 15 / 2008

Amount of Each Disbursement this Period 15.00

[MEMO ITEM]
MEMO: EARMARKED BY ROBERT BARTELS

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 DENNIS DRY

Candidate Name GAYLE HARRELL

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

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)

<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

<p>A. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress</p> <p>Mailing Address 817 Southwest Kola Ave.</p> <p>City Port Saint Lucie State FL Zip Code 34953-</p> <p>Purpose of Disbursement EARMARKED BY KENNETH FUJINAKA</p> <p>Candidate Name GAYLE HARRELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80919.E2919 Date of Disbursement 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO: EARMARKED BY KENNETH FUJINAKA</p>
<p>B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress</p> <p>Mailing Address 817 Southwest Kola Ave.</p> <p>City Port Saint Lucie State FL Zip Code 34953-</p> <p>Purpose of Disbursement EARMARKED BY MILTON HORST</p> <p>Candidate Name GAYLE HARRELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80919.E2922 Date of Disbursement 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 30.00</p> <p>[MEMO ITEM] MEMO: EARMARKED BY MILTON HORST</p>
<p>C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress</p> <p>Mailing Address 817 Southwest Kola Ave.</p> <p>City Port Saint Lucie State FL Zip Code 34953-</p> <p>Purpose of Disbursement EARMARKED BY KELLY GRANT</p> <p>Candidate Name GAYLE HARRELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80919.E2921 Date of Disbursement 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO: EARMARKED BY KELLY GRANT</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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 THOMAS HAYES Candidate Name GAYLE HARRELL 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) ▼	Transaction ID: 80919.E2934 Date of Disbursement 08 / 15 / 2008
	Amount of Each Disbursement this Period 20.00 [MEMO ITEM] MEMO: EARMARKED BY THOMAS HAYES

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 THOMAS SINK Candidate Name GAYLE HARRELL 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) ▼	Transaction ID: 80919.E2932 Date of Disbursement 08 / 15 / 2008
	Amount of Each Disbursement this Period 30.00 [MEMO ITEM] MEMO: EARMARKED BY THOMAS SINK

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 KATHRYN DIEHL Candidate Name GAYLE HARRELL 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) ▼	Transaction ID: 80920.E2946 Date of Disbursement 08 / 19 / 2008
	Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO: EARMARKED BY KATHRYN DIEHL

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)

<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

<p>A. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress</p> <p>Mailing Address 817 Southwest Kola Ave.</p> <p>City Port Saint Lucie State FL Zip Code 34953-</p> <p>Purpose of Disbursement EARMARKED BY MICHAEL EVERLING</p> <p>Candidate Name GAYLE HARRELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80919.E2935 Date of Disbursement 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>[MEMO ITEM] MEMO: EARMARKED BY MICHAEL EVERLING</p>
<p>B. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress</p> <p>Mailing Address 817 Southwest Kola Ave.</p> <p>City Port Saint Lucie State FL Zip Code 34953-</p> <p>Purpose of Disbursement EARMARKED BY MARILYNN WILLIAMS</p> <p>Candidate Name GAYLE HARRELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80920.E2947 Date of Disbursement 08 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 40.00</p> <p>[MEMO ITEM] MEMO: EARMARKED BY MARILYNN WILLIAMS</p>
<p>C. Full Name (Last, First, Middle Initial) Gayle Harrell For Congress</p> <p>Mailing Address 817 Southwest Kola Ave.</p> <p>City Port Saint Lucie State FL Zip Code 34953-</p> <p>Purpose of Disbursement EARMARKED BY GARRY KIRKLAND</p> <p>Candidate Name GAYLE HARRELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80920.E2949 Date of Disbursement 08 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] MEMO: EARMARKED BY GARRY KIRKLAND</p>

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)

<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 DOREEN KENNEDY

Candidate Name GAYLE HARRELL

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: FL District: 16

Transaction ID: 80920.E2948
Date of Disbursement 08 / 19 / 2008

Amount of Each Disbursement this Period 25.00

[MEMO ITEM]
MEMO: EARMARKED BY DOREEN KENNEDY

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 BRIAN EDMONSTON

Candidate Name GAYLE HARRELL

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: FL District: 16

Transaction ID: 80920.E2951
Date of Disbursement 08 / 19 / 2008

Amount of Each Disbursement this Period 200.00

[MEMO ITEM]
MEMO: EARMARKED BY BRIAN EDMONSTON

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 JEROME JOHN

Candidate Name GAYLE HARRELL

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: FL District: 16

Transaction ID: 80920.E2950
Date of Disbursement 08 / 19 / 2008

Amount of Each Disbursement this Period 25.00

[MEMO ITEM]
MEMO: EARMARKED BY JEROME JOHN

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

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FOR LINE NUMBER: (check only one)

