

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 424
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Graham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ray E. Bellamy M.D.**

Mailing Address 509 Vinnedge Ride

City State Zip Code  
Tallahassee FL 32303-5141

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

Name of Employer Occupation  
Tallahassee Orthopedic Clinic Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2015

**Transaction ID : VN8HXDFQE9**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
143321.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2015

**Transaction ID : VN8HXDFQE9E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Mitchell W Berger**

Mailing Address 350 E Las Olas Blvd  
Ste 1000

City State Zip Code  
Ft Lauderdale FL 33301-4215

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

Name of Employer Occupation  
Berger Singerman Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1634.92

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2015

**Transaction ID : VN8HXDF9472**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

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

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

1250.00