

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

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

FOR LINE NUMBER: PAGE 2560 OF 6994

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MOVEON.ORG POLITICAL ACTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. James, Wendy, , ,

Mailing Address 1 delra lane

City

Yorktown Heights

State

NY

Zip Code

10598

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Westchester Medical Center

Occupation (for Individual)

Accounting

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2018

Transaction ID : 8018615

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jameson, Geraldine, , ,

Mailing Address 225 4th Ave A603

City

Kirkland

State

WA

Zip Code

98033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2018

Transaction ID : 8034707

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jamesson, George, , ,

Mailing Address 121 Fortress Rdg

City

Weaverville

State

NC

Zip Code

28787

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not employed

Occupation (for Individual)

Not employed

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2018

Transaction ID : 8004009

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

170.00

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