

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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)
OHRT, MICHAEL, , ,

Mailing Address 7112 HALPRIN CT

City DALLAS	State TX	Zip Code 75252-6131
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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
05 18 2020

Transaction ID : A0AD1695AE7EF49C3BDD

Amount of Each Receipt this Period

250.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
REINER, MICHAEL, , ,

Mailing Address PO BOX 35

City PAHRUMP	State NV	Zip Code 89041-0035
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FEC ID number of contributing federal political committee. **C**

Name of Employer HOPE MEDICAL LLC	Occupation PHYSICIAN
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Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 22 2020

Transaction ID : A6DC56365AEDB4B8186D

Amount of Each Receipt this Period

25.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
ELLIS, JANET, , ,

Mailing Address 400 E OHIO ST

City CHICAGO	State IL	Zip Code 60611-3322
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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 ▼
287.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 15 2020

Transaction ID : ADD6D070BF50B4716944

Amount of Each Receipt this Period

12.50

☐ Memo Item

287.50

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

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