

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7350 OF 23042

(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. 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 M	/	D D D	/	Y Y Y Y Y Y
09		09		2018

Transaction ID : 7608946

Amount of Each Receipt this Period

150.00

☐ 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 M	/	D D D	/	Y Y Y Y Y Y
09		30		2018

Transaction ID : 7678874

Amount of Each Receipt this Period

15.00

☐ 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 M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

Transaction ID : 7661192

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

180.00

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