

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

PAGE 1623 OF 5561

<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)
POWERS, MITCHELL, H., ,
Mailing Address PO BOX 305

City ENOREE	State SC	Zip Code 29335-0305
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FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
BUSINESS OWNER
 Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2020

Transaction ID : A9B1770FA5C6640D89E1

Amount of Each Receipt this Period

250.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
BECKER, ANDREW, , ,
Mailing Address 1217 MILLSTONE CT

City SYKESVILLE	State MD	Zip Code 21784
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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 ▼
 315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2020

Transaction ID : A3182F7F282A749B883A

Amount of Each Receipt this Period

150.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
VORGETTS, ROBERT, , ,
Mailing Address 165 CABRILLO BLVD

City TOMS RIVER	State NJ	Zip Code 08757
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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 ▼
 300.00

Date of Receipt

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

Transaction ID : A0547C09762D444BB90C

Amount of Each Receipt this Period

100.00

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

500.00
