

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines American Institute of Certified Public Accountants Political Action Committee

ADDRESS (number and street) Palladian 1 220 Leigh Farm Rd Durham NC 27707 8110 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00077321 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 06 01 2008 through 06 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Anthony Pugliese

Signature of Treasurer Electronically Filed by Mr. Anthony Pugliese Date 07 18 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Institute of Certified Public Accountants Political Action Committee

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		264257.00
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	67676.97									
(c) Total Receipts (from Line 19) .....	43257.51	148548.24								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	110934.48	412805.24								
7. Total Disbursements (from Line 31) .....	75924.01	377794.77								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	35010.47	35010.47								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American Institute of Certified Public Accountants Political Action Committee

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	13750.00	88350.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	29476.06	58791.58
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	43226.06	147141.58
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	43226.06	147141.58
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	31.45	1406.66
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	43257.51	148548.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	43257.51	148548.24

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	1106.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	1106.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75824.01	371109.13
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	100.00	1015.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	100.00	1015.00
29. Other Disbursements.....	0.00	4564.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	75924.01	377794.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75924.01	377794.77

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	43226.06	147141.58
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	1015.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	43126.06	146126.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1106.64
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	1106.64

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Institute of Certified Public Accountants Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary E. MEDLEY	Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 8
	Mailing Address 7979 East Tufts Avenue Suite 500	<b>Transaction ID:</b> 28201536
	City State Zip Code Denver CO 80237-2843	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Colorado Society of CPAs Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Gregory M. Burke	Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 8
	Mailing Address 3416 American River Drive #A	<b>Transaction ID:</b> 28201540
	City State Zip Code Sacramento CA 95864-5753	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer John Waddell & Co. Occupation CPA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul V. Stahlin	Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8
	Mailing Address 14 Canaday Ct	<b>Transaction ID:</b> 28201561
	City State Zip Code Belle Mead NJ 08502-4810	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Skyland Community Bank Occupation CPA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 7 / 37  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Institute of Certified Public Accountants Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Timothy L. Dodds

Mailing Address 6210 Pintail Ct

City Loveland State OH Zip Code 45140-8618

FEC ID number of contributing federal political committee. **C**

Name of Employer Timothy L. Dodds, CPA Occupation CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 27 / 2008  
Transaction ID: 28201564  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Richard Goldenson

Mailing Address 3003 N Central Ave Suite 500

City Phoenix State AZ Zip Code 85012-2772

FEC ID number of contributing federal political committee. **C**

Name of Employer Clifton Gunderson LLP Occupation CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 09 / 2008  
Transaction ID: 28201565  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Kathryn B. ANDERSON, CAE

Mailing Address 325 W. College Avenue P.O. Box 5437 (32314)

City Tallahassee State FL Zip Code 32301-1464

FEC ID number of contributing federal political committee. **C**

Name of Employer Florida Institute of CPAs Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 03 / 2008  
Transaction ID: 28201566  
Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 37  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Institute of Certified Public Accountants Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Stephen W. Bodine  
Mailing Address 220 S. 6th St., Ste 300  
City Minneapolis State MN Zip Code 55402-4500  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LarsonAllen Occupation CPA  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 06 / 05 / 2008  
Transaction ID: 28201567  
Amount of Each Receipt this Period 400.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Bunting  
Mailing Address 11474 Arrow Point Drive NE  
City Bainbridge Island State WA Zip Code 98110-1474  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Moss Adams LLP Occupation CPA  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 06 / 05 / 2008  
Transaction ID: 28201568  
Amount of Each Receipt this Period 400.00

**C.** Full Name (Last, First, Middle Initial)  
James G. Castellano  
Mailing Address 230 S Bemiston Ave 6 Fl Llp  
City St. Louis State MO Zip Code 63105-3709  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RubinBrown LLP Occupation CPA  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 06 / 04 / 2008  
Transaction ID: 28201569  
Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00  
**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 37  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Institute of Certified Public Accountants Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Charles Cauley		Date of Receipt MM / DD / YYYY 06 / 04 / 2008
Mailing Address 1300 Bellevue Avenue		<b>Transaction ID:</b> 28201570
City Dublin	State GA	Zip Code 31021-4152
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Nichols, Cauley & Associates, LLC	Occupation CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

