

**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)  
**MR. JAMES L. ERVIN**

Mailing Address 410 1ST ST SE

City State Zip Code  
WASHINGTON DC 20003-1819

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

Name of Employer Occupation  
ETA PRINCIPAL

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2950.00

**Transaction ID : SA17.76810B**

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-250.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES L. ERVIN**

Mailing Address 410 1ST ST SE

City State Zip Code  
WASHINGTON DC 20003-1819

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

Name of Employer Occupation  
ETA PRINCIPAL

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2950.00

**Transaction ID : SA17.77349**

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**THEODORE R. ESSEX**

Mailing Address 5580 JOWETT CT

City State Zip Code  
ALEXANDRIA VA 22315-5541

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

Name of Employer Occupation  
USITC ALJ

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
850.00

**Transaction ID : SA17.76205**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**Subtotal Of Receipts This Page** (optional).....▶ 25.00

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