

# 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  
 Check if different than previously reported. (ACC)  
Durham NC 27707 8110

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 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 03 01 2010 through 03 31 2010

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 04 20 2010

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	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		231137.36
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	136000.54									
(c) Total Receipts (from Line 19) .....	22430.00	31071.55								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	158430.54	262208.91								
7. Total Disbursements (from Line 31) .....	73846.76	177625.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	84583.78	84583.78								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Institute of Certified Public Accountants Political Action Committee

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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		
(i) Itemized (use Schedule A) .....	18700.00	26500.00
(ii) Unitemized .....	3230.00	4062.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	21930.00	30562.00
(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) .....	21930.00	30562.00
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 .....	500.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	9.55
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)) .....	22430.00	31071.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	22430.00	31071.55

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	219.10	230.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	219.10	230.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	73627.66	177394.50
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 .....	0.00	0.00
(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)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
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))..	73846.76	177625.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	73846.76	177625.13

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	21930.00	30562.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21930.00	30562.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	219.10	230.63
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	219.10	230.63

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 35  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Robert Alexander</p> <p>Mailing Address 18 Highland Meadows Dr</p> <p>City State Zip Code <b>JACKSON MS 39211</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Horne LLP CPA</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">03 / 25 / 2010</span></p> <p><b>Transaction ID: 31579648</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Gregory Anderson</p> <p>Mailing Address 101 Madison Plaza</p> <p>City State Zip Code <b>HATTIESBURG MS 39402</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Horne LLP CPA</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">03 / 25 / 2010</span></p> <p><b>Transaction ID: 31579649</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Ronald Applewhite</p> <p>Mailing Address 320 Sherborne Place</p> <p>City State Zip Code <b>Flowood MS 39232</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Horne LLP CPA</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">03 / 25 / 2010</span></p> <p><b>Transaction ID: 31579650</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 7 / 35
	<input checked="" 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Karen Bettencourt	Date of Receipt MM / DD / YYYY 03 / 16 / 2010
	Mailing Address 6415 SW Burlingame Ave	<b>Transaction ID:</b> 31579652
	City State Zip Code PORTLAND OR 97239	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Moss Adams LLP CPA 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) Joel Bobo	Date of Receipt MM / DD / YYYY 03 / 25 / 2010
	Mailing Address PO Box 22964	<b>Transaction ID:</b> 31579653
	City State Zip Code JACKSON MS 39174	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Horne LLP CPA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dee Boykin	Date of Receipt MM / DD / YYYY 03 / 25 / 2010
	Mailing Address PO Box 1191	<b>Transaction ID:</b> 31579654
	City State Zip Code Lucedale MS 39452-1191	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Horne LLP CPA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1400.00
<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: (check only one)	PAGE 8 / 35
	<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

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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) Donna Bruce		Date of Receipt	
	Mailing Address 188 E Capitol St Ste 1300 One Jackson Place		M M / D D / Y Y Y Y Y 03 / 12 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 31579656
	JACKSON	MS	39201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
	Name of Employer BKD, LLP		Occupation CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Timothy Burns		Date of Receipt	
	Mailing Address 200 E Capitol St Ste 100		M M / D D / Y Y Y Y Y 03 / 11 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 31579657
	JACKSON	MS	39201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
	Name of Employer BKD, LLP		Occupation CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) James Butcher		Date of Receipt	
	Mailing Address 48 Whitfield Cv		M M / D D / Y Y Y Y Y 03 / 25 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 31579658
	Jackson	TN	38305-4212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
	Name of Employer Horne LLP		Occupation CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<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: (check only one)	PAGE 9 / 35
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Butler	Date of Receipt MM / DD / YYYY 03 / 25 / 2010
	Mailing Address 200 E Capitol St Ste 1400 PO Box 22964	<b>Transaction ID:</b> 31579659
	City State Zip Code JACKSON MS 39225-2964	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Horne LLP CPA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Carraway	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 227 Hickory Glen	<b>Transaction ID:</b> 31579661
	City State Zip Code MADISON MS 39110	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation BKD, LLP CPA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ann Cleland	Date of Receipt MM / DD / YYYY 03 / 25 / 2010
	Mailing Address 558 Asbury Lane Dr	<b>Transaction ID:</b> 31579662
	City State Zip Code PEARL MS 39208-9313	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Horne LLP CPA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<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 / 35  
(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)  
R Buck Coats

Mailing Address 200 E. Capitol St., Ste 1400 P.O.

