

# 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  
Deloitte & Touche Federal Political Action Committee

ADDRESS (number and street) P.O. Box 365  
 Check if different than previously reported. (ACC)  
Washington DC 20044

2. **FEC IDENTIFICATION NUMBER** C00211318  
**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 06 01 2006 through 06 30 2006

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 Cindy M. Stevens

Signature of Treasurer Electronically Filed by Cindy M. Stevens Date 07 20 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Deloitte & Touche Federal Political Action Committee

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		1479298.02
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	1917549.70									
(c) Total Receipts (from Line 19) .....	74351.85	1315307.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1991901.55	2794605.27								
7. Total Disbursements (from Line 31) .....	404407.00	1207110.72								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1587494.55	1587494.55								
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  
Deloitte & Touche Federal Political Action Committee

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	52290.00	1137438.00
(i) Itemized (use Schedule A) .....	9425.00	132275.00
(ii) Unitemized .....	61715.00	1269713.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	61715.00	1269713.00
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 .....	0.00	15000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	12636.85	30594.25
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)) .....	74351.85	1315307.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	74351.85	1315307.25

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<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.....	9657.00	61360.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	9657.00	61360.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	394700.00	1145700.00
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 .....	50.00	50.00
(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)) .....	50.00	50.00
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))..	404407.00	1207110.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	404407.00	1207110.72

**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) .....	61715.00	1269713.00
34. Total Contribution Refunds (from Line 28(d)) .....	50.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	61665.00	1269663.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9657.00	61360.72
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9657.00	61360.72

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 79
	<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)  
Deloitte & Touche Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
DENNIS P. YESKEY

Mailing Address 2 World Financial Cntr

City State Zip Code  
New York NY 10281-1414

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

Name of Employer Deloitte Occupation Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 06 / 2006

**Transaction ID: 12785882**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Chester Hobert, Jr.

Mailing Address 23132 Foxberry Lane

City State Zip Code  
Bonita Springs FL 34135

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

Name of Employer Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2006

**Transaction ID: 12786160**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Henry Forer

Mailing Address 8385 S W 78th Street

City State Zip Code  
Miami FL 33143-3833

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

Name of Employer Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 13 / 2006

**Transaction ID: 12786162**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 79
	<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph Cappelonga		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 79 East Meadow Road		<b>Transaction ID:</b> 12786168
City Wilton	State CT	Zip Code 06897
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ronald Jones		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 7701 SW 130th Street		<b>Transaction ID:</b> 12786171
City Miami	State FL	Zip Code 33156
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Donald P. Frazier		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 285 Peachtree Ctr Ave Ste 2000		<b>Transaction ID:</b> PR1008146217120
City Atlanta	State GA	Zip Code 30303-1234
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 275.00
Name of Employer DELOITTE	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	P/R Deduction (\$275.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1025.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 79
	<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Charles K. Johnson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1008150517120	
Mailing Address 285 Peachtree Ctr Ave Ste 2000		Amount of Each Receipt this Period 250.00	
City Atlanta State GA Zip Code 30303-1234	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer DELOITTE Occupation Director	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$250.00 Bi-Weekly)		

Full Name (Last, First, Middle Initial) <b>B.</b> John E. McKinney		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1008150617120	
Mailing Address 285 Peachtree Ctr Ave Ste 2000		Amount of Each Receipt this Period 275.00	
City Atlanta State GA Zip Code 30303-1234	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer DELOITTE Occupation Director	Aggregate Year-to-Date ▼ 275.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$275.00 Bi-Weekly)		

Full Name (Last, First, Middle Initial) <b>C.</b> NIDAL G HADDAD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1008162517120	
Mailing Address 111 S Wacker Dr, Floor 24		Amount of Each Receipt this Period 900.00	
City Chicago State IL Zip Code 60606-4301	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Deloitte Occupation Principal	Aggregate Year-to-Date ▼ 900.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$900.00 Monthly)		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1425.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 79
	<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. STEVEN A ASCHKENASE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 10 Westport Rd		<b>Transaction ID: PR1008168017120</b>	
City Wilton	State CT	Zip Code 06897-0820	Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Deloitte	Occupation Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		
		P/R Deduction (\$300.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. THOMAS P DEKAR</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 600 Renaissance Cntr Ste 900		<b>Transaction ID: PR1008173417120</b>	
City Detroit	State MI	Zip Code 48243-1704	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Deloitte	Occupation Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1000.00		
		P/R Deduction (\$1000.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. ANDREW H. DAECHER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 950 Tower Ln Ste 1500		<b>Transaction ID: PR1008176617120</b>	
City Foster City	State CA	Zip Code 94404-0000	Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Deloitte	Occupation Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		
		P/R Deduction (\$300.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>1600.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Deloitte & Touche Federal Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) MATTHEW M LAW Mailing Address 120 S 6th St City Minneapolis State MN Zip Code 55402-1844 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1008191517120 Amount of Each Receipt this Period 300.00 P/R Deduction (\$300.00 Monthly)
Name of Employer Deloitte Occupation Principal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) BRUCE A MORGAN Mailing Address 120 S 6th St City Minneapolis State MN Zip Code 55402-1844 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1008191817120 Amount of Each Receipt this Period 1000.00 P/R Deduction (\$1000.00 Monthly)
Name of Employer Deloitte Occupation Principal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) ZAINABU E. MCKINNEY Mailing Address 1111 Broadway Ste 2100 City Oakland State CA Zip Code 94607-4036 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1008199417120 Amount of Each Receipt this Period 300.00 P/R Deduction (\$300.00 Monthly)
Name of Employer Deloitte Occupation Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 79
	<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)  
Deloitte & Touche Federal Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) GREGORY E.J. SCOTT		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1008205117120	
Mailing Address 2500 One PPG PI		Amount of Each Receipt this Period 300.00	
City Pittsburgh	State PA	Zip Code 15222-5401	P/R Deduction (\$300.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Deloitte	Occupation Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MARK B. CAVALLO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1008208917120	
Mailing Address 285 Peachtree Ctr Ave Ste 2000		Amount of Each Receipt this Period 700.00	
City Atlanta	State GA	Zip Code 30303-1234	P/R Deduction (\$700.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Deloitte	Occupation Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

<b>C.</b> Full Name (Last, First, Middle Initial) JAMES P. BRENNAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1008209917120	
Mailing Address 2200 Chase Sq		Amount of Each Receipt this Period 300.00	
City Rochester	State NY	Zip Code 14604-1998	P/R Deduction (\$300.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Deloitte	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 79
	<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. JONATHAN DHARMAPALAN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 225 West Santa Clara Street		<b>Transaction ID: PR1008215917120</b>
City State Zip Code San Jose CA 95113-2303	Amount of Each Receipt this Period _____ 450.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Deloitte Occupation Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 450.00	P/R Deduction (\$450.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. LILLY G CHUNG</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 225 West Santa Clara Street		<b>Transaction ID: PR1008219017120</b>
City State Zip Code San Jose CA 95113-2303	Amount of Each Receipt this Period _____ 600.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Deloitte Occupation Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00	P/R Deduction (\$600.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. JOHN B CHRISTENSEN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 225 West Santa Clara Street		<b>Transaction ID: PR1008223417120</b>
City State Zip Code San Jose CA 95113-2303	Amount of Each Receipt this Period _____ 250.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Deloitte Occupation Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00	P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>1300.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 79
	<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	

