

SCHEDULE A (FEC Form 3X)
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"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 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. Gibson, Michael, , ,

Mailing Address PO Box 506

City
LingleState
WYZip Code
82223-0506FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NoneOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.60

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 14 | | 2019 |

Transaction ID : 2231405

Amount of Each Receipt this Period

43.45

☐ Memo Item

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

B. Gibson, Monique, , ,

Mailing Address 1901 Blue Spruce Dr

City
GrantsState
NMZip Code
87020-4213FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Presbyterian Medical ServicesOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 29 | | 2019 |

Transaction ID : 2014200

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Gibson, Monique, , ,

Mailing Address 1901 Blue Spruce Dr

City
GrantsState
NMZip Code
87020-4213FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Presbyterian Medical ServicesOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 29 | | 2019 |

Transaction ID : 1939255

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

83.45

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