City JACKSON State MS Zip Code 39225

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

Name of Employer Horne LLP Occupation CPA

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 25 / 2010  
**Transaction ID: 31579663**  
 Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Vickie Cook

Mailing Address P.O. Box 2165  
1412 Jackson Ave E

City OXFORD State MS Zip Code 38655-1440

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

Name of Employer BKD, LLP Occupation CPA

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 11 / 2010  
**Transaction ID: 31579665**  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
J Eustis Corrigan

Mailing Address 206 RICHLAND AVE

City LAFAYETTE State LA Zip Code 70508-6609

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

Name of Employer Horne LLP Occupation CPA

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 25 / 2010  
**Transaction ID: 31579666**  
 Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**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 / 35  
(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)  
Lance Davis

Mailing Address PO Box 13157

City JACKSON State MS Zip Code 39236-3157

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

Name of Employer Shearer, Taylor & Co., P. A. Occupation CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2010  
Transaction ID: 31579668  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Catherine Dunning

Mailing Address 455 Brookstone Dr

City Madison State MS Zip Code 39110-8837

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

Name of Employer Horne LLP Occupation CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2010  
Transaction ID: 31579671  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Jerry Goolsby

Mailing Address PO Box 23027

City JACKSON State MS Zip Code 39174

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

Name of Employer BKD, LLP Occupation CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2010  
Transaction ID: 31579673  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 750.00

**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 / 35  
(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)  
Anita Hamilton

Mailing Address 470 St 187

City State Zip Code  
HUMBOLDT TN 38343-6202

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

Name of Employer Occupation  
Horne LLP CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31579675

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Christopher Hansen

Mailing Address 495 NE 49th Ave

City State Zip Code  
HILLSBORO OR 97124-5029

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

Name of Employer Occupation  
Moss Adams LLP CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2010

**Transaction ID:** 31579676

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Wendell Hariel

Mailing Address PO Box 22964

City State Zip Code  
JACKSON MS 39174

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

Name of Employer Occupation  
Horne LLP CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31579677

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**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: (check only one)	PAGE 13 / 35
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joe Havens		Date of Receipt MM / DD / YYYY 03 / 25 / 2010		
	Mailing Address 130 NORTHSHORE PT		<b>Transaction ID:</b> 31579679		
	City MADISON	State MS	Zip Code 39110-7260	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Horne LLP	Occupation CPA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dwight Hines		Date of Receipt MM / DD / YYYY 03 / 25 / 2010		
	Mailing Address 200 E Capitol St Ste 1400 PO Box 22964		<b>Transaction ID:</b> 31579680		
	City JACKSON	State MS	Zip Code 39174	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Horne LLP	Occupation CPA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Olivia Host		Date of Receipt MM / DD / YYYY 03 / 11 / 2010		
	Mailing Address 190 E Capitol St Ste 500		<b>Transaction ID:</b> 31579681		
	City JACKSON	State MS	Zip Code 39201-2190	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer BKD, LLP	Occupation CPA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<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: (check only one)	PAGE 14 / 35
	<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

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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) Peder Johnson		Date of Receipt MM / DD / YYYY 03 / 11 / 2010		
	Mailing Address 190 E Capitol St Ste 500		<b>Transaction ID:</b> 31579682		
	City <b>JACKSON</b>	State MS	Zip Code 39201-2190	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer BKD, LLP	Occupation CPA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Joseph Karas		Date of Receipt MM / DD / YYYY 03 / 16 / 2010		
	Mailing Address 805 SW Broadway Suite 1200 Fo		<b>Transaction ID:</b> 31579683		
	City <b>PORTLAND</b>	State OR	Zip Code 97205	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Moss Adams LLP	Occupation CPA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Bryan McDonald		Date of Receipt MM / DD / YYYY 03 / 25 / 2010		
	Mailing Address 200 E Capitol St Ste 1400		<b>Transaction ID:</b> 31579686		
	City <b>Jackson</b>	State MS	Zip Code 39201-2204	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Horne LLP	Occupation CPA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<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 15 / 35

(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)

