

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

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

FOR LINE NUMBER: PAGE 174 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, MANFRED, P, ,

Mailing Address 6649 KENNESAW RD

City
CANTONState
MIZip Code
48187-1281FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2019

Transaction ID : PR238906730056

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

B. BAUR, ROBERT, D, ,

Mailing Address 6661 FOREST HILL LANE

City

FAIRFIELD TOWNSHIP

State

OH

Zip Code

45011-6426

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FORD MOTOR COMPANYOccupation (for Individual)
TEAM MANAGER-PROD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2019

Transaction ID : PR238918830056

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. LEHMKUHL, DAVID, B, ,

Mailing Address 165 CLAREMONT

City

DEARBORN

State

MI

Zip Code

48124-1305

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2019

Transaction ID : PR238922130056

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

130.00

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