

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

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

FOR LINE NUMBER: PAGE 7349 OF 23042

(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. Walters, Laura, , ,

Mailing Address 89 Stearns Rd  
2nd Floor

City  
Brookline

State  
MA

Zip Code  
02446

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2018

Transaction ID : 7608771

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Walther, Zenta, , ,

Mailing Address 31 Mountain Brook Rd

City

North Haven

State

CT

Zip Code

06473

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Yale University School of Medicine

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2018

Transaction ID : 7607536

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Walther, Zenta, , ,

Mailing Address 31 Mountain Brook Rd

City

North Haven

State

CT

Zip Code

06473

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Yale University School of Medicine

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2018

Transaction ID : 7694382

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

80.00

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