

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
TEAM GRAHAM, INC.Full Name (Last, First, Middle Initial)
A. WOLLAM, MARY, , ,

Mailing Address 4900 HILLARD AVE

City
LA CANADA FLINTRIDState
CAZip Code
91011-1505FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		30		2020

Transaction ID : A77C45D3B526044BAB04

Amount of Each Receipt this Period

50.00

☐ Memo ItemFull Name (Last, First, Middle Initial)
B. SEABRIGHT, II, BRUCE H., , ,

Mailing Address 70539 CHERMONT ROAD

City
BRIDGEPORTState
OHZip Code
43912FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
FARMING

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		13		2020

Transaction ID : A36582F5D46024E6491F

Amount of Each Receipt this Period

100.00

☐ Memo ItemFull Name (Last, First, Middle Initial)
C. NGUYEN, VINH, , ,Mailing Address 10050 GARVEY AVE
STE 115City
EL MONTEState
CAZip Code
91733-2089FEC ID number of contributing
federal political committee.

C

Name of Employer
FAIRVIEW MED CLINICOccupation
PHYSICIAN

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

487.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		14		2020

Transaction ID : A161C2E3FFD7E44329C1

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

160.00

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