<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 DONALD HAGA

Candidate Name GAYLE HARRELL

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: FL District: 16

Transaction ID: 80920.E2944
Date of Disbursement 08 / 19 / 2008

Amount of Each Disbursement this Period 20.00

[MEMO ITEM]
MEMO: EARMARKED BY DONALD HAGA

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 ROBERT VEKONY

Candidate Name GAYLE HARRELL

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: FL District: 16

Transaction ID: 80920.E2945
Date of Disbursement 08 / 19 / 2008

Amount of Each Disbursement this Period 35.00

[MEMO ITEM]
MEMO: EARMARKED BY ROBERT VEKONY

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 GEORGE COLLINS

Candidate Name GAYLE HARRELL

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: FL District: 16

Transaction ID: 80920.E2943
Date of Disbursement 08 / 19 / 2008

Amount of Each Disbursement this Period 50.00

[MEMO ITEM]
MEMO: EARMARKED BY GEORGE COLLINS

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)

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<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 WAYNE DOVER Candidate Name GAYLE HARRELL 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) ▼	Transaction ID: 80920.E2942 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO: EARMARKED BY WAYNE DOVER

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 DOUGLAS MOE Candidate Name GAYLE HARRELL 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) ▼	Transaction ID: 80919.E2936 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 DOUGLAS MOE

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 STEPHEN GORMAN Candidate Name GAYLE HARRELL 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) ▼	Transaction ID: 80919.E2937 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 STEPHEN GORMAN

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)

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<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 ROBERT BENNETT

Candidate Name
GAYLE HARRELL

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 16

Transaction ID: 80919.E2938

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

MEMO: EARMARKED BY ROBERT BENNETT

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 JOSIE FALBO

Candidate Name
GAYLE HARRELL

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 16

Transaction ID: 80919.E2941

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

MEMO: EARMARKED BY JOSIE FALBO

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 PHILLIPS

Candidate Name
GAYLE HARRELL

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 16

Transaction ID: 80919.E2940

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

MEMO: EARMARKED BY JAMES PHILLIPS

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)

<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 JOHN HEINDEL

Candidate Name GAYLE HARRELL

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: FL District: 16

Transaction ID: 80919.E2939
Date of Disbursement 08 / 15 / 2008

Amount of Each Disbursement this Period 100.00

[MEMO ITEM]
MEMO: EARMARKED BY JOHN HEINDEL

B. Full Name (Last, First, Middle Initial)
Gayle Harrell For Congress

Mailing Address

City State Zip Code

Purpose of Disbursement FORWARD EARMARKED CONTRIBUTIONS C00

Candidate Name GAYLE HARRELL

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: FL District: 16

Transaction ID: 80919.E2876
Date of Disbursement 08 / 25 / 2008

Amount of Each Disbursement this Period 237.00

Earmarked - - Transmitted by Committee Check

C. Full Name (Last, First, Middle Initial)
Gayle Harrell For Congress

Mailing Address

City State Zip Code

Purpose of Disbursement FORWARDING EARMARKED CONTRIBUTIONS

Candidate Name GAYLE HARRELL

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: FL District: 16

Transaction ID: 80919.E2870
Date of Disbursement 08 / 15 / 2008

Amount of Each Disbursement this Period 870.00

Earmarked - - Transmitted by Committee Check

SUBTOTAL of Disbursements This Page (optional) ► 1107.00

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)

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<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

City State Zip Code

Purpose of Disbursement
FORWARDING EARMARKED CONTRIBUTIONS

Candidate Name
GAYLE HARRELL

Office Sought: House Senate President
State: FL District: 16

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 80919.E2871
Date of Disbursement
08 / 19 / 2008

Amount of Each Disbursement this Period
1505.00

Earmarked - - Transmitted by Committee Check

B. Full Name (Last, First, Middle Initial)
Alaskans For Cuddy

Mailing Address 555 W. Northern Lights Blvd. #222

City State Zip Code
Anchorage AK 99503-

Purpose of Disbursement
POLLING ON BEHALF OF CANDIDATE

Candidate Name
DAVID W CUDDY

Office Sought: House Senate President
State: AK District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 80920.E2999
Date of Disbursement
08 / 11 / 2008

