

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

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

FOR LINE NUMBER: PAGE 6617 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. Johnson, Erika, , ,

Mailing Address 1600 E Lake Brophy Rd NW

City

Alexandria

State

MN

Zip Code

56308-8260

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Alexandria Clinic

Occupation (for Individual)

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2019

Transaction ID : 2195619

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Johnson, Erika, , ,

Mailing Address 1600 E Lake Brophy Rd NW

City

Alexandria

State

MN

Zip Code

56308-8260

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Alexandria Clinic

Occupation (for Individual)

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2019

Transaction ID : 2094711

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Johnson, Erika, , ,

Mailing Address 1600 E Lake Brophy Rd NW

City

Alexandria

State

MN

Zip Code

56308-8260

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Alexandria Clinic

Occupation (for Individual)

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2019

Transaction ID : 1972065

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

75.00

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