Kelly McQueen

Mailing Address 913 N Magnolia St

City State Zip Code  
PICAYUNE MS 39466-2535

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

Name of Employer Occupation  
Horne LLP CPA

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0

Transaction ID: 31579688

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Norman Moore

Mailing Address 100 Foxgate Place

City State Zip Code  
JACKSON MS 39211-2202

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

Name of Employer Occupation  
Horne LLP CPA

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0

Transaction ID: 31579690

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)

Hugh Parker

Mailing Address 120 Canterbury PI

City State Zip Code  
RIDGELAND MS 39157

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

Name of Employer Occupation  
Horne LLP CPA

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0

Transaction ID: 31579693

Amount of Each Receipt this Period  
500.00

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

1250.00

**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 / 35  
(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)  
Trent E. Parten

Mailing Address 13703 Ivy Pt Dr

City State Zip Code  
LITTLE ROCK AR 72103

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

Name of Employer Occupation  
BKD, LLP CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2010

**Transaction ID:** 31579694

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Michael Roberts

Mailing Address 1810 Thompson Station Rd W

City State Zip Code  
THOMPSONS STATION TN 37179

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

Name of Employer Occupation  
Horne LLP CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31579702

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ralph Ross

Mailing Address 200 E Capitol St Ste 100

City State Zip Code  
JACKSON MS 39201

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

Name of Employer Occupation  
BKD, LLP CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 31579703

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**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 / 35  
(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 Scott

Mailing Address 202 Hillside St

City State Zip Code  
RIDGELAND MS 39157-9746

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

Name of Employer Occupation  
Horne LLP CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31579707

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
J Robert Shearer

Mailing Address PO Box 13157

City State Zip Code  
JACKSON MS 39236-3157

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

Name of Employer Occupation  
BKD, LLP CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2010

**Transaction ID:** 31579708

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
George Smith

Mailing Address 200 E Capitol St Ste 100

City State Zip Code  
JACKSON MS 39225

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

Name of Employer Occupation  
BKD, LLP CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 31579709

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**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 18 / 35  
(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)  
Jon Turner

Mailing Address 1315 Fontaine Drive

City State Zip Code  
JACKSON MS 39211

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

Name of Employer Occupation  
BKD, LLP CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2010

**Transaction ID:** 31579712

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Doris Watson

Mailing Address 104 Charleston Cir

City State Zip Code  
MADISON MS 39110-7933

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

Name of Employer Occupation  
Horne LLP CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31579713

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Katherine Watts

Mailing Address 26 Security Dr

City State Zip Code  
JACKSON TN 38301

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

Name of Employer Occupation  
Horne LLP CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31579714

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**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: (check only one)	PAGE 19 / 35
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Welborn	Date of Receipt MM / DD / YYYY 03 / 25 / 2010
	Mailing Address 200 E Capitol St Ste 1400 PO Box 22964	<b>Transaction ID:</b> 31579715
	City State Zip Code JACKSON MS 39225	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Horne LLP CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David Williams	Date of Receipt MM / DD / YYYY 03 / 25 / 2010
	Mailing Address 690 SPRING LAKE DR	<b>Transaction ID:</b> 31579717
	City State Zip Code PEARL MS 39208-6645	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Horne LLP CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) F Carter Heim	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 1842 Kimberwicke Place	<b>Transaction ID:</b> 31579738
	City State Zip Code Annapolis MD 21401-6573	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HeimLantz CPAs CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<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 20 / 35  
(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)  
Tommy E. Butler

Mailing Address 200 E Capitol Street #1400  
P.O. Box 22964

City Jackson State MS Zip Code 39201-2204

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

Name of Employer Horne LLP Occupation CPA

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2010

**Transaction ID:** 31579747

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Gregory J. Anton

Mailing Address 303 E 17th Ave  
Ste 600

City Denver State CO Zip Code 80203-1235

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

Name of Employer Anton Collin Mitchell LLP Occupation CPA

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2010

**Transaction ID:** 31579748

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**TOTAL** This Period (last page this line number only) ..... ► **18700.00**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 35
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends Of Chris Dodd		Date of Receipt	
	Mailing Address PO Box 270701		M M / D D / Y Y Y Y 03 / 23 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 31649897
	West Hartford	CT	06127	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C C00347310		500.00		
Name of Employer		Occupation		
Receipt For: 2010		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		500.00		
<input type="checkbox"/> Other (specify) ▼				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	500.00

