

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

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

FOR LINE NUMBER: PAGE 230 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. POLK, SUSAN, M, ,**

Mailing Address 8905 LETHBOROUGH DR.

City  
LOUISVILLE

State  
KY

Zip Code  
40299-1435

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FORD MOTOR COMPANY

Occupation (for Individual)  
SUPPLIER QUAL ASSIST ENGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 31 / 2019

**Transaction ID : PR239560130056**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

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

**B. NIEMENSKI, JOSEPH, , ,**

Mailing Address 48358 SHERWOOD DRIVE

City  
PLYMOUTH

State  
MI

Zip Code  
48170-5439

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FORD MOTOR COMPANY

Occupation (for Individual)  
CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 31 / 2019

**Transaction ID : PR239563630056**

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. NOBLE, LAURA, J, ,**

Mailing Address 1637 BLACK MAPLE

City  
ROCHESTER HILLS

State  
MI

Zip Code  
48309-2211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FORD MOTOR COMPANY

Occupation (for Individual)  
BUSINESS PLANNING SPECL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 31 / 2019

**Transaction ID : PR239564130056**

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