**B.**

Full Name (Last, First, Middle Initial) David L. Dennis		Date of Receipt MM / DD / YYYY 06 / 06 / 2008
Mailing Address P O Box 3031 111 N Orange Ave Ste 1600		<b>Transaction ID:</b> 28201571
City Orlando	State FL	Zip Code 32802-3031
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer KPMG LLP	Occupation CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

**C.**

Full Name (Last, First, Middle Initial) Larry D. Edgerton		Date of Receipt MM / DD / YYYY 06 / 04 / 2008
Mailing Address 5729 Ridgemont Place		<b>Transaction ID:</b> 28201572
City Midland	State TX	Zip Code 79707-5010
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Elms, Faris & Company, LLP	Occupation CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 37  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
American Institute of Certified Public Accountants Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
John W. Edson

Mailing Address 7500 Olson Memorial Hwy  
Suite 200

City State Zip Code  
Minneapolis MN 55427-4800

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Blanski Peter Kronlage & Zoch, PA CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 8

**Transaction ID:** 28201573

Amount of Each Receipt this Period  
400.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert Russell Harris

Mailing Address Oak Point Professional Center  
5070 N Hwy A1A Ste 250

City State Zip Code  
VERO BEACH FL 32963-1472

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Harris, Cotherman, Jones, Price & Asso CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 8

**Transaction ID:** 28201574

Amount of Each Receipt this Period  
400.00

**C.**

Full Name (Last, First, Middle Initial)  
Grady R. Hazel

Mailing Address 1005 Bromley

City State Zip Code  
Baton Rouge LA 70808-5706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Society of Louisiana CPAs CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 8

**Transaction ID:** 28201575

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 37  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Institute of Certified Public Accountants Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Timothy J. McCutcheon

Mailing Address 6020 W. Iliff Avenue

City State Zip Code  
Lakewood CO 80227-2512

FEC ID number of contributing federal political committee. **C**

Name of Employer McCutcheon & Company      Occupation CPA

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	0	/	2	0	0	8

**Transaction ID:** 28201576  
 Amount of Each Receipt this Period  
 400.00

**B.** Full Name (Last, First, Middle Initial)  
Leslie A. Murphy

Mailing Address 27400 Northwestern Hwy  
PO Box 307 (48037-0307)

City State Zip Code  
SOUTHFIELD MI 48034-4724

FEC ID number of contributing federal political committee. **C**

Name of Employer Plante & Moran PLLC      Occupation CPA

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	0	8

**Transaction ID:** 28201577  
 Amount of Each Receipt this Period  
 400.00

**C.** Full Name (Last, First, Middle Initial)  
Michael R. Pender, Jr.

Mailing Address PO Box 49703

City State Zip Code  
SARASOTA FL 34230

FEC ID number of contributing federal political committee. **C**

Name of Employer Cavanaugh & Co. LLP      Occupation CPA

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	0	8

**Transaction ID:** 28201578  
 Amount of Each Receipt this Period  
 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ►      1200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 37  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American Institute of Certified Public Accountants Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
J. Clark Price

Mailing Address 535 Metro Place, South  
P.O. Box 1810

City Dublin State OH Zip Code 43017-1373

FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Society of CPAs Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 03 / 2008  
Transaction ID: 28201579  
Amount of Each Receipt this Period 400.00

**B.**

Full Name (Last, First, Middle Initial)  
William T. Riley, Jr.

Mailing Address 500 E Pratt St

City Baltimore State MD Zip Code 21202-3100

FEC ID number of contributing federal political committee. **C**

Name of Employer Reznick Group PC Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 03 / 2008  
Transaction ID: 28201580  
Amount of Each Receipt this Period 400.00

**C.**

Full Name (Last, First, Middle Initial)  
Carolyn C. Riticher

Mailing Address 1355 Peachtree St NE Ste 200

City ATLANTA State GA Zip Code 30309-3230

FEC ID number of contributing federal political committee. **C**

Name of Employer Windham Brannon PC Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 09 / 2008  
Transaction ID: 28201581  
Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 37  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Institute of Certified Public Accountants Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Donovan W. Rulien, II

Mailing Address 1407 W 31st Ave. 5th Floor

City Anchorage State AK Zip Code 99503-3624

FEC ID number of contributing federal political committee. **C**

Name of Employer Kaiser, Whitlock & Rulien Occupation CPA

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 06 / 03 / 2008  
**Transaction ID: 28201582**  
 Amount of Each Receipt this Period: 400.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher Schmidt

