

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

Office Use Only

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

Team America PAC

ADDRESS (number and street)

501 Church Street #315

☐Check if different  
than previously  
reported. (ACC)

Vienna

VA

22180

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00396291

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

06

01

2009

through

06

30

2009

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

Type or Print Name of Treasurer

Helen Fullinwider

Signature of Treasurer

Electronically Filed by Helen Fullinwider

Date

11

12

2009

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

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

A. Form/Schedule : **F3XA**

Transaction ID :

Mr. Buckley, Regarding your letter of October 9: Item 1: The totals on lines 11a, 15 and 17 of Column B were changed by an amendment to a previous report. This report has corrected the discrepancy. Item 2: RMLC is our list broker company. They handle the marketing and rental of our mailing list. They determine the usual and normal charge of our list, and rent it out accordingly. Item 3: The receipt from Multi Media Services was a refund for unused funds provided for running radio ads. It has been disclosed as an other receipt with an explanation of refund.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 26

Write or Type Committee Name  
Team America PAC

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		18402.30
(b) Cash on Hand at Beginning of Reporting Period .....	24311.52	
(c) Total Receipts (from Line 19) .....	31619.81	188038.51
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	55931.33	206440.81
7. Total Disbursements (from Line 31) .....	22060.93	172570.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	33870.40	33870.40
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 26

Write or Type Committee Name

Team America PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	6	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	6	3	0	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	2225.00	39942.00
(ii) Unitemized .....	24885.95	140013.41
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	27110.95	179955.41
(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) .....	27110.95	179955.41
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	2280.07
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	4508.86	5803.03
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)) .....	31619.81	188038.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	31619.81	188038.51

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	22060.93	167663.41	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	22060.93	167663.41	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	4907.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	22060.93	172570.41	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22060.93	172570.41	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 26

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) .....	27110.95	179955.41
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27110.95	179955.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	22060.93	167663.41
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	2280.07
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	22060.93	165383.34

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

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

FOR LINE NUMBER: PAGE 7 / 26

(check only one)

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

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NAME OF COMMITTEE (In Full)

Team America PAC

**A.**

Full Name (Last, First, Middle Initial)

John Basinski

Mailing Address 439 Avenida Sevilla Unit C

City

Laguna Woods

State

CA

Zip Code

92637-3858

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 9

Transaction ID: 90616.C55447

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Jeanette Betancourt

Mailing Address 2008 So Pacific St.

City

Oceanside

State

CA

Zip Code

92054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self employed

Occupation  
retail

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 90720.C56138

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Fred Bloemendaal

Mailing Address 500 Violet St.

City

Golden

State

CO

Zip Code

80401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bloemendaal Associates

Occupation  
Sales

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 6 / 3 0 / 2 0 0 9

Transaction ID: 90720.C56448

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: PAGE 8 / 26

(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)

Henry Buhl

Mailing Address 114 Greene St.

City

New York

State

NY

Zip Code

10012-3829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A.C.E. Programs for Homel-  
ess

Occupation  
social worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 9

Transaction ID: 90616.C55769

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Robert Dietrich

Mailing Address 1312 Burbeck Ave.

City

Richmond

State

CA

Zip Code

94801

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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 90720.C56452

Amount of Each Receipt this Period

30.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Walter Dowdle

Mailing Address P.O. Box 67

City

Goodwater

State

AL

Zip Code

35072-0067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

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 6 / 0 5 / 2 0 0 9

Transaction ID: 90616.C55540

Amount of Each Receipt this Period

200.00

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 9 / 26

(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)

Kenneth Fujinaka

Mailing Address 2297 Rosendale Village Ave.

City

Henderson

State

NV

Zip Code

89052

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 6 / 3 0 / 2 0 0 9

Transaction ID: 90720.C56445

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Doris Green

Mailing Address 1415 Aylsbury Dr.

City

San Antonio

State

TX

Zip Code

78216-2927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 9

Transaction ID: 90616.C55737

Amount of Each Receipt this Period

120.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

James Hiltz

Mailing Address 1554 Paisley St. NW

City

Palm Bay

State

FL

Zip Code

32907-8029

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 ▼

218.74

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 9

Transaction ID: 90616.C55423

Amount of Each Receipt this Period

25.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

245.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 10 / 26

(check only one)

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

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NAME OF COMMITTEE (In Full)

Team America PAC

**A.**

Full Name (Last, First, Middle Initial)

Glen Johnson

Mailing Address 289 Woodland Pines Rd.