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)  
Deloitte & Touche Federal Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) GERARD J CUNNINGHAM Mailing Address 333 Ludlow St City State Zip Code Stamford CT 06902-6982 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1008225017120 Amount of Each Receipt this Period 2500.00 P/R Deduction (\$2500.00 Monthly)
Name of Employer: Deloitte   Occupation: Principal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) ANDREW J VAN HOUTTE Mailing Address 10 Westport Rd City State Zip Code Wilton CT 06897-0820 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1008237217120 Amount of Each Receipt this Period 300.00 P/R Deduction (\$300.00 Monthly)
Name of Employer: DELOITTE   Occupation: PARTNER 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) MANOJ P SINGH Mailing Address 10 Westport Rd City State Zip Code Wilton CT 06897-0820 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1008238717120 Amount of Each Receipt this Period 600.00 P/R Deduction (\$600.00 Monthly)
Name of Employer: Deloitte   Occupation: Principal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 79						
	(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

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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. ANTHONY L. BRIGHT</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1 MacArthur Place, Ste. 800		<b>Transaction ID: PR1103696417120</b>	
City State Zip Code Santa Ana CA 92707-0000	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Deloitte	Occupation Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		P/R Deduction (\$300.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. David Turner</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 333 Clay St Ste 2300		<b>Transaction ID: PR1113473517120</b>	
City State Zip Code Houston TX 77002-4196	Amount of Each Receipt this Period _____ 275.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer DELOITTE	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 275.00		P/R Deduction (\$275.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. John H Callahan</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6363 N State Hwy 161 Ste 800		<b>Transaction ID: PR1113482817120</b>	
City State Zip Code Irving TX 75038	Amount of Each Receipt this Period _____ 275.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer DELOITTE	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 275.00		P/R Deduction (\$275.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 79
	<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)  
Deloitte & Touche Federal Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) GLENN YAUCH Mailing Address 600 Renaissance Cntr Ste 900 City State Zip Code Detroit MI 48243-1704 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1222610717120 Amount of Each Receipt this Period 300.00
Name of Employer Deloitte Occupation Principal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$300.00 Monthly)

<b>B.</b> Full Name (Last, First, Middle Initial) MICHELLE SUTTON Mailing Address 333 Clay St Ste 2300 City State Zip Code Houston TX 77002-4196 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1222613917120 Amount of Each Receipt this Period 300.00
Name of Employer Deloitte Occupation Principal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$300.00 Monthly)

<b>C.</b> Full Name (Last, First, Middle Initial) MATTHEW CARRIER Mailing Address 111 S Wacker Dr, Floor 24 City State Zip Code Chicago IL 60606-4301 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1222620917120 Amount of Each Receipt this Period 300.00
Name of Employer Deloitte Occupation Principal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$300.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 79
	<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. TAMMY MITTELSTAEDT</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 111 S Wacker Dr, Floor 24		<b>Transaction ID: PR1222621517120</b>	
City State Zip Code Chicago IL 60606-4301	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$300.00 Monthly)		
Name of Employer Deloitte Occupation Principal	Aggregate Year-to-Date ▼ _____ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MICHAEL KEARNEY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1111 Broadway Ste 2100		<b>Transaction ID: PR1222638917120</b>	
City State Zip Code Oakland CA 94607-4036	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$300.00 Monthly)		
Name of Employer Deloitte Occupation Partner	Aggregate Year-to-Date ▼ _____ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JESSE HATCHER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 285 Peachtree Ctr Ave Ste 2000		<b>Transaction ID: PR1222650417120</b>	
City State Zip Code Atlanta GA 30303-1234	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$300.00 Monthly)		
Name of Employer Deloitte Occupation Principal	Aggregate Year-to-Date ▼ _____ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 79
	(check only one)	
<input checked="" 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 type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. JEFFREY BRADFIELD</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2500 One PPG PI		<b>Transaction ID: PR1222652417120</b>	
City Pittsburgh	State PA	Zip Code 15222-5401	Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Deloitte	Occupation Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		
		P/R Deduction (\$300.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. BERNARD TUBIANA</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 25 Broadway		<b>Transaction ID: PR1222664117120</b>	
City New York	State NY	Zip Code 10004-0000	Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Deloitte	Occupation Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		
		P/R Deduction (\$300.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. DAVID WALLIS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 191 Peachtree St Ste 1500		<b>Transaction ID: PR1222668917120</b>	
City Atlanta	State GA	Zip Code 30303-1749	Amount of Each Receipt this Period _____ 450.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Deloitte	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 450.00		
		P/R Deduction (\$450.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>1050.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 79
	<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. STERLING DAINES</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2 World Financial Cntr		<b>Transaction ID:</b> PR1222669517120
City State Zip Code New York NY 10281-1414	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 300.00
Name of Employer Deloitte	Occupation Partner	P/R Deduction (\$300.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. THOMAS COMPERNOLLE</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 111 S Wacker Dr, Floor 24		<b>Transaction ID:</b> PR1222679217120
City State Zip Code Chicago IL 60606-4301	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 900.00
Name of Employer Deloitte	Occupation Principal	P/R Deduction (\$900.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>C. John Kula</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 111 S. Wacker Drive		<b>Transaction ID:</b> PR1222700317120
City State Zip Code Chicago IL 60606-4301	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 275.00
Name of Employer Deloitte	Occupation Director	P/R Deduction (\$275.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1475.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 79
	<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Brian Murphy</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 350 South Grand Ave Ste. 200		<b>Transaction ID: PR1222706917120</b>
City State Zip Code Los Angeles CA 90071-3462	Amount of Each Receipt this Period _____ 275.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Deloitte Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 275.00	P/R Deduction (\$275.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Jane Kolarik</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2 Hilton Ct		<b>Transaction ID: PR1222712917120</b>
City State Zip Code Parsippany NJ 07054-0319	Amount of Each Receipt this Period _____ 275.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Deloitte Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 275.00	P/R Deduction (\$275.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. THOMAS J AARON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 424 Church St Ste 2400		<b>Transaction ID: PR381579017120</b>
City State Zip Code Nashville TN 37219-2396	Amount of Each Receipt this Period _____ 750.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Deloitte Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 750.00	P/R Deduction (\$750.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>1300.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 79
	<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 & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. RUDOLPH J BILICH, JR.</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2500 One PPG PI		<b>Transaction ID: PR381587817120</b>	
City State Zip Code Pittsburgh PA 15222-5401	Amount of Each Receipt this Period _____ 450.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Deloitte	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 450.00		P/R Deduction (\$450.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. H THOMAS BOYLE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 350 South Grand Ave., Ste. 200		<b>Transaction ID: PR381590517120</b>	
City State Zip Code Los Angeles CA 90071-3462	Amount of Each Receipt this Period _____ 900.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Deloitte	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 900.00		P/R Deduction (\$900.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. STEVEN J CHAD</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1750 Tysons Blvd.		<b>Transaction ID: PR381598217120</b>	
City State Zip Code McLean VA 22102-4219	Amount of Each Receipt this Period _____ 600.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Deloitte	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00		P/R Deduction (\$600.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>1950.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 79
	<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)  
Deloitte & Touche Federal Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) EDWARD R CORRISTAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR381603017120	
Mailing Address 1 Independent Dr Ste 2801		Amount of Each Receipt this Period 300.00	
City Jacksonville	State FL	Zip Code 32202-5034	P/R Deduction (\$300.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Deloitte	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) JAMES C ELLERHORST		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR381613517120	
Mailing Address 250 E 5th St Ste 1900		Amount of Each Receipt this Period 250.00	
City Cincinnati	State OH	Zip Code 45202-5109	P/R Deduction (\$250.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Deloitte	Occupation Partner		
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) DONALD M FALKENHAGEN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR381615217120	
Mailing Address 225 West Santa Clara Street		Amount of Each Receipt this Period 900.00	
City San Jose	State CA	Zip Code 95113-2303	P/R Deduction (\$900.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Deloitte	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 79
	<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 & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. GLEN FEINBERG</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2500 One PPG PI		<b>Transaction ID: PR381615717120</b>	
City State Zip Code Pittsburgh PA 15222-5401	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Deloitte	Occupation Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		
		P/R Deduction (\$300.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. JAMES L FUEHRMEYER, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 111 S Wacker Dr, Floor 24		<b>Transaction ID: PR381620817120</b>	
City State Zip Code Chicago IL 60606-4301	Amount of Each Receipt this Period _____ 1000.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Deloitte	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1000.00		
		P/R Deduction (\$1000.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. STEPHEN JENKINS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2200 Ross Ave Ste 1600		<b>Transaction ID: PR381640317120</b>	
City State Zip Code Dallas TX 75201-0000	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Deloitte	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 500.00		
		P/R Deduction (\$500.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>1800.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 79
	(check only one)	
<input checked="" 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 type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. JOHN P KENNEDY</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 2 Hilton Ct		Transaction ID: PR381644617120	
City Parsippany	State NJ	Zip Code 07054-0319	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Deloitte	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
		P/R Deduction (\$1000.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. PATRICIA A LAWRENCE</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 111 S Wacker Dr, Floor 24		Transaction ID: PR381650817120	
City Chicago	State IL	Zip Code 60606-4301	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Deloitte	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
		P/R Deduction (\$250.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. RAYMOND R LOCKWOOD</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 191 Peachtree St Ste 1500		Transaction ID: PR381653817120	
City Atlanta	State GA	Zip Code 30303-1749	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Deloitte	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
		P/R Deduction (\$500.00 Monthly)	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 79
	(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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. JAMES P MCCORMICK</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 120 S 6th St		<b>Transaction ID: PR381660017120</b>	
City State Zip Code Minneapolis MN 55402-1844	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$300.00 Monthly)		
Name of Employer Deloitte Occupation Partner	Aggregate Year-to-Date ▼ _____ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JAMES M. ORR</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1633 Broadway		<b>Transaction ID: PR381672917120</b>	
City State Zip Code New York NY 10019-6754	Amount of Each Receipt this Period _____ 2500.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$2500.00 Monthly)		
Name of Employer Deloitte Occupation Partner	Aggregate Year-to-Date ▼ _____ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. GLEN ROSENTHAL</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2 Hilton Ct		<b>Transaction ID: PR381683617120</b>	
City State Zip Code Parsippany NJ 07054-0319	Amount of Each Receipt this Period _____ 1100.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$1100.00 Monthly)		
Name of Employer Deloitte Occupation Partner	Aggregate Year-to-Date ▼ _____ 1100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>3900.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 79
	<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)  
Deloitte & Touche Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
HOWARD A. SMITH

