

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

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

FOR LINE NUMBER: PAGE 28 OF 457

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ford Motor Company Civic Action Fund

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

A. IZZI, PAUL J, , ,

Mailing Address 6105 SILVERADO TRACE

City
FRANKLINState
TNZip Code
37064-7908FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FORD MOTOR COMPANYOccupation (for Individual)
SPECIALTY MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2019

Transaction ID : PR209293831700

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$20.00 Monthly)

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

B. OSGOOD, JONATHAN E, , ,

Mailing Address 11245 GUYN DRIVE

City
BRIGHTONState
MIZip Code
48114-8132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FORD MOTOR COMPANYOccupation (for Individual)
ASSISTANT COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2019

Transaction ID : PR209297331700

Amount of Each Receipt this Period

210.00

☐ Memo Item

P/R Deduction (\$210.00 Monthly)

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

C. KING, JAMES G, , ,

Mailing Address 6435 SADDLEBRIDGE COURT

City
CUMMINGState
GAZip Code
30040-5781FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FORD MOTOR COMPANYOccupation (for Individual)
GENERAL MANAGER - MARKET ARE,

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2019

Transaction ID : PR209297531700

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

280.00

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