City

Athens

State

PA

Zip Code

18810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guthrie Clinic

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 9

Transaction ID: 90720.C56430

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Edwin Lewis

Mailing Address P.O. Box 11589

City

Bainbridge Island

State

WA

Zip Code

98110

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 6 / 3 0 / 2 0 0 9

Transaction ID: 90720.C56449

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Walter McBeath

Mailing Address 5029 Tanglewood Ln.

City

Cleves

State

OH

Zip Code

45002-9415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

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 6 / 0 1 / 2 0 0 9

Transaction ID: 90616.C55226

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

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

FOR LINE NUMBER: PAGE 11 / 26

(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)

Charlotte McCain

Mailing Address 7612 Kings Dr.

City

Ellenton

State

FL

Zip Code

34222-3881

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: 90720.C56116

Amount of Each Receipt this Period

150.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Dorothy Rager

Mailing Address P.O. Box 121

City

Windber

State

PA

Zip Code

15963-0121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	2	/	2	0	9	

Transaction ID: 90616.C55741

Amount of Each Receipt this Period

50.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Blenda Rappaport

Mailing Address P.O. Box 158

City

Colebrook

State

NH

Zip Code

03576-0158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USPSOccupation  
carrier

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	1	/	2	0	9	

Transaction ID: 90616.C54865

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

300.00

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

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

FOR LINE NUMBER: PAGE 12 / 26

(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)

James Up de Graff

Mailing Address 700 Sarbonne Rd.

City

Los Angeles

State

CA

Zip Code

90077-3302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	9

Transaction ID: 90616.C55201

Amount of Each Receipt this Period

50.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Charles Vu

Mailing Address 1631 English St.

City

Saint Paul

State

MN

Zip Code

55106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	9

Transaction ID: 90616.C55242

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Karen Woodbury

Mailing Address 2720 35th Avenue

City

San Francisco

State

CA

Zip Code

94116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
Webmaster

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: 90720.C56463

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

350.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 26

(check only one)

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

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NAME OF COMMITTEE (In Full)

Team America PAC

**A.**

Full Name (Last, First, Middle Initial)

Dorothy Zunker

Mailing Address 5527 Castle Glade

City

San Antonio

State

TX

Zip Code

78218-2803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 0 9

Transaction ID: 90616.C55441

Amount of Each Receipt this Period

25.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Dorothy Zunker

Mailing Address 5527 Castle Glade

City

San Antonio

State

TX

Zip Code

78218-2803

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: 90720.C56041

Amount of Each Receipt this Period

25.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

2225.00

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

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

FOR LINE NUMBER: PAGE 14 / 26

(check only one)

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

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NAME OF COMMITTEE (In Full)

Team America PAC

**A.**

Full Name (Last, First, Middle Initial)  
RMLC (List Rental)

Mailing Address 44084 Riverside Parkway, Suite 350

City State Zip Code  
Leesburg VA 20176-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.69

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 9

Transaction ID: 90720.C56425

Amount of Each Receipt this Period

700.52

Other Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Multi Media Services

Mailing Address 915 King Street

City State Zip Code  
Alexandria VA 22314-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3767.85

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 0 9

Transaction ID: 90720.C56424

Amount of Each Receipt this Period

3767.85

Other Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

4468.37

**TOTAL** This Period (last page this line number only) .....

4468.37

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 26

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Corporate Payroll Services	<b>Transaction ID:</b> 90720.E3805 <b>Date of Disbursement</b>																				
Mailing Address 1803 Research Blvd Ste 300	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	0	9												
City Rockville State MD Zip Code 20850-6108	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll fees Candidate Name	<table border="1"> <tr> <td colspan="10">40.70</td> </tr> </table>	40.70																			
40.70																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type																					
PAYROLL FEES																					
<b>B.</b> Full Name (Last, First, Middle Initial) Corporate Payroll Services	<b>Transaction ID:</b> 90720.E3806 <b>Date of Disbursement</b>																				
Mailing Address 1803 Research Blvd Ste 300	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	0	9												
City Rockville State MD Zip Code 20850-6108	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll taxes Candidate Name	<table border="1"> <tr> <td colspan="10">815.22</td> </tr> </table>	815.22																			
815.22																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type																					
PAYROLL TAXES																					
<b>C.</b> Full Name (Last, First, Middle Initial) Corporate Payroll Services	<b>Transaction ID:</b> 90720.E3813 <b>Date of Disbursement</b>																				
Mailing Address 1803 Research Blvd Ste 300	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	9												
City Rockville State MD Zip Code 20850-6108	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll fees Candidate Name	<table border="1"> <tr> <td colspan="10">45.20</td> </tr> </table>	45.20																			
45.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type																					
PAYROLL FEES																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**901.12**