Mailing Address 1633 Broadway

City State Zip Code  
New York NY 10019-6754

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

Name of Employer Deloitte Occupation Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR381693717120

Amount of Each Receipt this Period  
1500.00

P/R Deduction (\$1500.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
JACK F SMITH, Jr.

Mailing Address 191 Peachtree St Ste 1500

City State Zip Code  
Atlanta GA 30303-1749

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

Name of Employer Deloitte Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR381693817120

Amount of Each Receipt this Period  
900.00

P/R Deduction (\$900.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
THOMAS D WALKER

Mailing Address 424 Church St Ste 2400

City State Zip Code  
Nashville TN 37219-2396

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

Name of Employer Deloitte Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR381706917120

Amount of Each Receipt this Period  
300.00

P/R Deduction (\$300.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 79
	<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. TARAL WEINER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1700 Market St		<b>Transaction ID: PR381709217120</b>	
City Philadelphia	State PA	Zip Code 19103-3984	Amount of Each Receipt this Period _____ 1500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Deloitte	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1500.00		
		P/R Deduction (\$1500.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. GREGG K FURUYA</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1132 Bishop St Ste 1200		<b>Transaction ID: PR381770217120</b>	
City Honolulu	State HI	Zip Code 96813-2870	Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Deloitte	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		
		P/R Deduction (\$300.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. THOMAS M REYER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2 Hilton Ct		<b>Transaction ID: PR381775517120</b>	
City Parsippany	State NJ	Zip Code 07054-0319	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Deloitte	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 500.00		
		P/R Deduction (\$500.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>2300.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 79
	<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. STUART H ZWERLING</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2 World Financial Cntr		<b>Transaction ID: PR381783617120</b>	
City State Zip Code New York NY 10281-1414	Amount of Each Receipt this Period _____ 600.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Deloitte	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00		
		P/R Deduction (\$600.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. H JOE WELLS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2200 Ross Ave Ste 1600		<b>Transaction ID: PR381787317120</b>	
City State Zip Code Dallas TX 75201-0000	Amount of Each Receipt this Period _____ 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Deloitte	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1000.00		
		P/R Deduction (\$1000.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM B KEMPER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 50 Fremont St Ste 3100		<b>Transaction ID: PR381793217120</b>	
City State Zip Code San Francisco CA 94105-2230	Amount of Each Receipt this Period _____ 750.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Deloitte	Occupation Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 750.00		
		P/R Deduction (\$750.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>2350.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 79
	<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 & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Anthony V. Sasso</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2 World Financial Cntr		<b>Transaction ID: PR381805217120</b>
City New York	State NY	Zip Code 10281-1414
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 275.00
Name of Employer DELOITTE	Occupation Director	P/R Deduction (\$275.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. PAMELA C BECKEY</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2 Hilton Ct		<b>Transaction ID: PR381815517120</b>
City Parsippany	State NJ	Zip Code 07054-0319
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer Deloitte	Occupation Partner	P/R Deduction (\$600.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. CATHERINE ENGELBERT</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2 Hilton Ct		<b>Transaction ID: PR381825217120</b>
City Parsippany	State NJ	Zip Code 07054-0319
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Deloitte	Occupation Partner	P/R Deduction (\$300.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1175.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 79
	<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. W. GLENN KELLY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 333 Clay St Ste 2300		<b>Transaction ID: PR381835317120</b>
City State Zip Code Houston TX 77002-4196	Amount of Each Receipt this Period _____ 450.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Deloitte	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 450.00	P/R Deduction (\$450.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. ROBERT J KUEPPERS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 10 Westport Rd		<b>Transaction ID: PR381837517120</b>
City State Zip Code Wilton CT 06897-0820	Amount of Each Receipt this Period _____ 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Deloitte	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 2500.00	P/R Deduction (\$2500.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. William B Ogilvie</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 333 Clay St Ste 2300		<b>Transaction ID: PR381847017120</b>
City State Zip Code Houston TX 77002-4196	Amount of Each Receipt this Period _____ 275.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer DELOITTE	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 275.00	P/R Deduction (\$275.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>3225.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 79		
	<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

