FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruction		N							
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exar	nple: If typying the lines	, type	12FE	4M5	Office us	se only		
· CDANT THOD		ICAL ACTION C	OMMIT	TEELLO							
GRANI INOR	RNTON LLP POLIT	ICAL ACTION C	OWNIT						ш		11
	. 1000	M Ctreet NW	ш	шш					Ш		
ADDRESS (number and	street)	M Street NW	ш					11	ш		1 1
(Check if addr is changed)		2300 nington				L DC	L	2	0036	35	31
COMMITTEE'S E-MA	JL ADDRESS		CITY			STATE	•		ZIP CO	DE 📥	
					111		1 1	1 1		1 1	1 1
					1 1 1	1 1 1					1 1
COMMITTEE'S WEB	PAGE ADDRESS (U	RL)									
	<u> </u>										1 1
	<u> </u>			<u> </u>							1 1
COMMITTEE'S FAX N 202-521-1577	NUMBER	_									
2. DATE 0.1	M / D D / Y	2 0 0 9 °									
3. FEC IDENTIFICA	ATION NUMBER	(C COO	408260							
4. IS THIS STATEM	MENT NEW	(N) OR	X	AMENDE	ED (A)						
I certify that I have exam	ined this Statement and	to the best of my know	wledge an	d belief it is true	e, correct and	d complet	e				
Type or Print Name of	Treasurer	lohn Ziegelbauei	r								
Signature of Treasurer	r Electronically File	d by John Zieg e	elbauer			Date	0 1	/ D	1 5	Y	0 0 9
NOTE: Submission of fa		nplete information may							J.S.C. S		
Office Use Only				For further int Federal Election Toll Free 800-4 Local 202-694	on Commiss 424-9530				C FO		1

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5.		COMMITTEE (Check One) ce Committee:	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	e candidate
	Name of Candidate	e <u> </u>	
	Candidate Party Affil		State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	9	
	Party Cor		
	(d)		Democratic, Republican,etc.) Party.
	Political A	Action Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
		Corporation Corporation w/o Capital Stock Labor	or Organization
		Membership Organization Trade Association Coo	perative
	(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fun	draising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	C	ommittees Participating in Joint Fundraiser	
		1 FEC ID number C	
		2 FEC ID number C	
		3. FEC ID number	
		4. FEC ID number	
		FEC ID number	

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Write or Type Committee Name			
GRANT THORNTON L	LP POLITICAL ACTION COMMITTEE LLC		
6. Name of Any Connected C	Organization, Affiliated Committee, Leadership PAC S	ponsor or Joint Fundrais	ing Representative
	<u> </u>	1	<u> </u>
Mailing Address			
Ü	1		
	CITY▲	STATE A	ZIP CODE
Relationship:			
Connected Organizatio	n Affiliated Committee Leadership P	AC Sponsor Joint	Fundraising Representative
7. Custodian of Records: I possession of Committee	dentify by name, address, (phone number optice books and records.	onal), and position of th	ne person in
. Alliso	on Moran		1
Full Name			
Mailing Address	1901 S. Meyers Road		
	Suite 455		
	Oakbrook Terrace	<u>IL</u>	60181 _ 5243
Title or Position ♥	CITY A	STATE A	ZIP CODE A
•	-	phone number 630	- 873 - 2542
8. Treasurer : List the nam	e and address (phone number optional) of the	treasurer of the commi	ttee; and the
name and address of a	ny designated agent (e.g., assistant treasurer).		
Full Name			
of Treasurer John	Ziegelbauer		
Mailing Address	Grant Thornton LLP		
	1900 M Street NW, Suite 300		
	Washington		20036 3531
Title or Position ♥	CITY A	STATE.▲	ZIP CODE A
Managir	ng Partner	. 202	861 4119
indiagn	Teler	ohone number	

			Page 4
Full Name of Designated Agent	Allison Moran		
Mailing Address	1901 S. Meyers Road		
	Suite 455		
	Oakbrook Terrace	<u> L</u> _	60181 – 5243
Title or Position ▼	CITY A	STATE A	ZIP CODE A
Assistant	t Treasurer T	Telephone number 630	873
Banks or Other Depositor safety deposit boxes or mair Name of Bank, Depository,	ntains funds.	he committee deposits funds, ho	olds accounts, rents
Nati-	onal City		
	onal City One North Franklin		
Mailing Address	One North Franklin		
			60606 _
	One North Franklin Suite 100	IL STATE △	60606 ZIP CODE
	One North Franklin Suite 100 Chicago		
Mailing Address	One North Franklin Suite 100 Chicago		
Mailing Address	One North Franklin Suite 100 Chicago	STATE 4	ZIP CODE 🛕
Mailing Address Name of Bank, Depository,	One North Franklin Suite 100 Chicago CITY etc.	STATE 4	ZIP CODE _
Mailing Address Name of Bank, Depository,	One North Franklin Suite 100 Chicago CITY etc.	STATE 4	ZIP CODE 🛕

Image# 29990055531 Form/Schedule: F1A Amended Statement of Organization Updated for Treasurer Transaction ID: