

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

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

FOR LINE NUMBER: PAGE 35 OF 70

(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. Davison, Scott, A, ,

Mailing Address 6624 Denny Peak Dr SE

City
Snoqualmie

State
WA

Zip Code
98065-8996

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 ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 31 / 2020

Transaction ID : PR66579422780

Amount of Each Receipt this Period

500.00

☐ Memo Item

P/R Deduction (\$500.00 Monthly)

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

B. DeVenny, Scott, C, ,

Mailing Address 1812 Madison Road

City
Cincinnati

State
OH

Zip Code
45206-1827

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 ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 31 / 2020

Transaction ID : PR66583322780

Amount of Each Receipt this Period

1000.00

☐ Memo Item

P/R Deduction (\$1000.00 Monthly)

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

C. Dekofsky, Micah, B, ,

Mailing Address 3188 S Bentley Ave

City
Los Angeles

State
CA

Zip Code
90034-3008

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 ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 31 / 2020

Transaction ID : PR66585022780

Amount of Each Receipt this Period

1000.00

☐ Memo Item

P/R Deduction (\$1000.00 Monthly)

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

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

2500.00