Mailing Address 320 Overlake Drive East

City Medina State WA Zip Code 98039-5329

FEC ID number of contributing federal political committee. **C**

Name of Employer Moss Adams LLP Occupation CPA

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 06 / 10 / 2008  
**Transaction ID: 28201583**  
 Amount of Each Receipt this Period: 400.00

**C.** Full Name (Last, First, Middle Initial)  
John M Sharbaugh, CAE

Mailing Address 14651 N. Dallas Pkwy Suite 700

City Dallas State TX Zip Code 75254-7476

FEC ID number of contributing federal political committee. **C**

Name of Employer Texas Society of CPAs Occupation CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 06 / 03 / 2008  
**Transaction ID: 28201584**  
 Amount of Each Receipt this Period: 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 37  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
American Institute of Certified Public Accountants Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Robert M Tarola

Mailing Address 7500 Grace Dr

City Columbia State MD Zip Code 21044-4029

FEC ID number of contributing federal political committee. **C**

Name of Employer W.R. Grace & Co Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 03 / 2008

Transaction ID: 28201585

Amount of Each Receipt this Period 400.00

**B.**

Full Name (Last, First, Middle Initial)  
Ronald L. Thompkins

Mailing Address 3841 SW 144th Ter

City MIRAMAR State FL Zip Code 33027-3783

FEC ID number of contributing federal political committee. **C**

Name of Employer Watson Rice LLP Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 03 / 2008

Transaction ID: 28201586

Amount of Each Receipt this Period 400.00

**C.**

Full Name (Last, First, Middle Initial)  
Susi Hanner Willis

Mailing Address 401 Ohio, #A2 Foulkes Square

City Terre Haute State IN Zip Code 47807-3529

FEC ID number of contributing federal political committee. **C**

Name of Employer Larsson, Woodyard & Henson, LLP Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 03 / 2008

Transaction ID: 28201587

Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 37  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
American Institute of Certified Public Accountants Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
William F. Ezzell, Jr.  
Mailing Address 555 12th St NW Ste 500  
City Washington State DC Zip Code 20004-1231  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Deloitte & Touche LLP Occupation CPA  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 06 / 09 / 2008  
Transaction ID: 28201588  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Kenneth Tim Larsen  
Mailing Address 1329 South 800 East  
City Orem State UT Zip Code 84097-7700  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Squire Occupation CPA  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 06 / 04 / 2008  
Transaction ID: 28201589  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Krista McMasters  
Mailing Address 19370 Buckingham Place  
City Brookfield State WI Zip Code 53045-6200  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Clifton Gunderson LLP Occupation CPA  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 06 / 03 / 2008  
Transaction ID: 28201590  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 37  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
American Institute of Certified Public Accountants Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Susan Coffey

Mailing Address 39 Oneida Avenue

City State Zip Code  
OCEANPORT NJ 07757-1736

FEC ID number of contributing federal political committee. **C**

Name of Employer American Institute of CPAs Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2008

Transaction ID: 28202155

Amount of Each Receipt this Period  
400.00

**B.**

Full Name (Last, First, Middle Initial)  
Tommye Jayne Barie

Mailing Address 888 Blvd of the Arts Unit 1403

City State Zip Code  
SARASOTA FL 34236

FEC ID number of contributing federal political committee. **C**

Name of Employer CPA Associates PLC d/b/a CPA Associate Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2008

Transaction ID: 28202156

Amount of Each Receipt this Period  
400.00

**C.**

Full Name (Last, First, Middle Initial)  
James Charles Metzler

Mailing Address 156 Valley Brook Ln

City State Zip Code  
EAST AMHERST NY 14051-1809

FEC ID number of contributing federal political committee. **C**

Name of Employer AICPA Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2008

Transaction ID: 28202157

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1200.00**

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



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

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

FOR LINE NUMBER: PAGE 17 / 37  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
American Institute of Certified Public Accountants Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
James Brackens  
Mailing Address 348 Heartland Drive  
City PITTSBORO State NC Zip Code 27312-8240  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AICPA Occupation VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 06 / 05 / 2008  
Transaction ID: 28202158  
Amount of Each Receipt this Period 400.00

**B.** Full Name (Last, First, Middle Initial)  
Winston K. Howell  
Mailing Address 2120 Killarney Way  
PO Box 14569 (32317)  
City TALLAHASSEE State FL Zip Code 32309-3402  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Thomas Howell Ferguson P. A. Occupation CPA  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 06 / 09 / 2008  
Transaction ID: 28202159  
Amount of Each Receipt this Period 400.00

