

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

PAGE 8215 OF 15368

<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	

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NAME OF COMMITTEE (In Full)

Jaime Harrison for US Senate

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Lines, Doris, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 07 / 2020	
Mailing Address 1694 E Weber Rd			<b>Transaction ID : VVC3HQWT040</b>	
City Columbus	State OH	Zip Code 43211-1540	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer N/A		Occupation Not Employed	* Earmarked Contribution: See Below	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 450.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>ActBlue</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 12 / 2020	
Mailing Address PO Box 382110			<b>Transaction ID : VVC3HQWT040E</b>	
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item	
Name of Employer Conduit total listed in Agg. field		Note: Above Contribution earmarked through this organization.		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 3523514.99		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Linnet, Martha, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 13 / 2020	
Mailing Address 3219 Brooklawn Ter			<b>Transaction ID : VVC3HQYCVK0</b>	
City Chevy Chase	State MD	Zip Code 20815-3936	Amount of Each Receipt this Period _____ 250.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer NCI		Occupation Epidemiologist	* Earmarked Contribution: See Below	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 450.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			_____ 300.00	
<b>TOTAL</b> This Period (last page this line number only).....			_____	