

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

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<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

Full Name (Last, First, Middle Initial)

Hartley, Joan, , ,

Mailing Address 1829 Senate St

Apt 15F

City

Columbia

State

SC

Zip Code

29201-3838

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nexsen Pruet

Occupation

Attorney

Receipt For: 2020

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	9

Transaction ID : VVC3HQ7A083

Amount of Each Receipt this Period

25.00

☐

Memo Item

* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2020

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

3042652.29

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	9

Transaction ID : VVC3HQ7A083E

Amount of Each Receipt this Period

25.00

☒

Memo Item

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Hartley, Joan, , ,

Mailing Address 1829 Senate St

Apt 15F

City

Columbia

State

SC

Zip Code

29201-3838

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nexsen Pruet

Occupation

Attorney

Receipt For: 2020

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	1	9

Transaction ID : VVC3HQA9RF6

Amount of Each Receipt this Period

25.00

☐

Memo Item

* Earmarked Contribution: See Below

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

50.00

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