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NAME OF COMMITTEE (In Full)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. TIMOTHY A. PROVINCE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 695 Town Center Dr Ste 1200		<b>Transaction ID: PR381850317120</b>		
City State Zip Code Costa Mesa CA 92626-1979	Amount of Each Receipt this Period _____ 600.00		P/R Deduction (\$600.00 Monthly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 600.00		
Name of Employer Deloitte Occupation Principal	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. DONALD J TEICHEN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 350 South Grand Ave., Ste. 200		<b>Transaction ID: PR381859317120</b>		
City State Zip Code Los Angeles CA 90071-3462	Amount of Each Receipt this Period _____ 300.00		P/R Deduction (\$300.00 Monthly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 300.00		
Name of Employer Deloitte Occupation Partner	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. William A. Lutz</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 1700 Market St		<b>Transaction ID: PR381866417120</b>		
City State Zip Code Philadelphia PA 19103-3984	Amount of Each Receipt this Period _____ 275.00		P/R Deduction (\$275.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 275.00		
Name of Employer DELOITTE Occupation Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>1175.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 79
	<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. GORDON MULLER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 10 Westport Rd		<b>Transaction ID: PR3818717120</b>	
City Wilton	State CT	Zip Code 06897-0820	Amount of Each Receipt this Period _____ 600.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer DELOITTE	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00		
		P/R Deduction (\$600.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. SCOTT P. TAYLOR</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 111 S Wacker Dr, Floor 24		<b>Transaction ID: PR381875317120</b>	
City Chicago	State IL	Zip Code 60606-4301	Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Deloitte	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		
		P/R Deduction (\$300.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. FAYE J TANNENBAUM</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2 World Financial Cntr		<b>Transaction ID: PR381904417120</b>	
City New York	State NY	Zip Code 10281-1414	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Deloitte	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00		
		P/R Deduction (\$250.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>1150.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 79
	<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)  
Deloitte & Touche Federal Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) BRIAN F LANE Mailing Address 1700 Market St City Philadelphia State PA Zip Code 19103-3984 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR381919617120 Amount of Each Receipt this Period 450.00
Name of Employer Deloitte Occupation Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$450.00 Monthly)

<b>B.</b> Full Name (Last, First, Middle Initial) TIMOTHY J POCHE Mailing Address 333 Clay St Ste 2300 City Houston State TX Zip Code 77002-4196 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR539019117120 Amount of Each Receipt this Period 450.00
Name of Employer Deloitte Occupation Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$450.00 Monthly)

<b>C.</b> Full Name (Last, First, Middle Initial) KIRSTEN J VOSEN Mailing Address 120 S 6th St City Minneapolis State MN Zip Code 55402-1844 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR539021517120 Amount of Each Receipt this Period 450.00
Name of Employer Deloitte Occupation Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$450.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 79
	<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)  
Deloitte & Touche Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
EILEEN S FUSCO

Mailing Address 2 World Financial Cntr

City State Zip Code  
New York NY 10281-1414

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

Name of Employer Deloitte Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR539025417120

Amount of Each Receipt this Period  
1000.00

P/R Deduction (\$1000.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
BRADLEY D CARRIER

Mailing Address 225 West Santa Clara Street

City State Zip Code  
San Jose CA 95113-2303

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

Name of Employer Deloitte Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR539029117120

Amount of Each Receipt this Period  
900.00

P/R Deduction (\$900.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
JOHN F. BEVACQUA

Mailing Address City PI 185 Asylum St 33rd Fl

City State Zip Code  
Hartford CT 06103-3402

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

Name of Employer Deloitte Occupation Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR539035917120

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2150.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 79
	<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 & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. SETH B GOLDSTEIN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 555 12th St NW Ste 500		<b>Transaction ID: PR539057617120</b>	
City State Zip Code Washington DC 20004-1207	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Deloitte	Occupation Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		
		P/R Deduction (\$300.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. Antony Kong</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4022 Sells Dr		<b>Transaction ID: PR539077817120</b>	
City State Zip Code Hermitage TN 37076-2930	Amount of Each Receipt this Period _____ 275.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer DELOITTE	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 275.00		
		P/R Deduction (\$275.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. DONALD R DIXON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 150 Fayettevl St Mall Ste 1800		<b>Transaction ID: PR761185617120</b>	
City State Zip Code Raleigh NC 27601	Amount of Each Receipt this Period _____ 275.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer DELOITTE	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 275.00		
		P/R Deduction (\$275.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 79
	(check only one)	
<input checked="" 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 type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. WILLIAM T GARRETT</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR761190317120	
Mailing Address 2200 Ross Ave Ste 1600		Amount of Each Receipt this Period 450.00	
City State Zip Code Dallas TX 75201-0000	FEC ID number of contributing federal political committee. C		
Name of Employer Deloitte	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		
		P/R Deduction (\$450.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. STACY R. JANIAK</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR761198017120	
Mailing Address 120 S 6th St		Amount of Each Receipt this Period 375.00	
City State Zip Code Minneapolis MN 55402-1844	FEC ID number of contributing federal political committee. C		
Name of Employer Deloitte	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		
		P/R Deduction (\$375.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. KENTON J. KLAUS</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR761201417120	
Mailing Address 111 S Wacker Dr, Floor 24		Amount of Each Receipt this Period 1000.00	
City State Zip Code Chicago IL 60606-4301	FEC ID number of contributing federal political committee. C		
Name of Employer Deloitte	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
		P/R Deduction (\$1000.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1825.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 79
	<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)  
Deloitte & Touche Federal Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) FRANK P OEHL Mailing Address 2200 Ross Ave Ste 1600 City Dallas State TX Zip Code 75201-0000 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR761211617120 Amount of Each Receipt this Period 300.00 P/R Deduction (\$300.00 Monthly)
Name of Employer Deloitte Occupation Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Rick W Sanders Mailing Address 50 Fremont St Ste 3100 City San Francisco State CA Zip Code 94105-2230 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR761219217120 Amount of Each Receipt this Period 275.00 P/R Deduction (\$275.00 Bi-Weekly)
Name of Employer DELOITTE Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MARK C. THOMPSON Mailing Address 120 S 6th St City Minneapolis State MN Zip Code 55402-1844 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR761225717120 Amount of Each Receipt this Period 500.00 P/R Deduction (\$500.00 Monthly)
Name of Employer Deloitte Occupation Partner 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) .....	<b>1075.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 37 / 79	
	(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"/> 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 & Touche Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Walter Keel

Mailing Address 191 Peachtree St Ste 1500  
Suite 1500

City Atlanta State GA Zip Code 30303-1749

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

Name of Employer Deloitte Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y

**Transaction ID:** PR928795217120

Amount of Each Receipt this Period  
240.00

P/R Deduction (\$240.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	240.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	52290.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 79
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Keybank Capital Markets Inc.		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address 127 Public Square		<b>Transaction ID:</b> 12786985
City State Zip Code Cleveland OH 44114	Amount of Each Receipt this Period 2685.76	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 20643.16	investment interest

Full Name (Last, First, Middle Initial) <b>B.</b> Keybank Capital Markets Inc.		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 127 Public Square		<b>Transaction ID:</b> 12786986
City State Zip Code Cleveland OH 44114	Amount of Each Receipt this Period 7071.87	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 27715.03	investment interest

Full Name (Last, First, Middle Initial) <b>C.</b> Keybank Capital Markets Inc.		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 127 Public Square		<b>Transaction ID:</b> 12786987
City State Zip Code Cleveland OH 44114	Amount of Each Receipt this Period 2879.22	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 30594.25	interest

