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FOR LINE NUMBER: PAGE 115/202 SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 12 13b 13a 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) Lindsey Graham for Senate Full Name (Last, First, Middle Initial) Date of Receipt Shawn Smeallie Mailing Address 1310 Bishop Lane 07 1.0 2006 Transaction ID: 60710.C51454 City State Zip Code VΑ <u>Alexandria</u> 22302 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Receipt Name of Employer American Continental Group Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Partner Receipt For: Flection Cycle-to-Date ▼ 2008 В.

X Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Gary Smith Mailing Address 2054 Lorraine Dr. City Aiken FEC ID number of contributing federal political committee. Name of Employer Smith Massey Brodie Thurmond Receipt For: 2008 X Primary General Other (specify)	State Zip Code SC 29801 C Occupation Attorney Election Cycle-to-Date 500.00	Date of Receipt 0 8 0 9 2 0 0 6 Transaction ID: 61011.C52088 Amount of Each Receipt this Period 500.00 In-Kind Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Catering
Full Name (Last, First, Middle Initial) Karen K. Smith Mailing Address 5214 Farrington Rd		Date of Receipt 0 7
City Bethesda	State Zip Code MD 20816-2920	Transaction ID: 61011.C51501 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	c	1000.00
Name of Employer Federal Financial Insuran- ce Receipt For: 2008 X Primary General Other (specify)	Occupation Manager Election Cycle-to-Date 1000.00	Receipt Limit Increased Due to Opponent's L.: Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional) .	•	2500.00
OTAL This Period (last page this line numbe	r only)	