

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 396 OF 3992

(check only one)

<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. Castillo, Faviola, , ,**

Mailing Address 13728 Balboa Ct

City  
FontanaState  
CAZip Code  
92336-3456FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Options For LearningOccupation (for Individual)  
Education Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.70

Date of Receipt

M M	D D	Y Y Y Y
06	07	2019

**Transaction ID : 1655901**

Amount of Each Receipt this Period

43.45

☐ Memo Item

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

**B. Castillo, Gregory, , ,**

Mailing Address 6559 Orion Ave

City  
Van NuysState  
CAZip Code  
91406-6313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Facey Medial GroupOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.25

Date of Receipt

M M	D D	Y Y Y Y
01	19	2019

**Transaction ID : 1901348**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Castillo, Gregory, , ,**

Mailing Address 6559 Orion Ave

City  
Van NuysState  
CAZip Code  
91406-6313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Facey Medial GroupOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

267.25

Date of Receipt

M M	D D	Y Y Y Y
01	19	2019

**Transaction ID : 1901349**

Amount of Each Receipt this Period

217.25

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

310.70

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