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>12636.85</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>12636.85</b>

# 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 39 / 79

<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

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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. KeyBank-Checking</b>		<b>Transaction ID:</b> 12786993 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 127 Public Square		Amount of Each Disbursement this Period 262.08
City Cleveland State OH Zip Code 44114	bank fee	
Purpose of Disbursement bank fee Candidate Name		001 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) ▼

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		<b>Transaction ID:</b> 12626037 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address PO Box 2969		Amount of Each Disbursement this Period 81.10
City Omaha State NE Zip Code 68103-2969	phone bill	
Purpose of Disbursement phone bill Candidate Name		001 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) ▼

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		<b>Transaction ID:</b> 12626038 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 17577		Amount of Each Disbursement this Period 61.82
City Baltimore State MD Zip Code 21297-0513	phone bill	
Purpose of Disbursement phone bill Candidate Name		001 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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	405.00
<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)

PAGE 40 / 79

<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)

Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Deloitte & Touche

Mailing Address PO Box 277694

City Atlanta State GA Zip Code 30384-7694

Purpose of Disbursement  
annual PAC audit expenses

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 12626035

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

9252.00

annual PAC audit expenses

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

9252.00

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

9657.00



# 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 41 / 79

<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Frank LoBiondo for Congress</b>		Transaction ID: 12599383 Date of Disbursement 06 / 01 / 2006	
Mailing Address P.O. Box 550		Amount of Each Disbursement this Period 2000.00	
City Vineland State NJ Zip Code 08362	Purpose of Disbursement contribution Candidate Name Frank A. LoBiondo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type contribution

Full Name (Last, First, Middle Initial) <b>B. Friends Of Bennie Thompson</b>		Transaction ID: 12600081 Date of Disbursement 06 / 01 / 2006	
Mailing Address P.O. Box 100		Amount of Each Disbursement this Period 4000.00	
City Bolton State MS Zip Code 39041	Purpose of Disbursement contribution Candidate Name Rep. Bennie Thompson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type contribution

Full Name (Last, First, Middle Initial) <b>C. Jo Ann Davis For Congress</b>		Transaction ID: 12615526 Date of Disbursement 06 / 07 / 2006	
Mailing Address P.O. Box 1834		Amount of Each Disbursement this Period 3000.00	
City Yorktown State VA Zip Code 23692	Purpose of Disbursement contribution Candidate Name Jo Ann Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9000.00
<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)

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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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Cantor for Congress</b>		<b>Transaction ID:</b> 12615519 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address PO Box 17813		Amount of Each Disbursement this Period 4000.00 contribution
City Richmond State VA Zip Code 23226	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Eric Cantor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Tom Davis for Congress</b>		<b>Transaction ID:</b> 12614225 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address PO Box 483		Amount of Each Disbursement this Period 2200.00 contribution
City Dunn Loring State VA Zip Code 22027	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Thomas M. Davis, III		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Walsh for Congress Committee</b>		<b>Transaction ID:</b> 12615522 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address PO Box 1974		Amount of Each Disbursement this Period 3000.00 contribution
City Syracuse State NY Zip Code 13201	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name James T. Walsh		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9200.00
<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Wynn for Congress</b>		Transaction ID: 12615512 Date of Disbursement 06 / 07 / 2006
Mailing Address 2020 Gov Thomas Bladen Way #201		Amount of Each Disbursement this Period 2000.00
City Annapolis State MD Zip Code 21401	Purpose of Disbursement contribution Candidate Name Albert R. Wynn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 4 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		contribution

Full Name (Last, First, Middle Initial) <b>B. Sweeney For Congress</b>		Transaction ID: 12615515 Date of Disbursement 06 / 07 / 2006
Mailing Address P.O. Box 1465		Amount of Each Disbursement this Period 2000.00
City Clifton Park State NY Zip Code 12065	Purpose of Disbursement contribution Candidate Name John E. Sweeney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		contribution

Full Name (Last, First, Middle Initial) <b>C. Sweeney For Congress</b>		Transaction ID: 12615517 Date of Disbursement 06 / 07 / 2006
Mailing Address P.O. Box 1465		Amount of Each Disbursement this Period 1000.00
City Clifton Park State NY Zip Code 12065	Purpose of Disbursement contribution Candidate Name John E. Sweeney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Talent For Senate Inc</b>		Transaction ID: 12615510 Date of Disbursement																					
Mailing Address 147 N Meramec, Suite 100		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	7		2	0	0	6														
City St Louis	State MO	Zip Code 63105	Amount of Each Disbursement this Period <table border="1"><tr><td>500.00</td></tr></table>	500.00																			
500.00																							
Purpose of Disbursement contribution		011 Category/ Type																					
Candidate Name Mr. James Talent																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MO District: 2	contribution																						

Full Name (Last, First, Middle Initial) <b>B. ERIC PAC</b>		Transaction ID: 12615520 Date of Disbursement																					
Mailing Address c/o Mary Heitman 3517 Surrey Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	7		2	0	0	6														
City Alexandria	State VA	Zip Code 22309	Amount of Each Disbursement this Period <table border="1"><tr><td>5000.00</td></tr></table>	5000.00																			
5000.00																							
Purpose of Disbursement contribution		011 Category/ Type																					
Candidate Name																							
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:	contribution																						

Full Name (Last, First, Middle Initial) <b>C. Ben Cardin For Senate</b>		Transaction ID: 12590575 Date of Disbursement																					
Mailing Address PO Box 21093		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	7		2	0	0	6														
City Catonsville	State MD	Zip Code 21228	Amount of Each Disbursement this Period <table border="1"><tr><td>3000.00</td></tr></table>	3000.00																			
3000.00																							
Purpose of Disbursement contribution		011 Category/ Type																					
Candidate Name Mr. Benjamin Cardin																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MD District: 2	contribution																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>8500.00</td></tr></table>	8500.00
8500.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# 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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Jim Jordan For Congress</b>		<b>Transaction ID:</b> 12615514 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address 1709 State Route 560 S		Amount of Each Disbursement this Period 5000.00 contribution
City Urbana State OH Zip Code 43078		
Purpose of Disbursement contribution Candidate Name Mr. James Jordan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 4		
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Graves for Congress</b>		<b>Transaction ID:</b> 12623784 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address PO Box 2166		Amount of Each Disbursement this Period 1000.00 contribution
City Jefferson City State MO Zip Code 65102		
Purpose of Disbursement contribution Candidate Name Sam Graves Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 6		
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Santorum 2006</b>		<b>Transaction ID:</b> 12624454 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address PO Box 16426		Amount of Each Disbursement this Period 5000.00 contribution
City Pittsburgh State PA Zip Code 15242		
Purpose of Disbursement contribution Candidate Name Rick Santorum Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 2		
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<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)  
Deloitte & Touche Federal Political Action Committee

