

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)
COLLIS, JOHN, STANLEY, , JR.

Mailing Address 32055 OXGATE LN

City CHAGRIN FALLS	State OH	Zip Code 44022-6631
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FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
DOCTOR

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
12	02	2019

Transaction ID : A2E4A10BB3D6E449A81E

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
FRANCIS, LITTIE, , ,

Mailing Address INFORMATION REQUESTED

City DALLAS	State TX	Zip Code 75238
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FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M	D D	Y Y Y Y
12	31	2019

Transaction ID : AAAC2BB0FC4CB4332AC4

Amount of Each Receipt this Period

75.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
FRENCH, DAVID, , ,

Mailing Address 144 EXETER RD

City HAMPTON FALLS	State NH	Zip Code 03844-2006
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FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M	D D	Y Y Y Y
12	30	2019

Transaction ID : ACBCEB26255FB4442A9A

Amount of Each Receipt this Period

50.00

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

625.00