Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Team America Pac po box 2811 ADDRESS (number and street) (Check if address is changed) woodbridge 22195 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS arbitom@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.jointeamamericapac.com (Check if address is changed) DATE 2015 C00576587 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Thomas Bjorklund Type or Print Name of Treasurer Thomas Bjorklund [Electronically Filed] 80 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Con	nmittee:	_
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	·
(f)	NZ.	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg	gregated fund or party
(f)	X	committee. (i.e., nonconnected committee)	regated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Nar		
Team America	a Pac	
6. Name of Any Connected	1 Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ership PAC Sponsor
NONE		
Mailing Address		
Ü		
	CITY STATE	ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Id books and records. 	dentify by name, address (phone number optional) and position of the person in	possession of committee
Thomas	Bjorklund	
	202 North Ave	
Mailing Address	#159	
	Grand Junction CO 22193	3-8150
Title or Position	CITY STATE	ZIP CODE
treasurer	Telephone number 970 –	242
s. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the ., assistant treasurer).	name and address of
Full Name Thomas of Treasurer	Bjorklund	
Mailing Address	202 North Ave	
	 #159	
	Grand Junction CO 22193	-8150
Title or Position	CITY STATE	ZIP CODE
treasurer		242 - 2286

Full Name of Designated Agent	thomas tancredo	
Mailing Address	15342 west illiff drive	
	lakewood CO 80228 CITY STATE ZIP	CODE
Title or Position chairman		
Name of Bank, I	oxes or maintains funds. Depository, etc.	
	Depository, etc. Wells fargo ,585 ritchie hwy	
Name of Bank, [Depository, etc. Wells fargo ,585 ritchie hwy	
Name of Bank, [Depository, etc. Wells fargo ,585 ritchie hwy	
Name of Bank, [Depository, etc. Wells fargo 585 ritchie hwy severna park MD 21146	P CODE
Name of Bank, [Depository, etc. Wells fargo 585 ritchie hwy severna park CITY STATE ZIP	CODE
Name of Bank, [Depository, etc. Wells fargo 585 ritchie hwy severna park CITY STATE ZIP	CODE
Name of Bank, [Mailing Address Name of Bank, [Depository, etc. Wells fargo 585 ritchie hwy severna park MD 21146 CITY STATE ZIP Depository, etc.	CODE
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Name of Bank, [Mailing Address Name of Bank, [Depository, etc. Wells fargo 585 ritchie hwy severna park MD 21146 CITY STATE ZIP Depository, etc.	CODE
Name of Bank, [Mailing Address]	Depository, etc. Wells fargo	P CODE