**C.** Full Name (Last, First, Middle Initial)  
Sheri Bango Cavaney  
Mailing Address 1455 Pennsylvania Avenue  
City WASHINGTON State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AICPA Occupation VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 06 / 03 / 2008  
Transaction ID: 28202160  
Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00  
**TOTAL** This Period (last page this line number only) ..... ► 13750.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 18 / 37	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Institute of Certified Public Accountants Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Wachovia PAC Account		Date of Receipt		
	Mailing Address Palladian Corporate Center 220 Leigh Farm Road		M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8		
	City Durham	State NC	Zip Code 27707-8110	<b>Transaction ID:</b> 28207482	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 31.45		
	Name of Employer	Occupation			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1406.66			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	31.45
<b>TOTAL</b> This Period (last page this line number only) .....	▶	31.45

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Synergy PAC <hr/> Mailing Address 6849 Ood Dominion Dr., Suite 222 <hr/> City McLean State VA Zip Code 22101 <hr/> Purpose of Disbursement <hr/> Candidate Name Synergy PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27982692 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 25

<b>B.</b> Full Name (Last, First, Middle Initial) Buck Mckeon For Congress <hr/> Mailing Address 23942 Lyons Ave #105 <hr/> City Santa Clarita State CA Zip Code 91321 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Howard P. McKeon <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27982844 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 25

<b>C.</b> Full Name (Last, First, Middle Initial) Alexander For Senate Inc <hr/> Mailing Address PO Box 121919 <hr/> City Nashville State TN Zip Code 37212 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Lamar Alexander <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27986110 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: TN District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Chambliss For Senate <hr/> Mailing Address Post Office Box 12469 <hr/> City Atlanta State GA Zip Code 30355 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Sen. Saxby Chambliss Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District:	Transaction ID: 27986129 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2000.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn Inc <hr/> Mailing Address 6850 Austin Centre Blvd Suite 180 <hr/> City Austin State TX Zip Code 78731 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Sen. John Cornyn Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District:	Transaction ID: 27986131 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2000.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) Enzi For US Senate <hr/> Mailing Address PO Box 2775 <hr/> City Cody State WY Zip Code 82414 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Mike Enzi Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WY District:	Transaction ID: 27986133 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2000.00</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">6000.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
Pat Roberts For Senate

Mailing Address Box 433

City State Zip Code  
Great Bend KS 67530

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Pat Roberts

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: KS District:

Transaction ID: 27986134  
Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)  
Friends Of Sessions Senate Committee Inc

Mailing Address P O Box 4278

City State Zip Code  
Montgomery AL 36103

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Jeff Sessions

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: AL District:

Transaction ID: 27986137  
Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)  
Lindsey Graham For Senate

Mailing Address PO Box 1801

City State Zip Code  
Columbia SC 29202

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sen. Lindsey O. Graham

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: SC District:

Transaction ID: 27986145  
Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Gordon Smith <hr/> Mailing Address 228 S Washington Ste 115 <hr/> City Alexandria State VA Zip Code 22314 Purpose of Disbursement <hr/> Candidate Name Sen. Gordon H. Smith <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27986177 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Giffords For Congress <hr/> Mailing Address PO Box 27565 <hr/> City Tucson State AZ Zip Code 85726 Purpose of Disbursement <hr/> Candidate Name Gabrielle Giffords <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27986193 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Chambliss For Senate <hr/> Mailing Address Post Office Box 12469 <hr/> City Atlanta State GA Zip Code 30355 Purpose of Disbursement <hr/> Candidate Name Sen. Saxby Chambliss <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27986953 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 592.15
	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3592.15

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
Pat Roberts For Senate

Transaction ID: 27987023  
Date of Disbursement

Mailing Address Box 433

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	8

City State Zip Code  
Great Bend KS 67530

Amount of Each Disbursement this Period

1140.78
---------

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Pat Roberts

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: KS District:

B.

Full Name (Last, First, Middle Initial)  
Schultz Debbie Wasserman

Transaction ID: 27987042  
Date of Disbursement

Mailing Address 1071 Twin Branch Ln

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	8

City State Zip Code  
Weston FL 33326

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Debbie Wasserman-Schultz

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: FL District: 20

C.

