

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

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

FOR LINE NUMBER: PAGE 26 OF 64  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Procter & Gamble Company Good Government Fund**

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

**A. Lowie, Lisa, , ,**

Mailing Address One Procter & Gamble Plaza

City  
Cincinnati

State  
OH

Zip Code  
45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Procter & Gamble

Occupation (for Individual)

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 30 / 2019

**Transaction ID : PR77848144383**

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

**B. FINN, THOMAS, , ,**

Mailing Address One Procter & Gamble Plaza

City  
Cincinnati

State  
OH

Zip Code  
45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Procter & Gamble

Occupation (for Individual)

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

11 / 30 / 2019

**Transaction ID : PR77850344383**

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$300.00 Monthly)

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

**C. Boyce, Timothy, , ,**

Mailing Address One Procter & Gamble Plaza

City  
Cincinnati

State  
OH

Zip Code  
45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Procter & Gamble

Occupation (for Individual)

UNSPECIFIED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 30 / 2019

**Transaction ID : PR77851944383**

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$20.00 Monthly)

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

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

350.00