<b>A. J.D. Hayworth for Congress</b> Full Name (Last, First, Middle Initial) J.D. Hayworth for Congress Mailing Address 14300 N Northsight Blvd #105 City Scottsdale State AZ Zip Code 85260 Purpose of Disbursement contribution Candidate Name J.D. Hayworth Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 6 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 12623786</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 5000.00 contribution
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<b>B. Ron Lewis for Congress</b> Full Name (Last, First, Middle Initial) Ron Lewis for Congress Mailing Address P.O. Box 307 City Elizabethtown State KY Zip Code 42702 Purpose of Disbursement contribution Candidate Name Ron Lewis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 12624243</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 5000.00 contribution
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<b>C. Chafee for Senate</b> Full Name (Last, First, Middle Initial) Chafee for Senate Mailing Address PO Box 7329 City Warwick State RI Zip Code 02887 Purpose of Disbursement contribution Candidate Name Lincoln Chafee Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 0 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 12624308</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 5000.00 contribution
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15000.00
<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)

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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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. The Bluegrass Committee</b>		<b>Transaction ID:</b> 12625364 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 400 N. Capitol Street, NW Suite 585		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20001	contribution	
Purpose of Disbursement contribution Candidate Name		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) ▼

Full Name (Last, First, Middle Initial) <b>B. Friends Of Mike Ferguson</b>		<b>Transaction ID:</b> 12623785 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address C/O Ron Gravino P.O. Box 225		Amount of Each Disbursement this Period 2000.00
City Colonia State NJ Zip Code 07067	contribution	
Purpose of Disbursement contribution Candidate Name Rep. Mike Ferguson		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 7		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Jeff Fortenberry For United States Congress</b>		<b>Transaction ID:</b> 12623783 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 1610 N Street		Amount of Each Disbursement this Period 2000.00
City Lincoln State NE Zip Code 68508	contribution	
Purpose of Disbursement contribution Candidate Name Mr. Jeffrey Fortenberry		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 1		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9000.00
<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)

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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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Ruben Hinojosa For Congress</b>		<b>Transaction ID: 12625158</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 502 North 11th Street		Amount of Each Disbursement this Period 3000.00 contribution
City Mcallen State TX Zip Code 78501	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Rep. Ruben Hinojosa		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends Of Mike Sodrel</b>		<b>Transaction ID: 12623787</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 702 North Shore Dr, Suite 500		Amount of Each Disbursement this Period 2000.00 contribution
City Jeffersonville State IN Zip Code 47130	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Mr. Michael Sodrel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends Of Joe Lieberman</b>		<b>Transaction ID: 12623789</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address PO Box 231294 State House Square		Amount of Each Disbursement this Period 3000.00 contribution
City Hartford State CT Zip Code 06123	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Sen. Joseph I. Lieberman		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" 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) ..... ▶	(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)

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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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Friends Of Rahm Emanuel</b>		<b>Transaction ID:</b> 12623788 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 101124		Amount of Each Disbursement this Period 2000.00 contribution
City Chicago State IL Zip Code 60610	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Rep. Rahm Emanuel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends Of George Allen</b>		<b>Transaction ID:</b> 12659062 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address Post Office Box 87		Amount of Each Disbursement this Period 4000.00 contribution
City Alexandria State VA Zip Code 22313	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Mr. George Allen		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Keller For Congress</b>		<b>Transaction ID:</b> 12659029 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 1453		Amount of Each Disbursement this Period 3000.00 contribution
City Orlando State FL Zip Code 32802	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Mr. Richard Keller		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Shelley Moore Capito For Congress</b>		<b>Transaction ID:</b> 12659028 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 11519		Amount of Each Disbursement this Period 5000.00 contribution
City Charleston State WV Zip Code 25339	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Rep. Shelley Moore Capito		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends Of Craig Thomas</b>		<b>Transaction ID:</b> 12658941 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 2780 Olive Dr		Amount of Each Disbursement this Period 5000.00 contribution
City Cheyenne State WY Zip Code 82001	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Sen. Craig Thomas		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Committee for Preservation of Capitalism</b>		<b>Transaction ID:</b> 12658949 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address PO Box 22614		Amount of Each Disbursement this Period 5000.00 contribution
City Alexandria State VA Zip Code 22304	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name		
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15000.00
<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Knollenberg for Congress Committee</b>		Transaction ID: 12659018 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 30701 Woodward Avenue suite 300		Amount of Each Disbursement this Period 3000.00 contribution
City Royal Oak State MI Zip Code 48073	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Joe Knollenberg		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Clay Shaw</b>		Transaction ID: 12659059 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 2188		Amount of Each Disbursement this Period 3000.00 contribution
City Fort Lauderdale State FL Zip Code 33303	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name E. Clay Shaw, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. McConnell Senate Committee</b>		Transaction ID: 12658910 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address PO Box 1496		Amount of Each Disbursement this Period 5000.00 contribution
City Louisville State KY Zip Code 40201	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Mitch McConnell		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2	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) ..... ▶	11000.00
<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)

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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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Chabot for Congress</b>		<b>Transaction ID:</b> 12659036 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 3014 Harrison Avenue		Amount of Each Disbursement this Period 5000.00 contribution
City Cincinnati State OH Zip Code 45211		
Purpose of Disbursement contribution Candidate Name Steve Chabot Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 1	011 Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Johnson for Congress Committee</b>		<b>Transaction ID:</b> 12658925 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address PO Box 1986		Amount of Each Disbursement this Period 1500.00 contribution
City New Britain State CT Zip Code 06050		
Purpose of Disbursement contribution Candidate Name Nancy L. Johnson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 5	011 Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Nelson for US Senate</b>		<b>Transaction ID:</b> 12659026 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address PO Box 8666		Amount of Each Disbursement this Period 5000.00 contribution
City Omaha State NE Zip Code 68108		
Purpose of Disbursement contribution Candidate Name Ben Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District:	011 Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11500.00
<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)

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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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. A Lot of People Who Support Jeff Bingaman</b>		<b>Transaction ID:</b> 12658938 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address PO Box 16210		Amount of Each Disbursement this Period 4000.00 contribution
City Albuquerque State NM Zip Code 87191	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Jeff Bingaman		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Feinstein for Senate</b>		<b>Transaction ID:</b> 12658978 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 601 S. Glenoaks Blvd. Suite 211		Amount of Each Disbursement this Period 5000.00 contribution
City Burbank State CA Zip Code 91502	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Dianne Feinstein		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay Bailey Hutchison for Senate Committee</b>		<b>Transaction ID:</b> 12658939 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 9190		Amount of Each Disbursement this Period 3000.00 contribution
City Dallas State TX Zip Code 75209	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Kay Bailey Hutchison		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12000.00
<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)

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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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Christopher Shays for Congress Committee</b>		<b>Transaction ID:</b> 12658928 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 98 East Avenue, Rear Bldg.		Amount of Each Disbursement this Period 5000.00 contribution
City Norwalk State CT Zip Code 06851		
Purpose of Disbursement contribution Candidate Name Christopher Shays Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 4	011 Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Friends of Farr</b>		<b>Transaction ID:</b> 12658990 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 555 Capitol Mall Suite 1425		Amount of Each Disbursement this Period 3000.00 contribution
City Sacramento State CA Zip Code 95814		
Purpose of Disbursement contribution Candidate Name Sam Farr Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 17	011 Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. Pete Sessions for Congress</b>		<b>Transaction ID:</b> 12659052 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 38585		Amount of Each Disbursement this Period 2000.00 contribution
City Dallas State TX Zip Code 75238-0585		
Purpose of Disbursement contribution Candidate Name Pete Sessions Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 5	011 Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<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)

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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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Sensenbrenner Committee</b>		Transaction ID: 12659049 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address Attn: Carole Goeas 1707 Prince Street, #7		Amount of Each Disbursement this Period 4000.00 contribution
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement contribution Candidate Name James Sensenbrenner Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 9		