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 26

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Corporate Payroll Services	<b>Transaction ID:</b> 90720.E3814 <b>Date of Disbursement</b>																				
Mailing Address 1803 Research Blvd Ste 300	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	9												
City Rockville State MD Zip Code 20850-6108	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll taxes Candidate Name	<table border="1"> <tr> <td colspan="10">798.95</td> </tr> </table>	798.95																			
798.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type																					
PAYROLL TAXES																					
<b>B.</b> Full Name (Last, First, Middle Initial) Image Direct	<b>Transaction ID:</b> 90720.E3797 <b>Date of Disbursement</b>																				
Mailing Address 4400 Wedgewood Blvd., Unit N	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	9		2	0	0	9												
City Frederick State MD Zip Code 21703-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Production of noncand specific mail Candidate Name	<table border="1"> <tr> <td colspan="10">7500.00</td> </tr> </table>	7500.00																			
7500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type																					
PRODUCTION OF NONCAND SPECIFIC MAIL																					
<b>C.</b> Full Name (Last, First, Middle Initial) Quill	<b>Transaction ID:</b> 90720.E3828 <b>Date of Disbursement</b>																				
Mailing Address PO Box 37600	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	2		2	0	0	9												
City Philadelphia State PA Zip Code 19101-0600	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office expense Candidate Name	<table border="1"> <tr> <td colspan="10">9.84</td> </tr> </table>	9.84																			
9.84																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type																					
OFFICE EXPENSE																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**8308.79**

**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 17 / 26

<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

<b>A.</b> Full Name (Last, First, Middle Initial) MC Technologies	<b>Transaction ID:</b> 90720.E3799 <b>Date of Disbursement</b>																				
Mailing Address 6419 White Oak Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	9		2	0	0	9												
City Broad Run State VA Zip Code 20137- Purpose of Disbursement Office expense Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">120.00</td> </tr> </table>	120.00																			
120.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE EXPENSE																				
<b>B.</b> Full Name (Last, First, Middle Initial) Aristotle	<b>Transaction ID:</b> 90720.E3822 <b>Date of Disbursement</b>																				
Mailing Address 205 Pennsylvania Ave SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	4		2	0	0	9												
City Washington State DC Zip Code 20003-1164 Purpose of Disbursement Credit card fees Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">27.43</td> </tr> </table>	27.43																			
27.43																					
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>C.</b> Full Name (Last, First, Middle Initial) Aristotle	<b>Transaction ID:</b> 90720.E3823 <b>Date of Disbursement</b>																				
Mailing Address 205 Pennsylvania Ave SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	2		2	0	0	9												
City Washington State DC Zip Code 20003-1164 Purpose of Disbursement Credit card fees Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">64.35</td> </tr> </table>	64.35																			
64.35																					
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) .....

211.78

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 26

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Aristotle	<b>Transaction ID:</b> 90720.E3824																				
	Mailing Address 205 Pennsylvania Ave SE	Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	0		2	0	0	9													
	City Washington State DC Zip Code 20003-1164	Amount of Each Disbursement this Period																				
	Purpose of Disbursement Credit card fees Candidate Name	<table border="1"> <tr> <td>179.66</td> </tr> </table>	179.66																			
179.66																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	CREDIT CARD FEES																				
<b>B.</b>	Full Name (Last, First, Middle Initial) Aristotle	<b>Transaction ID:</b> 90720.E3825																				
	Mailing Address 205 Pennsylvania Ave SE	Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	8		2	0	0	9													
	City Washington State DC Zip Code 20003-1164	Amount of Each Disbursement this Period																				
	Purpose of Disbursement Credit card fees Candidate Name	<table border="1"> <tr> <td>22.30</td> </tr> </table>	22.30																			
22.30																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	CREDIT CARD FEES																				
<b>C.</b>	Full Name (Last, First, Middle Initial) BB&T	<b>Transaction ID:</b> 90720.E3826																				
	Mailing Address 440 Maple Ave E	Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	2		2	0	0	9													
	City Vienna State VA Zip Code 22180-4723	Amount of Each Disbursement this Period																				
	Purpose of Disbursement Bank Fees Candidate Name	<table border="1"> <tr> <td>102.82</td> </tr> </table>	102.82																			
102.82																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	BANK FEES																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**304.78**

