

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. SCHILP, ROBERT, J, ,**

Mailing Address 6815 CRESTWAY DR

City  
BLOOMFIELD HILLS

State  
MI

Zip Code  
48301-2810

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FORD MOTOR COMPANY

Occupation (for Individual)  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 30 / 2019

**Transaction ID : PR23885431137**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$75.00 Monthly)

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

**B. BIANCO JR, ANDREW, S, ,**

Mailing Address 21605 PARKWOOD LANE

City  
NORTHVILLE

State  
MI

Zip Code  
48167-9064

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FORD MOTOR COMPANY

Occupation (for Individual)  
MANAGER (SPECIALTY)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 30 / 2019

**Transaction ID : PR238858431137**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. BURT, RICHARD, J, ,**

Mailing Address 56755 BRIAR MEADOW RD

City  
SOUTH LYON

State  
MI

Zip Code  
48178-8917

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FORD MOTOR COMPANY

Occupation (for Individual)  
DEPARTMENT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 30 / 2019

**Transaction ID : PR238859031137**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

110.00