

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

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

FOR LINE NUMBER: PAGE 1879 OF 15831

(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. Busch, Susan, , ,**

Mailing Address 280 Kendall Park Rd

City  
PeninsulaState  
OHZip Code  
44264-9781FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cleveland ClinicOccupation (for Individual)  
Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.89

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2019

Transaction ID : 2275908

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Busch, Susan, , ,**

Mailing Address 280 Kendall Park Rd

City  
PeninsulaState  
OHZip Code  
44264-9781FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cleveland ClinicOccupation (for Individual)  
Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.89

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2019

Transaction ID : 2231495

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Busch, Susan, , ,**

Mailing Address 280 Kendall Park Rd

City  
PeninsulaState  
OHZip Code  
44264-9781FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cleveland ClinicOccupation (for Individual)  
Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

303.89

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2019

Transaction ID : 2124657

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

50.00

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