**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)

PAGE 22 / 35

<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

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) Mikulski For Senate Committee  Mailing Address P O B 13147  City Baltimore State MD Zip Code 21203  Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Barbara Mikulski Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District:	<b>Transaction ID:</b> 31406808 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) Adler For Congress  Mailing Address 14 Knightswood Drive  City Marlton State NJ Zip Code 08053  Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name John Adler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 03	<b>Transaction ID:</b> 31414054 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 1 0	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) National Republican Congressional Committee  Mailing Address 320 First St., SE  City Washington State DC Zip Code 20002  Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name National Republican Congressional Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 31433251 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 1 0	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">15000.00</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">17000.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 5px; height: 20px;"></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)  
Bill Foster For Congress Committee

Mailing Address PO Box 703

City Geneva State IL Zip Code 60134

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Bill Foster

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: IL District: 14

Transaction ID: 31434689

Date of Disbursement

03 / 11 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Berman For Congress

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Howard L. Berman

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: CA District: 28

Transaction ID: 31434932

Date of Disbursement

03 / 11 / 2010

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Bennett Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sen. Robert F. Bennett

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: UT District:

Transaction ID: 31435039

Date of Disbursement

03 / 11 / 2010

Amount of Each Disbursement this Period

3000.00

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

5000.00

**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)  
Mikulski For Senate Committee

Mailing Address P O B 13147

City Baltimore State MD Zip Code 21203

Purpose of Disbursement

Category/  
Type

Candidate Name  
Barbara Mikulski

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: MD District:

Transaction ID: 31435188

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
Lucas For Congress

Mailing Address PO Box 1726

City Oklahoma City State OK Zip Code 73101

Purpose of Disbursement

Category/  
Type

Candidate Name  
Frank Lucas

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: OK District: 06

Transaction ID: 31435411

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
Committee To Re-Elect Nydia M. Velazquez To Congre

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement

Category/  
Type

Candidate Name  
Rep. Nydia M. Velazquez

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: NY District: 12

Transaction ID: 31435520

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**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) Mike Crapo For Us Senate <hr/> Mailing Address PO Box 1948 <hr/> City Boise State ID Zip Code 83701 <hr/> Purpose of Disbursement <hr/> Candidate Name Michael Crapo <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District:	<b>Transaction ID:</b> 31435630 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 2602.78
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln <hr/> Mailing Address PO Box 3197 P O Box 118 <hr/> City Little Rock State AR Zip Code 72203 <hr/> Purpose of Disbursement <hr/> Candidate Name Blanche Lincoln <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District:	<b>Transaction ID:</b> 31435947 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 3000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) John Thune For South Dakota <hr/> Mailing Address PO Box 516 PO Box 516 <hr/> City Sioux Falls State SD Zip Code 57101 <hr/> Purpose of Disbursement <hr/> Candidate Name John Thune <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District: 01	<b>Transaction ID:</b> 31436058 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

7602.78

**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)  
Committee To Re-Elect Ed Towns

Mailing Address 438 Lewis Avenue

City State Zip Code  
Brooklyn NY 11233

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Edolphus Towns

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 10

Transaction ID: 31436134

Date of Disbursement

03 / 11 / 2010

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)  
Cleaver For Congress

Mailing Address 4801 Main Street, Suite 1000

City State Zip Code  
Kansas City MO 64112

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Emanuel Cleaver, II

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MO District: 05

Transaction ID: 31509551

Date of Disbursement

03 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)  
Boyd For Congress

Mailing Address P.O. Box 15703

City State Zip Code  
Tallahassee FL 32317

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Allen Boyd

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: FL District: 02

Transaction ID: 31509563

Date of Disbursement

03 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

**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)

PAGE 27 / 35

<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)

America's Leadership PAC

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
America's Leadership PAC

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 31509566

Date of Disbursement

03 / 23 / 2010

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Wyden For Senate

Mailing Address 123 Ne 3rd Suite 321

City Portland State OR Zip Code 97232

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Ron Wyden

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: OR District:

Transaction ID: 31510287

Date of Disbursement

03 / 24 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Wyden For Senate

Mailing Address 123 Ne 3rd Suite 321

City Portland State OR Zip Code 97232

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Ron Wyden

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: OR District:

