

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**DOUGLAS P. WENDEL**

Mailing Address **8704 N OCEAN BLVD**

City State Zip Code  
**MYRTLE BEACH SC 29572-4417**

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

Name of Employer Occupation  
**SELF-EMPLOYED CONSULTANT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.492**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 17 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**R. PRESTON WENDELL**

Mailing Address **925 ROYALL AVE.**

City State Zip Code  
**MOUNT PLEASANT SC 29464-5037**

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

Name of Employer Occupation  
**PALMETTO HEALTH PHYSICIAN**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : SA17.1831**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 16 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**GREGORY WENDT**

Mailing Address **1 MUIR LOOP**

City State Zip Code  
**SAN FRANCISCO CA 94129-1123**

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

Name of Employer Occupation  
**THE CAPITAL GROUP ANALYST**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.824**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 03 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2700.00**

**Subtotal Of Receipts This Page** (optional).....▶ **4200.00**

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