

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

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

FOR LINE NUMBER: PAGE 13 OF 114

(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. KOSMAN, MARK E, E, ,

Mailing Address 7501 HAVERHILL LANE

City
CANTONState
MIZip Code
48187-1019FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FORD MOTOR COMPANYOccupation (for Individual)
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR209291129172

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

B. OSGOOD, JONATHAN E, 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 ▼

840.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR209297329172

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. MELLEN, JOHN F, F, ,

Mailing Address 346 MAINCENTRE

City
NORTHVILLEState
MIZip Code
48167-1564FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR209302529172

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

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

670.00

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