

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

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

FOR LINE NUMBER: PAGE 5263 OF 15831

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MoveOn.org Political Action**

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

**A. Grove, Leah, , ,**

Mailing Address 215 Farnsworth Rd

City  
Saint Marys

State  
OH

Zip Code  
45885-1029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VA

Occupation (for Individual)  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2019

**Transaction ID : 1997981**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Grove, Leah, , ,**

Mailing Address 215 Farnsworth Rd

City  
Saint Marys

State  
OH

Zip Code  
45885-1029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VA

Occupation (for Individual)  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 24 / 2019

**Transaction ID : 1945429**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Grove-Humphries, Sarah, , ,**

Mailing Address 616 Parkview Ave

City  
Staunton

State  
VA

Zip Code  
24401-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Musician / Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2019

**Transaction ID : 2156041**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

65.00