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 26

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

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NAME OF COMMITTEE (In Full)  
Team America PAC

**A.**

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

Mailing Address 440 Maple Ave E

City Vienna State VA Zip Code 22180-4723

Purpose of Disbursement

Bank fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 90720.E3821

Date of Disbursement

06 / 30 / 2009

Amount of Each Disbursement this Period

23.04

BANK FEE

**B.**

Full Name (Last, First, Middle Initial)  
Angela Buchanan

Mailing Address 11321 Hunt Farm Ln.

City Oakton State VA Zip Code 22124-

Purpose of Disbursement  
Reimbursement meeting expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 90720.E3803

Date of Disbursement

06 / 30 / 2009

Amount of Each Disbursement this Period

37.96

REIMBURSEMENT MEETING EXP-  
ENSE

**C.**

Full Name (Last, First, Middle Initial)  
Marcus Epstein

Mailing Address 1612 King St.

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 90720.E3807

Date of Disbursement

06 / 15 / 2009

Amount of Each Disbursement this Period

696.00

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

757.00

**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 20 / 26

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

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

NAME OF COMMITTEE (In Full)  
Team America PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Marcus Epstein <hr/> Mailing Address 1612 King St. <hr/> City Alexandria State VA Zip Code 22314- <hr/> Purpose of Disbursement 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) ▼	<b>Transaction ID:</b> 90720.E3802 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	9		2	0	0	9												
<hr/> City Alexandria State VA Zip Code 22314- <hr/> Purpose of Disbursement 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) ▼	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right;">589.38</div> <b>PAYROLL</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) Nicholas Gatz <hr/> Mailing Address 6603 Ocean Point <hr/> City Mentor State OH Zip Code 44060- <hr/> Purpose of Disbursement 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) ▼	<b>Transaction ID:</b> 90720.E3808 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	0	9												
<hr/> City Mentor State OH Zip Code 44060- <hr/> Purpose of Disbursement 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) ▼	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right;">515.43</div> <b>PAYROLL</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) Nicholas Gatz <hr/> Mailing Address 6603 Ocean Point <hr/> City Mentor State OH Zip Code 44060- <hr/> Purpose of Disbursement 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) ▼	<b>Transaction ID:</b> 90720.E3815 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	9												
<hr/> City Mentor State OH Zip Code 44060- <hr/> Purpose of Disbursement 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) ▼	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right;">515.44</div> <b>PAYROLL</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**1620.25**

**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)

PAGE 21 / 26

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Kristin Larsen	<b>Transaction ID:</b> 90720.E3809 <b>Date of Disbursement</b>																				
Mailing Address 11322 Hunt Farm Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	0	9												
City Oakton State VA Zip Code 22124-1201	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">590.81</td> </tr> </table>	590.81																			
590.81																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAYROLL																					
<b>B.</b> Full Name (Last, First, Middle Initial) Kristin Larsen	<b>Transaction ID:</b> 90720.E3816 <b>Date of Disbursement</b>																				
Mailing Address 11322 Hunt Farm Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	9												
City Oakton State VA Zip Code 22124-1201	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">590.81</td> </tr> </table>	590.81																			
590.81																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAYROLL																					
<b>C.</b> Full Name (Last, First, Middle Initial) Tyler Lowe	<b>Transaction ID:</b> 90720.E3810 <b>Date of Disbursement</b>																				
Mailing Address 1733 Wycliffe Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	0	9												
City Bedford State VA Zip Code 24523-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">376.76</td> </tr> </table>	376.76																			
376.76																					
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																					

**SUBTOTAL** of Disbursements This Page (optional) .....

1558.38

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 26

<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)

Tyler Lowe

Mailing Address 1733 Wycliffe Street

City Bedford State VA Zip Code 24523-

Purpose of Disbursement  
Office expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 90720.E3801

Date of Disbursement

06 / 29 / 2009

Amount of Each Disbursement this Period

36.53

OFFICE EXPENSE

B.

Full Name (Last, First, Middle Initial)

Tyler Lowe

Mailing Address 1733 Wycliffe Street

City Bedford State VA Zip Code 24523-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 90720.E3817

Date of Disbursement

06 / 30 / 2009

Amount of Each Disbursement this Period

376.76

PAYROLL

C.

