

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

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

FOR LINE NUMBER: PAGE 5409 OF 10433

(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. Suhaka, Andrea, , ,

Mailing Address 6864 S ULSTER CIR

City
CENTENNIAL

State
CO

Zip Code
80112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not employed

Occupation (for Individual)

Not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2017

Transaction ID : BA6583402

Amount of Each Receipt this Period

5.00

☐ Memo Item

Earmark Contribution

Earmark To: JON OSSOFF FOR CONGRESS

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

B. Sujansky, Ulrike, , ,

Mailing Address 200 HIGHLAND TER

City
WOODSIDE

State
CA

Zip Code
94062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : BA6590139

Amount of Each Receipt this Period

12.50

☐ Memo Item

Earmark Contribution

Earmark To: ROB QUIST FOR MONTANA

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

C. Sullivan, Barbara, , ,

Mailing Address 6170 Palmero Circle

City
Cameron Park

State
CA

Zip Code
95682

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

Publisher

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2017

Transaction ID : BA6586646

Amount of Each Receipt this Period

22.50

☐ Memo Item

Earmark Contribution

Earmark To: ROB QUIST FOR MONTANA

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

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

40.00