

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

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

FOR LINE NUMBER: PAGE 63 OF 87

(check only one)

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

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NAME OF COMMITTEE (In Full)

**THE GRANT THORNTON LLP POLITICAL ACTION COMMITTEE LLC**

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

**A. Loretto, Joseph, H., ,**

Mailing Address 4054 Dunhaven Rd

City  
Dallas

State  
TX

Zip Code  
75220-3738

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Grant Thornton LLP

Occupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2019

**Transaction ID : PR66764322517**

Amount of Each Receipt this Period

229.13

☐ Memo Item

P/R Deduction (\$41.67 Monthly)

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

**B. Lucas, Brian, E., ,**

Mailing Address 859 S Beverly Lane

City

Arlington Heights

State

IL

Zip Code

60005-2705

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Grant Thornton LLP

Occupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2019

**Transaction ID : PR66765122517**

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. Malinowski, Keith, James, ,**

Mailing Address 3239 Twelve Oaks Place

City

Charlotte

State

NC

Zip Code

28270-4439

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Grant Thornton LLP

Occupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2019

**Transaction ID : PR66770922517**

Amount of Each Receipt this Period

750.00

☐ Memo Item

P/R Deduction (\$750.00 Monthly)

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

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

1279.13