Amount of Each Disbursement this Period
4500.00

IN KIND: POLLING ON BEHALF OF CANDIDATE

C. Full Name (Last, First, Middle Initial)
Alaskans For Cuddy

Mailing Address 555 W. Northern Lights Blvd. #222

City State Zip Code
Anchorage AK 99503-

Purpose of Disbursement
EARMARKED BY JAMES MALCOLM

Candidate Name
DAVID W CUDDY

Office Sought: House Senate President
State: AK District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 80920.E2988
Date of Disbursement
08 / 15 / 2008

Amount of Each Disbursement this Period
50.00

[MEMO ITEM]
MEMO: EARMARKED BY JAMES MALCOLM

SUBTOTAL of Disbursements This Page (optional) ► 6005.00

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)

<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.E2987 Date of Disbursement 08 / 15 / 2008
	Mailing Address 555 W. Northern Lights Blvd. #222	Amount of Each Disbursement this Period 10.00
	City Anchorage State AK Zip Code 99503-	
	Purpose of Disbursement EARMARKED BY ROBERT BENNETT	Category/ Type
	Candidate Name DAVID W CUDDY	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00	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) Alaskans For Cuddy	Transaction ID: 80920.E2989 Date of Disbursement 08 / 15 / 2008
	Mailing Address 555 W. Northern Lights Blvd. #222	Amount of Each Disbursement this Period 50.00
	City Anchorage State AK Zip Code 99503-	
	Purpose of Disbursement EARMARKED BY TERRENCE VAUGHN	Category/ Type
	Candidate Name DAVID W CUDDY	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: EARMARKED BY TERRENCE VAUGHN

C.	Full Name (Last, First, Middle Initial) Alaskans For Cuddy	Transaction ID: 80920.E2991 Date of Disbursement 08 / 15 / 2008
	Mailing Address 555 W. Northern Lights Blvd. #222	Amount of Each Disbursement this Period 50.00
	City Anchorage State AK Zip Code 99503-	
	Purpose of Disbursement EARMARKED BY RONNIE STRAVLO	Category/ Type
	Candidate Name DAVID W CUDDY	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[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 Page

FOR LINE NUMBER: (check only one)

<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 SCOTT SHOCK

Candidate Name DAVID W CUDDY

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: AK District: 00

Transaction ID: 80920.E2990
Date of Disbursement 08 / 15 / 2008

Amount of Each Disbursement this Period 25.00

[MEMO ITEM]
MEMO: EARMARKED BY SCOTT SHOCK

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 JOAN LIVINGSTON

Candidate Name DAVID W CUDDY

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: AK District: 00

Transaction ID: 80920.E2993
Date of Disbursement 08 / 25 / 2008

Amount of Each Disbursement this Period 25.00

[MEMO ITEM]
MEMO: EARMARKED BY JOAN LIVINGSTON

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 KAY BROWER

Candidate Name DAVID W CUDDY

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: AK District: 00

Transaction ID: 80920.E2992
Date of Disbursement 08 / 15 / 2008

Amount of Each Disbursement this Period 20.00

[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 Page

FOR LINE NUMBER:
(check only one)

<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 <hr/> Mailing Address 555 W. Northern Lights Blvd. #222 <hr/> City Anchorage State AK Zip Code 99503- <hr/> Purpose of Disbursement EARMARKED BY DONALD HAGA <hr/> Candidate Name DAVID W CUDDY <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	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 <hr/> [MEMO ITEM] MEMO: EARMARKED BY DONALD HAGA

B. Full Name (Last, First, Middle Initial) Alaskans For Cuddy <hr/> Mailing Address 555 W. Northern Lights Blvd. #222 <hr/> City Anchorage State AK Zip Code 99503- <hr/> Purpose of Disbursement EARMARKED BY CHARLES LINSDEY <hr/> Candidate Name DAVID W CUDDY <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	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 <hr/> [MEMO ITEM] MEMO: EARMARKED BY CHARLES LINSDEY

C. Full Name (Last, First, Middle Initial) Alaskans For Cuddy <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement FORWARDING EARMARKED CONTRIBUTIONS <hr/> Candidate Name DAVID W CUDDY <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	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 <hr/> Earmarked - - Transmitted by Committee Check

SUBTOTAL of Disbursements This Page (optional) ▶	260.00
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)

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<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: 80919.E2875

Date of Disbursement

Mailing Address

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

City State Zip Code

Amount of Each Disbursement this Period

25.00

Purpose of Disbursement
FORWARDING EARMARKED CONTRIBUTIONS

--

Category/
Type

Candidate Name
DAVID W CUDDY

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: AK District: 00

Earmarked - - Transmitted by Committee Check

SUBTOTAL of Disbursements This Page (optional) ►

25.00

TOTAL This Period (last page this line number only) ►

12407.23
