

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)
KEELIBG, LINDA, , ,

Mailing Address PO BOX 555

City SAINT JO	State TX	Zip Code 76265-0555
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FEC ID number of contributing federal political committee. **C**

Name of Employer NOCONA GENERAL HOSPITAL	Occupation NURSE
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Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Date of Receipt

M M / D D / Y Y Y Y
04 30 2020

Transaction ID : A23D39CF54ABF4660A9E

Amount of Each Receipt this Period

220.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED PAC

B. Full Name (Last, First, Middle Initial)
WINRED PAC

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
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FEC ID number of contributing federal political committee. **C**

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

Election Cycle-to-Date ▼
3071878.30

Date of Receipt

M M / D D / Y Y Y Y
04 30 2020

Transaction ID : A2EBDF000388A4746B92

Amount of Each Receipt this Period

220.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
BROPHY, MARY ELLEN, , ,

Mailing Address 1100 BEACH RD
APT 3J

City VERO BEACH	State FL	Zip Code 32963-3416
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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 ▼
1850.00

Date of Receipt

M M / D D / Y Y Y Y
04 14 2020

Transaction ID : A8F31594C0F6A4BFD8EE

Amount of Each Receipt this Period

250.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED PAC

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

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

470.00