

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

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

FOR LINE NUMBER: PAGE 355 OF 1809

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Boeing Company Political Action Committee

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

A. Cox, Brett, , ,

Mailing Address 929 Long Bridge Drive

City
Arlington

State
VA

Zip Code
22202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Boeing

Occupation (for Individual)

Cyber Sec Gov,Risk&Comp Spec (Cyber)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2019

Transaction ID : 2019112617174-1140

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Cox, Kathy, , ,

Mailing Address 929 Long Bridge Drive

City
Arlington

State
VA

Zip Code
22202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Boeing

Occupation (for Individual)

Struct & Payload Design Engr (Structural)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2019

Transaction ID : 201911410134-1251

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

C. Cox, Kathy, , ,

Mailing Address 929 Long Bridge Drive

City
Arlington

State
VA

Zip Code
22202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Boeing

Occupation (for Individual)

Struct & Payload Design Engr (Structural)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2019

Transaction ID : 2019112617174-1247

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

40.00

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