

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

**Deloitte Political Action Committee**

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

**A. O'Hara, Michael, W, ,**Mailing Address 200 Berkeley St  
FI 13City  
BostonState  
MAZip Code  
02116-5022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Deloitte & Touche LLPOccupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2019

**Transaction ID : 2019091910415-1731**

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

**B. O'Meara, Robert, , ,**Mailing Address 500 W 2nd St  
Ste 1600City  
AustinState  
TXZip Code  
78701-4681FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Deloitte Consulting LLPOccupation (for Individual)  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2019

**Transaction ID : 2019091910415-2550**

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

**C. O'Neill, Nancy, Kesmodel, ,**Mailing Address 550 S Tryon St  
Ste 2500City  
CharlotteState  
NCZip Code  
28202-4211FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Deloitte FAS LLPOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2019

**Transaction ID : 2019091910415-669**

Amount of Each Receipt this Period

187.50

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

687.50

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