

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

FOR LINE NUMBER: PAGE 3267 OF 13615

(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. James, Wendy, , ,**

Mailing Address 1 delra lane

City

Yorktown Heights

State

NY

Zip Code

10598

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Westchester Medical Center

Occupation (for Individual)

Accounting

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2017

**Transaction ID : 6693752**

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

**B. James, Wendy, , ,**

Mailing Address 1 delra lane

City

Yorktown Heights

State

NY

Zip Code

10598

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Westchester Medical Center

Occupation (for Individual)

Accounting

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2017

**Transaction ID : 6693991**

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

**C. James, Wendy, , ,**

Mailing Address 1 delra lane

City

Yorktown Heights

State

NY

Zip Code

10598

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Westchester Medical Center

Occupation (for Individual)

Accounting

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2017

**Transaction ID : 6694245**

Amount of Each Receipt this Period

45.00

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

135.00

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