

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

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

FOR LINE NUMBER: PAGE 170 OF 403

(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. HECK, KEVIN, C, ,

Mailing Address 19540 ARGYLE OVAL

City
ROCKY RIVER

State
OH

Zip Code
44116-1604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FORD MOTOR COMPANY

Occupation (for Individual)
PLANT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2019

Transaction ID : PR238855230056

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Monthly)

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

B. 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)
DEPARTMENT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2019

Transaction ID : PR238855430056

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

C. 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 ▼

210.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2019

Transaction ID : PR238858430056

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)..... ►

155.00