Full Name (Last, First, Middle Initial)  
Schultz Debbie Wasserman

Transaction ID: 27987043  
Date of Disbursement

Mailing Address 1071 Twin Branch Ln

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	8

City State Zip Code  
Weston FL 33326

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Debbie Wasserman-Schultz

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: FL District: 20

**SUBTOTAL** of Disbursements This Page (optional) .....

4140.78
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Institute of Certified Public Accountants Political Action Committee

A.	Full Name (Last, First, Middle Initial) Andy Harris For Congress	Transaction ID: 27987044
	Mailing Address PO Box 1527	Date of Disbursement 06 / 03 / 2008
	City Annapolis State MD Zip Code 21404	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name Andrew Harris	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Willard Hotel	Transaction ID: 27987436
	Mailing Address 1401 Pennsylvania Ave., NW	Date of Disbursement 06 / 04 / 2008
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period 275.18
	Purpose of Disbursement Inkind costs for food charge	011 Category/Type
	Candidate Name Dennis Moore	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Willard Hotel	Transaction ID: 27987439
	Mailing Address 1401 Pennsylvania Ave., NW	Date of Disbursement 06 / 04 / 2008
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period 275.18
	Purpose of Disbursement Inkind costs for food charge	011 Category/Type
	Candidate Name Mike Rogers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1550.36
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Lee Terry For Congress <hr/> Mailing Address PO Box 540098 <hr/> City Omaha State NE Zip Code 68154 <hr/> Purpose of Disbursement <hr/> Candidate Name Lee Terry <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27988033 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Bachmann For Congress <hr/> Mailing Address PO Box 25950 <hr/> City Woodbury State MN Zip Code 55125 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Michele Bachmann <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28001650 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Larson For Congress <hr/> Mailing Address 29 Ruff Circle <hr/> City Glastonbury State CT Zip Code 06033 <hr/> Purpose of Disbursement <hr/> Candidate Name John Larson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28062532 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Institute of Certified Public Accountants Political Action Committee

A.	Full Name (Last, First, Middle Initial) Political Hall of Fame PAC	Transaction ID: 28062533 Date of Disbursement 06 / 17 / 2008
	Mailing Address 1717 Dixie Highway Suite 180	Amount of Each Disbursement this Period 5000.00
	City Fort Wright State KY Zip Code 41011	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Political Hall of Fame PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cannon For Congress	Transaction ID: 28062534 Date of Disbursement 06 / 17 / 2008
	Mailing Address 190 West 800 North Suite 100 190 West 800 North Ste. 100	Amount of Each Disbursement this Period 1500.00
	City Provo State UT Zip Code 84601	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Christopher B. Cannon	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Pete King For Congress Committee	Transaction ID: 28062535 Date of Disbursement 06 / 17 / 2008
	Mailing Address Post Office Box 1428	Amount of Each Disbursement this Period 1500.00
	City Seaford State NY Zip Code 11783	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Peter King	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Bachus For Congress Committee <hr/> Mailing Address P.O. Box 131134 <hr/> City Birmingham State AL Zip Code 35213 Purpose of Disbursement <hr/> Candidate Name Rep. Spencer Thomas Bachus, III Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28062592 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 4000.00 Category/Type: 011
<b>B.</b> Full Name (Last, First, Middle Initial) Marion Berry For Congress <hr/> Mailing Address P.O. Box 8084 <hr/> City Jonesboro State AR Zip Code 72403 Purpose of Disbursement <hr/> Candidate Name Rep. Marion Berry Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28062594 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011
<b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Jim Marshall <hr/> Mailing Address 586 Orange Street <hr/> City Macon State GA Zip Code 31201 Purpose of Disbursement <hr/> Candidate Name Rep. Jim Marshall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28062596 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011

