

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

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

FOR LINE NUMBER: PAGE 30 OF 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Monsanto Company Citizenship Fund aka Monsanto Citizenship Fund

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

A. Davis, William, R., , III

Mailing Address 7610 Davis Pond Rd

City
West Point

State
VA

Zip Code
23181-9449

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MONSANTO

Occupation (for Individual)
Reg Dir of State & Local Gov Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 22 / 2018

Transaction ID : 201806255216-592

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. De Wilde, Annemieke, , ,

Mailing Address 10935 Janridge Ln

City
Saint Louis

State
MO

Zip Code
63141-7701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MONSANTO

Occupation (for Individual)
Occupational Medicine Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 08 / 2018

Transaction ID : 201806115214-535

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. De Wilde, Annemieke, , ,

Mailing Address 10935 Janridge Ln

City
Saint Louis

State
MO

Zip Code
63141-7701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MONSANTO

Occupation (for Individual)
Occupational Medicine Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 22 / 2018

Transaction ID : 201806255216-536

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

90.00

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