

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

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)
ATKINS, THOMAS, P, ,

Mailing Address 1201 EDGECLIFF PLACE, APT. 1061

City CINCINNATI	State OH	Zip Code 45206-2898
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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 ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2019

Transaction ID : A72997EACA3304B9F881

Amount of Each Receipt this Period

– 2200.00

☒ Memo Item
REDESIGNATION FROM

B. Full Name (Last, First, Middle Initial)
ATKINS, THOMAS, P, ,

Mailing Address 1201 EDGECLIFF PLACE, APT. 1061

City CINCINNATI	State OH	Zip Code 45206-2898
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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 ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2019

Transaction ID : A22D50008FB764AD6A61

Amount of Each Receipt this Period

2200.00

☒ Memo Item
REDESIGNATION TO

C. Full Name (Last, First, Middle Initial)
NIVI K SHROFF LIVING TRUST

Mailing Address 1448 HOUNDS WAY

City NORTH MYRTLE BEACH	State SC	Zip Code 29582-2517
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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 ▼
200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2019

Transaction ID : A0BC9F9F34D6747A7AF5

Amount of Each Receipt this Period

200.00

☐ Memo Item

200.00

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

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