

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

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

FOR LINE NUMBER: PAGE 46 OF 335

(check only one)

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

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NAME OF COMMITTEE (In Full)

GrayRobinson, P.A., Political Action Committee

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

**A.** Clifford, William, Michael, ,

Mailing Address 301 E Pine Street

City  
Orlando

State  
FL

Zip Code  
32801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GrayRobinson PA

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2019

Transaction ID : SA11AI.56223

Amount of Each Receipt this Period

22.50

☐ Memo Item

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

**B.** Clifford, William, Michael, ,

Mailing Address 301 E Pine Street

City  
Orlando

State  
FL

Zip Code  
32801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GrayRobinson PA

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 15 / 2019

Transaction ID : SA11AI.56224

Amount of Each Receipt this Period

22.50

☐ Memo Item

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

**C.** Clifford, William, Michael, ,

Mailing Address 301 E Pine Street

City  
Orlando

State  
FL

Zip Code  
32801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GrayRobinson PA

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 29 / 2019

Transaction ID : SA11AI.56225

Amount of Each Receipt this Period

11.25

☐ Memo Item

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

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

56.25