Full Name (Last, First, Middle Initial) <b>B. Sherman For Congress</b>		Transaction ID: 12659055 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 555 S. Flower Street Suite 4510		Amount of Each Disbursement this Period 5000.00 contribution
City Los Angeles State CA Zip Code 90071		
Purpose of Disbursement contribution Candidate Name Brad Sherman Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 24		

Full Name (Last, First, Middle Initial) <b>C. Mike Thompson for Congress</b>		Transaction ID: 12658977 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 236 Massachusetts Ave, NE Suite 508		Amount of Each Disbursement this Period 2000.00 contribution
City Washington State DC Zip Code 20002		
Purpose of Disbursement contribution Candidate Name Mike Thompson Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 1		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Heather Wilson for Congress</b>		<b>Transaction ID:</b> 12659031 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 14070		Amount of Each Disbursement this Period 5000.00 contribution
City Albuquerque State NM Zip Code 87191	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Heather A. Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jon Kyl for US Senate</b>		<b>Transaction ID:</b> 12658979 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address PO Box 10246		Amount of Each Disbursement this Period 3000.00 contribution
City Phoenix State AZ Zip Code 85064	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Jon Kyl		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Snowe for Senate</b>		<b>Transaction ID:</b> 12658976 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address PO Box 2006		Amount of Each Disbursement this Period 5000.00 contribution
City Portland State ME Zip Code 04104	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Olympia J. Snowe		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	13000.00
<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)

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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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Friends of Conrad Burns 2006</b>		<b>Transaction ID:</b> 12659035 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address PO Box 1596		Amount of Each Disbursement this Period 4000.00 contribution
City Helena State MT Zip Code 59624	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Conrad Burns		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ensign for Senate</b>		<b>Transaction ID:</b> 12658987 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address PO Box 26568		Amount of Each Disbursement this Period 5000.00 contribution
City Las Vegas State NV Zip Code 89126	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name John Ensign		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Scott For Congress</b>		<b>Transaction ID:</b> 12659034 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 251		Amount of Each Disbursement this Period 2000.00 contribution
City Newport News State VA Zip Code 23607	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Rep. Robert C. Scott		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Simmons For Congress</b>		<b>Transaction ID:</b> 12658926 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 268 Drawer 271		Amount of Each Disbursement this Period 3000.00 contribution
City Stonington State CT Zip Code 06378		
Purpose of Disbursement contribution Candidate Name Rep. Robert R. Simmons Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 2	011 Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Jim Gerlach For Congress Committee</b>		<b>Transaction ID:</b> 12659033 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address PO Box 87		Amount of Each Disbursement this Period 2000.00 contribution
City Uwchland State PA Zip Code 19480		
Purpose of Disbursement contribution Candidate Name Mr. Jim Gerlach Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 6	011 Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Porter For Congress</b>		<b>Transaction ID:</b> 12659053 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address PO Box 26087		Amount of Each Disbursement this Period 1000.00 contribution
City Las Vegas State NV Zip Code 89126		
Purpose of Disbursement contribution Candidate Name Mr. Jon Porter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 3	011 Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<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

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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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Brad Miller For United States Congress</b>		<b>Transaction ID:</b> 12659047 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 10322		Amount of Each Disbursement this Period 5000.00 contribution
City Raleigh State NC Zip Code 27605	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Rep. Bradley Miller		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Good Government of America Comm.</b>		<b>Transaction ID:</b> 12658951 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 6095		Amount of Each Disbursement this Period 3000.00 contribution
City Arlington State VA Zip Code 22206	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Willard Inter-Continental Hotel</b>		<b>Transaction ID:</b> 12658993 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 1401 Penn Ave NW		Amount of Each Disbursement this Period 204.00 inkind to Fitzpatrick for catering
City Washington State DC Zip Code 20004	011 Category/ Type	
Purpose of Disbursement inkind to Fitzpatrick for catering		
Candidate Name Michael Fitzpatrick		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8204.00
<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Fitzpatrick for Congress</b>		<b>Transaction ID:</b> 12659015 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 115 N Broad Street		Amount of Each Disbursement this Period 2796.00 contribution
City Doylestown State PA Zip Code 18901	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Michael Fitzpatrick		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Thelma Drake For Congress</b>		<b>Transaction ID:</b> 12659044 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address PO Box 61480		Amount of Each Disbursement this Period 5000.00 contribution
City Virginia Beach State VA Zip Code 23466	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Thelma Drake		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. All America PAC</b>		<b>Transaction ID:</b> 12659045 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 1070 Thomas Jefferson Street, NW Suite 202		Amount of Each Disbursement this Period 5000.00 contribution
City Washington State DC Zip Code 20007	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name		
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12796.00
<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)

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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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Roskam For Congress Committee</b>		Transaction ID: 12659038 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 713		Amount of Each Disbursement this Period 2000.00 contribution
City Wheaton State IL Zip Code 60189	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Mr. Peter Roskam		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. SnowPAC</b>		Transaction ID: 12658975 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address PO Box 77361		Amount of Each Disbursement this Period 5000.00 contribution
City Washington State DC Zip Code 3002	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. John Sullivan For Congress</b>		Transaction ID: 12659046 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address Post Office Box 470840		Amount of Each Disbursement this Period 3000.00 contribution
City Tulsa State OK Zip Code 74147	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Rep. John Sullivan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<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)

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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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Whalen For Congress</b>		<b>Transaction ID:</b> 12659057	
Mailing Address P. O. Box 750		Date of Disbursement 06 / 21 / 2006	
City Bettendorf	State IA	Zip Code 52722	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement contribution		011 Category/ Type	
Candidate Name Mr. Michael Whalen		contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IA District: 1			

Full Name (Last, First, Middle Initial) <b>B. Jim Knoblach For Congress</b>		<b>Transaction ID:</b> 12659039	
Mailing Address PO Box 368		Date of Disbursement 06 / 21 / 2006	
City Circle Pines	State MN	Zip Code 55014	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement contribution		011 Category/ Type	
Candidate Name Mr. Jim Knoblach		contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN District: 6			

Full Name (Last, First, Middle Initial) <b>C. Charlie Melancon Campaign Committee Inc</b>		<b>Transaction ID:</b> 12659054	
Mailing Address PO Box 549		Date of Disbursement 06 / 21 / 2006	
City Napoleonville	State LA	Zip Code 70390	Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement contribution		011 Category/ Type	
Candidate Name Rep. Charles Melancon		contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: LA District: 3			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	13000.00
<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Re-Elect Brian Bilbray For Congress</b>		<b>Transaction ID:</b> 12658986 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 2466 Unicornio St		Amount of Each Disbursement this Period 2000.00 contribution
City Carlsbad State CA Zip Code 92009		
Purpose of Disbursement contribution Candidate Name Mr. Brian Bilbray Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50	011 Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. The Hawkeye PAC</b>		<b>Transaction ID:</b> 12658967 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address PO Box 7255		Amount of Each Disbursement this Period 5000.00 contribution
City Des Moines State IA Zip Code 50309		
Purpose of Disbursement contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Pete's PAC</b>		<b>Transaction ID:</b> 12658968 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address PO Box 20099		Amount of Each Disbursement this Period 5000.00 contribution
City Albuquerque State NM Zip Code 87154		
Purpose of Disbursement contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12000.00
<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)