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

6000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Christopher Shays For Congress Committee <hr/> Mailing Address 98 East Avenue Rear Building <hr/> City Norwalk State CT Zip Code 06851 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Christopher Shays Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 04	<b>Transaction ID:</b> 28062598 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 8	Amount of Each Disbursement this Period <hr/> 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Peterson For Congress <hr/> Mailing Address 205 Washington St Se <hr/> City Warroad State MN Zip Code 56763 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Collin Peterson, CPA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 07	<b>Transaction ID:</b> 28062604 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 8	Amount of Each Disbursement this Period <hr/> 2500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Lofgren For Congress <hr/> Mailing Address 111 W St John Street Suite 400 <hr/> City San Jose State CA Zip Code 95113 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Zoe Lofgren Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 16	<b>Transaction ID:</b> 28062729 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 8	Amount of Each Disbursement this Period <hr/> 1500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) People For Pearce	<b>Transaction ID:</b> 28096911 <b>Date of Disbursement</b>
	Mailing Address PO Box 2696	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Hobbs State NM Zip Code 88241	<b>Amount of Each Disbursement this Period</b>
	Purpose of Disbursement <input type="text" value="011"/> Category/Type	<input type="text" value="2000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) Latourette For Congress Committee	<b>Transaction ID:</b> 28096912 <b>Date of Disbursement</b>
	Mailing Address 1004 Millridge Rd	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Highland Hts State OH Zip Code 44143	<b>Amount of Each Disbursement this Period</b>
	Purpose of Disbursement <input type="text" value="011"/> Category/Type	<input type="text" value="4500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 19	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends Of Mary Landrieu Inc	<b>Transaction ID:</b> 28099062 <b>Date of Disbursement</b>
	Mailing Address 203 Carondelet Street Suite 63 Suite 1310	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City New Orleans State LA Zip Code 70130	<b>Amount of Each Disbursement this Period</b>
	Purpose of Disbursement <input type="text" value="011"/> Category/Type	<input type="text" value="2000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Collins For Senator <hr/> Mailing Address PO Box 1096 <hr/> City Bangor State ME Zip Code 04402 <hr/> Purpose of Disbursement Contribution Candidate Name Sen. Susan M. Collins Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 28099067 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8	Amount of Each Disbursement this Period 2000.00 Contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) Barney Frank For Congress Committee <hr/> Mailing Address PO Box 260 <hr/> City Newtonville State MA Zip Code 02460 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Barney Frank Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 28106141 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00 Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends Of Dan Maffei <hr/> Mailing Address PO Box 74 <hr/> City Syracuse State NY Zip Code 13214 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Daniel Maffei Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 28107776 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00 Contribution

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Willard Hotel  Mailing Address 1401 Pennsylvania Ave., NW  City Washington State DC Zip Code 20004 Purpose of Disbursement Inkind for food cost Candidate Name John Larson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28118686 Date of Disbursement 06 / 27 / 2008	Amount of Each Disbursement this Period 275.18  Inkind for food cost
<b>B.</b>	Full Name (Last, First, Middle Initial) American Institute of CPAs  Mailing Address Palladian Corporate Center 220 Leigh Farm Road  City Durham State NC Zip Code 27707-8110 Purpose of Disbursement Inkind cost for room charge Candidate Name John Larson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28118688 Date of Disbursement 06 / 27 / 2008	Amount of Each Disbursement this Period 110.00  Inkind cost for room charge
<b>C.</b>	Full Name (Last, First, Middle Initial) Colonial Parking - Willard Hotel  Mailing Address 1050 Thomas Jefferson St., NW Suite100  City Washington State DC Zip Code 20007 Purpose of Disbursement Inkind from prepaid parking voucher Candidate Name John Larson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28118708 Date of Disbursement 06 / 27 / 2008	Amount of Each Disbursement this Period 16.00  <b>[MEMO ITEM]</b> Inkind from prepaid parking voucher

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

385.18

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Institute of Certified Public Accountants Political Action Committee

A.	Full Name (Last, First, Middle Initial) Colonial Parking - Willard Hotel	Transaction ID: 28118710 Date of Disbursement 06 / 27 / 2008
	Mailing Address 1050 Thomas Jefferson St., NW Suite100	Amount of Each Disbursement this Period 16.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Inkind for prepaid parking voucher	011 Category/ Type
	Candidate Name Mr. Roger Wicker	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**[MEMO ITEM]**  
Inkind for prepaid parking voucher

B.	Full Name (Last, First, Middle Initial) Colonial Parking - Willard Hotel	Transaction ID: 28118713 Date of Disbursement 06 / 27 / 2008
	Mailing Address 1050 Thomas Jefferson St., NW Suite100	Amount of Each Disbursement this Period 16.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Inkind for prepaid parking voucher	011 Category/ Type
	Candidate Name Mr. Dean Andal	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**[MEMO ITEM]**  
Inkind for prepaid parking voucher

