

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	

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)
HRONEK, LOUIS, , ,

Mailing Address 526 CLUB SIDE DR

City NAPLES	State FL	Zip Code 34110-6019
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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 ▼
 230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2019

Transaction ID : ADA950D0DA4C042EABA9

Amount of Each Receipt this Period

5.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
DONOR, ANONYMOUS, , ,

Mailing Address PO BOX 1801

City COLUMBIA	State SC	Zip Code 29202-1801
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FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation NONE
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Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 491.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2019

Transaction ID : ADBF7D8F1BE4842B1854

Amount of Each Receipt this Period

5.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
GARLITZ, LOISANN, , ,

Mailing Address PO BOX 102

City COKEVILLE	State WY	Zip Code 83114-0102
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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 ▼
 480.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2019

Transaction ID : A64B16C7FEE684A288D4

Amount of Each Receipt this Period

5.25

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

15.25