Full Name (Last, First, Middle Initial)

James Lubinkas

Mailing Address 21987 Sunstone Court

City Ashburn State VA Zip Code 20148-

Purpose of Disbursement  
Non cand specific mailing expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 90720.E3798

Date of Disbursement

06 / 29 / 2009

Amount of Each Disbursement this Period

100.00

NON CAND SPECIFIC MAILING  
EXPENSE

SUBTOTAL of Disbursements This Page (optional) .....

513.29

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 26

<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)  
Tom Tancredo

Mailing Address 8184 W. Eastman Place

City State Zip Code  
Denver CO 80227-

Purpose of Disbursement  
Travel expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** 90720.E3792

Date of Disbursement

/   /

Amount of Each Disbursement this Period

595.12

TRAVEL EXPENSES

**B.**

Full Name (Last, First, Middle Initial)  
Tom Tancredo

Mailing Address 8184 W. Eastman Place

City State Zip Code  
Denver CO 80227-

Purpose of Disbursement  
Consulting and travel reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** 90720.E3800

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5253.25

CONSULTING AND TRAVEL REIMBURSEMENT

**C.**

Full Name (Last, First, Middle Initial)  
USPS

Mailing Address Laywers Rd & Church St

City State Zip Code  
Vienna VA 22180-

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** 90720.E3793

Date of Disbursement

/   /

Amount of Each Disbursement this Period

178.82

POSTAGE

**SUBTOTAL** of Disbursements This Page (optional) .....

6027.19

**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 24 / 26

<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

<b>A.</b> Full Name (Last, First, Middle Initial) USPS	<b>Transaction ID:</b> 90720.E3796 <b>Date of Disbursement</b>																				
Mailing Address Laywers Rd & Church St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	5		2	0	9													
City Vienna State VA Zip Code 22180- Purpose of Disbursement postage Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>4</td><td>4</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table>	4	4	0	0	0	0														
4	4	0	0	0	0																
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) ▼	POSTAGE Category/Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) USPS	<b>Transaction ID:</b> 90720.E3804 <b>Date of Disbursement</b>																				
Mailing Address Laywers Rd & Church St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	9													
City Vienna State VA Zip Code 22180- Purpose of Disbursement Postage Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>4</td><td>3</td><td>2</td><td>3</td><td>0</td><td>0</td> </tr> </table>	4	3	2	3	0	0														
4	3	2	3	0	0																
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) ▼	POSTAGE Category/Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) Verizon	<b>Transaction ID:</b> 90720.E3795 <b>Date of Disbursement</b>																				
Mailing Address PO Box 17577	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	9													
City Baltimore State MD Zip Code 21297-0513 Purpose of Disbursement Phone bill Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>1</td><td>3</td><td>6</td><td>2</td><td>0</td> </tr> </table>	1	1	3	6	2	0														
1	1	3	6	2	0																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHONE BILL Category/Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**596.85**

**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 25 / 26

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 17120	<b>Transaction ID:</b> 90720.E3794 <b>Date of Disbursement</b> <div> <div>06</div> <div>15</div> <div>2009</div> </div>
City Tucson State AZ Zip Code 85731-7120 Purpose of Disbursement Phone bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>252.92</div> <b>PHONE BILL</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Katelynn White Mailing Address 10179 Hillington Court City Vienna State VA Zip Code 22182- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	<b>Transaction ID:</b> 90720.E3811 <b>Date of Disbursement</b> <div> <div>06</div> <div>15</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>166.23</div> <b>PAYROLL</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Katelynn White Mailing Address 10179 Hillington Court City Vienna State VA Zip Code 22182- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	<b>Transaction ID:</b> 90720.E3818 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>73.88</div> <b>PAYROLL</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**493.03**

**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)  
John Wittman

Mailing Address 5464 Charleston Woods Drive

City Middletown State OH Zip Code 45044-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** 90720.E3812

Date of Disbursement

/   /

Amount of Each Disbursement this Period

382.35

PAYROLL

**B.**

Full Name (Last, First, Middle Initial)  
John Wittman

Mailing Address 5464 Charleston Woods Drive

City Middletown State OH Zip Code 45044-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** 90720.E3819

Date of Disbursement

/   /

Amount of Each Disbursement this Period

382.35

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

764.70

**TOTAL** This Period (last page this line number only) .....

22057.16