C.	Full Name (Last, First, Middle Initial) Colonial Parking - Willard Hotel	Transaction ID: 28118714 Date of Disbursement 06 / 27 / 2008
	Mailing Address 1050 Thomas Jefferson St., NW Suite100	Amount of Each Disbursement this Period 16.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Inkind for prepaid parking voucher	011 Category/ Type
	Candidate Name John Linder	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**[MEMO ITEM]**  
Inkind for prepaid parking voucher

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Willard Hotel <hr/> Mailing Address 1401 Pennsylvania Ave., NW <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Inkind for food costs Candidate Name Zoe Lofgren <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 16 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 28119056 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 8	Amount of Each Disbursement this Period 275.18 <hr/> Inkind for food costs
<b>B.</b>	Full Name (Last, First, Middle Initial) American Institute of CPAs <hr/> Mailing Address Palladian Corporate Center 220 Leigh Farm Road <hr/> City Durham State NC Zip Code 27707-8110 <hr/> Purpose of Disbursement inkind for room cost Candidate Name Zoe Lofgren <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 16 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 28119057 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 8	Amount of Each Disbursement this Period 110.00 <hr/> inkind for room cost
<b>C.</b>	Full Name (Last, First, Middle Initial) American Institute of CPAs <hr/> Mailing Address Palladian Corporate Center 220 Leigh Farm Road <hr/> City Durham State NC Zip Code 27707-8110 <hr/> Purpose of Disbursement Inkind for room cost Candidate Name Peter King <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 28119063 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 8	Amount of Each Disbursement this Period 110.00 <hr/> Inkind for room cost

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>495.18</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Willard Hotel <hr/> Mailing Address 1401 Pennsylvania Ave., NW <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Inkind for food cost Candidate Name Peter King <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 28119065 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 8	Amount of Each Disbursement this Period 275.18 <hr/> Inkind for food cost
<b>B.</b>	Full Name (Last, First, Middle Initial) Willard Hotel <hr/> Mailing Address 1401 Pennsylvania Ave., NW <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Inkind for food cost Candidate Name Mr. Dean Andal <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 28119331 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 8	Amount of Each Disbursement this Period 275.18 <hr/> Inkind for food cost
<b>C.</b>	Full Name (Last, First, Middle Initial) American Institute of CPAs <hr/> Mailing Address Palladian Corporate Center 220 Leigh Farm Road <hr/> City Durham State NC Zip Code 27707-8110 <hr/> Purpose of Disbursement Inkind for room cost Candidate Name Mr. Dean Andal <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 28119351 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 8	Amount of Each Disbursement this Period 110.00 <hr/> Inkind for room cost

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>660.36</b>	
<b>TOTAL</b> This Period (last page this line number only) .....			

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Christopher Murphy

Office Sought:  House  
 Senate  
 President

State: CT District: 05

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 28119869  
Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Citizens For Andal

Mailing Address Post Office Box 1607

City Stockton State CA Zip Code 95201

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Dean Andal

Office Sought:  House  
 Senate  
 President

State: CA District: 11

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 28119888  
Date of Disbursement

06 / 27 / 2008

Amount of Each Disbursement this Period

1500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Wicker For Senate

Mailing Address PO Box 64

City Jackson State MS Zip Code 39205

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Roger Wicker

Office Sought:  House  
 Senate  
 President

State: MS District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 28119910  
Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

2000.00

Contribution

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

4500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) People For English <hr/> Mailing Address PO Box 1940 <hr/> City Erie State PA Zip Code 16507 <hr/> Purpose of Disbursement Contribution Candidate Name Phil English <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 21 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 28119951 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00
	Contribution
	Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Lance For Congress <hr/> Mailing Address PO Box 225 <hr/> City Colonia State NJ Zip Code 07067 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Leonard Lance <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 28119953 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00
	Contribution
	Category/ Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Lautenberg For Senate <hr/> Mailing Address Riverfront Plaza Station PO Box 200596 <hr/> City Newark State NJ Zip Code 07102 <hr/> Purpose of Disbursement Contribution Candidate Name Sen. Frank Lautenberg <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 28119954 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Contribution
	Category/ Type 011

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
McCotter Congressional Committee

Mailing Address P.O. Box 530788

City Livonia State MI Zip Code 48153

Purpose of Disbursement

Candidate Name  
Rep. Thaddeus McCotter

Office Sought:  House  
 Senate  
 President

State: MI District: 11

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 28120165

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

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

75824.01