

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

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

FOR LINE NUMBER: PAGE 680 OF 1648

(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. Hoffman, Joseph, , ,

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)

Dir-Cto Chief Of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 11 / 2019

Transaction ID : 2019071511175-1726

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Hoffman, Joseph, , ,

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)

Dir-Cto Chief Of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 25 / 2019

Transaction ID : 201907259214-1720

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Hoffman, Lynn, , ,

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)

Dir-Bds Sc Wpns&amp;C&amp;S Okc/Pot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 11 / 2019

Transaction ID : 2019071511175-599

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00