Transaction ID: 31510289

Date of Disbursement

03 / 24 / 2010

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Pat Meehan For Congress</p> <p>Mailing Address 5035 Township Line Road PO Box 308</p> <p>City Drexel Hill State PA Zip Code 19026</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Mr. Patrick Meehan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31510290</p> <p>Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Childers For Congress</p> <p>Mailing Address PO Box 177</p> <p>City Booneville State MS Zip Code 38829</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Rep. Travis Childers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31510292</p> <p>Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) OrrinPAC</p> <p>Mailing Address 175 S. West Temple Suite 650</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name OrrinPAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31510294</p> <p>Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

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

7500.00

**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)  
David Vitter For Us Senate

Transaction ID: 31510295  
Date of Disbursement

Mailing Address PO Box 8175

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

City State Zip Code  
Metairie LA 70011

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name  
Sen. David Vitter

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: LA District:

B.

Full Name (Last, First, Middle Initial)  
House Conservatives Fund

Transaction ID: 31510296  
Date of Disbursement

Mailing Address 324 Second Street, SE

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

City State Zip Code  
Washington DC 20003

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name  
House Conservatives Fund

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

C.

Full Name (Last, First, Middle Initial)  
Friends Of Jim Clyburn

Transaction ID: 31518190  
Date of Disbursement

Mailing Address 2725 Devine Street

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

City State Zip Code  
Columbia SC 29205

Amount of Each Disbursement this Period

3000.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name  
James Clyburn

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: SC District: 06

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

10000.00
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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) New Democratic Coalition NDCPAC	Transaction ID: 31518191 Date of Disbursement
	Mailing Address 607 14th Street, NW Suite 800	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name New Democratic Coalition NDCPAC	<input type="text" value="011"/> Category/ Type
	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) Cooper For Congress Committee	Transaction ID: 31525450 Date of Disbursement
	Mailing Address C/O Davidson Golden & Lundy P.C. P.O. Box 927	<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Brentwood State TN Zip Code 37024	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name Rep. Jim Cooper	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Grassley Committee	Transaction ID: 31525802 Date of Disbursement
	Mailing Address PO Box 1000	<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Des Moines State IA Zip Code 50304	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Charles Grassley	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



**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 in kind for food costs Candidate Name Rep. Edolphus Towns Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 31526125 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 271.22  in kind for food costs
<b>B.</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 in kind for food costs Candidate Name Rep. Travis Childers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 31526127 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 271.22  in kind for food costs
<b>C.</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 in kind for food costs Candidate Name James Clyburn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 31526128 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 271.22  in kind for food costs

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>813.66</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) American Institute of CPAs  Mailing Address Palladian Corporate Center 220 Leigh Farm Road  City Durham State NC Zip Code 27707-8110  Purpose of Disbursement in kind for room cost Candidate Name Mr. John Thune Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District:	<b>Transaction ID:</b> 31526130 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 110.00  in kind for room 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 in kind for room cost Candidate Name Rep. Edolphus Towns Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 10	<b>Transaction ID:</b> 31526131 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 110.00  in kind for room cost
<b>C.</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 in kind for room cost Candidate Name Rep. Travis Childers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MS District: 01	<b>Transaction ID:</b> 31526135 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 110.00  in kind for room cost

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>330.00</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)

PAGE 34 / 35

<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)

American Institute of CPAs

Mailing Address Palladian Corporate Center  
220 Leigh Farm Road

City Durham State NC Zip Code 27707-8110

Purpose of Disbursement  
in kind for room cost

Candidate Name  
James Clyburn

Office Sought:  House  
 Senate  
 President

State: SC District: 06

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 31526136

Date of Disbursement

03 / 29 / 2010

Amount of Each Disbursement this Period

110.00

in kind for room cost

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  
in kind for prepaid parking voucher

Candidate Name  
Rep. Travis Childers

Office Sought:  House  
 Senate  
 President

State: MS District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 31526147

Date of Disbursement

03 / 29 / 2010

Amount of Each Disbursement this Period

16.00

**[MEMO ITEM]**  
in kind for prepaid parking voucher

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

110.00

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

73627.66

**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 checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input 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)

Wachovia PAC Account

Mailing Address Palladian Corporate Center  
220 Leigh Farm Road

City Durham State NC Zip Code 27707-8110

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: 31579988

Date of Disbursement

03 / 31 / 2010

Amount of Each Disbursement this Period

219.10

001  
Category/  
Type

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

219.10

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

219.10