

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 816 OF 6330

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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 GRAHAM, INC.

A. Full Name (Last, First, Middle Initial)
GHBEIS, MUHAMMAD BAKR, , ,
Mailing Address 50 STERLING RD

City State Zip Code
NEEDHAM MA 02492

FEC ID number of contributing
federal political committee.

C

Name of Employer
BOSTON CHILDREN'S HOSPITAL

Occupation
DOCTOR

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 15 2020

Transaction ID : A3B0B7BEAE8784CE6B98

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
HAGGERTY, CLINT, , ,
Mailing Address 1441 BLOSSOM LN

City State Zip Code
SAINT PAUL PARK MN 55071-1220

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 13 2020

Transaction ID : AAF64919750149DE922

Amount of Each Receipt this Period

25.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
BOYLE, CLARA, , ,
Mailing Address 2135 W WHEELER AVE

City State Zip Code
ARANSAS PASS TX 78336-4724

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
725.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 07 2020

Transaction ID : A1134791FA5C44B18A0E

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

550.00