

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22290 OF 25096

(check only one)

<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)

Tower, Christopher, , ,

A.

Mailing Address 1150 W 15Th Ave

Apt 202

City

Eugene

State

OR

Zip Code

97402-3962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benson Health ClinicOccupation  
PMHNP

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

315.00

Date of Receipt

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

Transaction ID : VVC3HQFZT99

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

ActBlue

B.

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 ▼

6130699.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	0

Transaction ID : VVC3HQFZT99E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Tower, Christopher, , ,

C.

Mailing Address 1150 W 15Th Ave

Apt 202

City

Eugene

State

OR

Zip Code

97402-3962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benson Health ClinicOccupation  
PMHNP

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	2	0

Transaction ID : VVC3HQGFNN9

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

100.00

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