

# **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)

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

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NAME OF COMMITTEE (In Full)  
**TEAM GRAHAM, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**CARTER, DEE, , ,**  
Mailing Address 4 COATBRIDGE LN

City  
LEXINGTON

State  
SC

Zip Code  
29072-9522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIVING WELL FAMILY MEDICINE

Occupation  
2020

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

Election Cycle-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 06 2020

Transaction ID : A87FD3D2557AA4FE387C

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**GIANOPULOS, GEORGE, , ,**  
Mailing Address 2727 W BLUFF AVE  
APT 123

City  
FRESNO

State  
CA

Zip Code  
93711-7014

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 11 2020

Transaction ID : A65D4069BA033466A872

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**FULLER, C., J., , MD**  
Mailing Address 5 HICKORY POINTE CV

City  
LITTLE ROCK

State  
AR

Zip Code  
72223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHYSICIAN

Occupation  
SELF-EMPLOYED

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

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 16 2020

Transaction ID : A9D8CEF7CA625458BB7C

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

225.00