

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

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

FOR LINE NUMBER: PAGE 359 OF 443

(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. Corrica, Tanya, , ,**

Mailing Address 9451 Palladium Hts #204

City

Colorado Spgs

State

CO

Zip Code

80920-1618

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FMCC US

Occupation (for Individual)

Select Dealer Regional Mgr

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

09 / 30 / 2017

**Transaction ID : PR240616423651**

Amount of Each Receipt this Period

15.00

☐ Memo Item

P/R Deduction (\$15.00 Monthly)

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

**B. SMITH, STUART R, R, ,**

Mailing Address 16591 BROOKLANE BLVD.

City

NORTHVILLE

State

MI

Zip Code

48168-8429

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FORD MOTOR COMPANY

Occupation (for Individual)

SPECIALTY MANAGER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2017

**Transaction ID : PR240619323651**

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. Rector, Greg, A, ,**

Mailing Address 831 Lake Woods Drive

City

Canton

State

MI

Zip Code

48188-3494

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FMCC US

Occupation (for Individual)

Retail & Wholesale Product Mgr

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2017

**Transaction ID : PR240622723651**

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)..... ►

75.00