

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

PAGE 3596 OF 6330

<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.

A. Full Name (Last, First, Middle Initial)
HAROLD C HOLMES TRUST

Mailing Address 414 S WEST ST

City
YERINGTONState
NVZip Code
89447-2426FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.00

Date of Receipt

M M	D D	Y Y Y Y
03	16	2020

Transaction ID : AB5D9602128F741EBA45

Amount of Each Receipt this Period

25.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
HOLMES, HAROLD, C., ,

Mailing Address 414 S WEST ST

City
YERINGTONState
NVZip Code
89447-2426FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.00

Date of Receipt

M M	D D	Y Y Y Y
04	16	2020

Transaction ID : AEB431F58A6574A698A6

Amount of Each Receipt this Period

25.00

☒ Memo Item

PARTNERSHIP: HAROLD C HOLMES TRUST

C. Full Name (Last, First, Middle Initial)
BOYLE, CLARA, , ,

Mailing Address 2135 W WHEELER AVE

City
ARANSAS PASSState
TXZip Code
78336-4724FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

875.00

Date of Receipt

M M	D D	Y Y Y Y
02	01	2020

Transaction ID : A42494E17B2544683927

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED PAC

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

50.00

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