

# **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)

PAGE 264 OF 2267

☒ 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)  
**BARTHOLMAI, HOLLY, , ,**

Mailing Address N7229 HICKORY SPRING RD

City BEAVER DAM	State WI	Zip Code 53916
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

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  
07 10 2019

Transaction ID : ACFE9744728A24BDC906

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**CHUNG, HAE, , ,**

Mailing Address 34 RIVER MARSH LANE

City OKATIE	State SC	Zip Code 29909-4235
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 22 2019

Transaction ID : A3B3F658FEFDC45CBA07

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MOSELEY, CHARLES, , ,**

Mailing Address 109 WALNUT CT.

City COLUMBIA	State SC	Zip Code 29212-8608
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer IRMO INSURANCE AGENCY	Occupation INSURANCE AGENT
---	-------------------------------

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 12 2019

Transaction ID : AEC16F81CA0134194883

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1275.00