

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

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

FOR LINE NUMBER: PAGE 1158 OF 6330

(check only one)

☒ 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)  
**PALMER, MICHELE, , ,**

Mailing Address 7916 W PROSPECT RD

City HILLSBORO	State OH	Zip Code 45133-7481
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FEC ID number of contributing federal political committee. **C**

Name of Employer CCH	Occupation HOSPICE NURSE
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 220.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 28 2020

Transaction ID : AEBE84D749FBB4144930

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MUELLER, KENNETH, N., ,**

Mailing Address 716 HIGHLAND DR

City LA CANADA FLINTRID	State CA	Zip Code 91011-4035
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 31 2020

Transaction ID : A208E6F2DA335491C817

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MOURAD, ANTHONY, E, ,**

Mailing Address 1355 S PORTOFINO DR APT 101

City SARASOTA	State FL	Zip Code 34242
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation INSURANCE AGENT
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 600.00

Date of Receipt

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

Transaction ID : A761BA3D634E04E84B0E

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

510.00