

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

PAGE 1749 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)
CHIARELLO, ROBERT, , ,

Mailing Address 160 CHURCH STREET

City HARWICH	State MA	Zip Code 02645
-----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELFOccupation
EXECUTIVE

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2020

Transaction ID : A8B7E828CBB51426D838

Amount of Each Receipt this Period

50.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
IMBEAU, STEPHEN A., , ,

Mailing Address 800 E CHEVES ST
STE 420

City FLORENCE	State SC	Zip Code 29506-2649
------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALLERGY, ASTHMA & SINUS CENTEROccupation
PHYSICIAN

Receipt For: 2020

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

4595.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2020

Transaction ID : A8A15170E33A240579E5

Amount of Each Receipt this Period

335.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
MENDEL, GENE, , ,

Mailing Address 8 CYPRESS POINT CT

City FRISCO	State TX	Zip Code 75034-6826
----------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

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

Transaction ID : A408CDE660617478E80F

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

485.00

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