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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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Senate Majority Fund</b>		<b>Transaction ID:</b> 12658974 Date of Disbursement 06 / 21 / 2006
Mailing Address PO Box 32025		Amount of Each Disbursement this Period 5000.00
City Phoenix	State AZ Zip Code 85064	
Purpose of Disbursement contribution Candidate Name		contribution
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) ▼		

Full Name (Last, First, Middle Initial) <b>B. Friends of John Boehner</b>		<b>Transaction ID:</b> 12662935 Date of Disbursement 06 / 23 / 2006
Mailing Address 7908-1 Cincinnati-Dayton Road		Amount of Each Disbursement this Period 5000.00
City West Chester	State OH Zip Code 45069	
Purpose of Disbursement contribution Candidate Name John A. Boehner		contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 8		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Willard Inter-Continental Hotel</b>		<b>Transaction ID:</b> 12662944 Date of Disbursement 06 / 23 / 2006
Mailing Address 1401 Penn Ave NW		Amount of Each Disbursement this Period 229.74
City Washington	State DC Zip Code 20004	
Purpose of Disbursement inkind to Gordon Smith for catering Candidate Name Gordon H. Smith		inkind to Gordon Smith for catering
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 2		
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) ..... ▶	<b>10229.74</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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Friends of Gordon Smith</b>		<b>Transaction ID:</b> 12662945 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address 228 S Washington St Ste 115		Amount of Each Disbursement this Period 1770.26 contribution
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement contribution Candidate Name Gordon H. Smith Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 2	011 Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Mccotter Congressional Committee</b>		<b>Transaction ID:</b> 12662937 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 530788		Amount of Each Disbursement this Period 3000.00 contribution
City Livonia State MI Zip Code 48153		
Purpose of Disbursement contribution Candidate Name Mr. Thaddeus McCotter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District:	011 Category/Type	

Full Name (Last, First, Middle Initial) <b>C. People With Hart Inc</b>		<b>Transaction ID:</b> 12667164 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 435		Amount of Each Disbursement this Period 5000.00 contribution
City Wexford State PA Zip Code 15090		
Purpose of Disbursement contribution Candidate Name Melissa Hart Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 4	011 Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9770.26
<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Jeff Flake for Congress</b>		<b>Transaction ID:</b> 12667333 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 21447		Amount of Each Disbursement this Period 2500.00 contribution
City Mesa State AZ Zip Code 85277	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Jeff Flake		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Matheson For Congress</b>		<b>Transaction ID:</b> 12667212 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 677 South 200 W Suite A		Amount of Each Disbursement this Period 3500.00 contribution
City Salt Lake City State UT Zip Code 84101	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Mr. James Matheson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cubin for Congress</b>		<b>Transaction ID:</b> 12667334 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address PO Box 4657		Amount of Each Disbursement this Period 5000.00 contribution
City Casper State WY Zip Code 82604	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Barbara Cubin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Citizens for Rush</b>		<b>Transaction ID:</b> 12667341 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 1300 E. 47th Street PMB #448		Amount of Each Disbursement this Period 2000.00 contribution
City Chicago State IL Zip Code 60653		
Purpose of Disbursement contribution Candidate Name Bobby L. Rush Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 1		
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. HASTERT FOR CONGRESS</b>		<b>Transaction ID:</b> 12667355 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address P.O. BOX 625		Amount of Each Disbursement this Period 5000.00 contribution
City BATAVIA State IL Zip Code 60510		
Purpose of Disbursement contribution Candidate Name Dennis Hastert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 14		
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Whitfield for Congress Committee</b>		<b>Transaction ID:</b> 12667338 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 391		Amount of Each Disbursement this Period 2000.00 contribution
City Hopkinsville State KY Zip Code 42241		
Purpose of Disbursement contribution Candidate Name Edward Whitfield Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 1		
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Doyle for Congress Committee</b>		<b>Transaction ID:</b> 12667352 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 2227 Hampton Street		Amount of Each Disbursement this Period 3000.00 contribution
City Pittsburgh State PA Zip Code 15218	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Mike Doyle		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Castle Campaign Fund</b>		<b>Transaction ID:</b> 12667251 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address PO Box 133		Amount of Each Disbursement this Period 1500.00 contribution
City Wilmington State DE Zip Code 19899	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Michael N. Castle		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 8	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Roger Wicker</b>		<b>Transaction ID:</b> 12667180 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address PO Box 874		Amount of Each Disbursement this Period 3000.00 contribution
City Tupelo State MS Zip Code 38802	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Roger Wicker		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Bob Ney for Congress</b>		<b>Transaction ID:</b> 12667217 Date of Disbursement 06 / 27 / 2006	
Mailing Address PO Box 490		Amount of Each Disbursement this Period 5000.00 contribution	
City St. Clairsville	State OH		Zip Code 43950
Purpose of Disbursement contribution			011 Category/Type
Candidate Name Bob Ney			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH District: 18			

Full Name (Last, First, Middle Initial) <b>B. Chet Edwards for Congress</b>		<b>Transaction ID:</b> 12667171 Date of Disbursement 06 / 27 / 2006	
Mailing Address PO Box 23273		Amount of Each Disbursement this Period 3000.00 contribution	
City Waco	State TX		Zip Code 76702
Purpose of Disbursement contribution			011 Category/Type
Candidate Name Chet Edwards			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 17			

Full Name (Last, First, Middle Initial) <b>C. John Shadegg's Friends</b>		<b>Transaction ID:</b> 12667342 Date of Disbursement 06 / 27 / 2006	
Mailing Address P.O. Box 45444		Amount of Each Disbursement this Period 2000.00 contribution	
City Phoenix	State AZ		Zip Code 85064
Purpose of Disbursement contribution			011 Category/Type
Candidate Name John Shadegg			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AZ District: 4			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<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)

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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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Boyd for Congress</b>		<b>Transaction ID:</b> 12667185 Date of Disbursement 06 / 27 / 2006
Mailing Address PO Box 15703		Amount of Each Disbursement this Period 2000.00 contribution
City Tallahassee	State FL	
Zip Code 32317		
Purpose of Disbursement contribution Candidate Name Allen Boyd Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 2		

Full Name (Last, First, Middle Initial) <b>B. Regula for Congress Committee</b>		<b>Transaction ID:</b> 12667175 Date of Disbursement 06 / 27 / 2006
Mailing Address 733 42nd NW		Amount of Each Disbursement this Period 5000.00 contribution
City Canton	State OH	
Zip Code 44709		
Purpose of Disbursement contribution Candidate Name Ralph Regula Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 16		

Full Name (Last, First, Middle Initial) <b>C. Donald A. Manzullo for Congress</b>		<b>Transaction ID:</b> 12667226 Date of Disbursement 06 / 27 / 2006
Mailing Address P.O. Box 7783		Amount of Each Disbursement this Period 3000.00 contribution
City Rockford	State IL	
Zip Code 61125		
Purpose of Disbursement contribution Candidate Name Donald Manzullo Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 16		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Congressman Joe Barton Committee</b>		<b>Transaction ID:</b> 12667335 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address c/o Epiphany Productions 104 Hume Avenue		Amount of Each Disbursement this Period 5000.00 contribution
City Alexandria State VA Zip Code 22301		
Purpose of Disbursement contribution Candidate Name Joe L. Barton Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 6		

Full Name (Last, First, Middle Initial) <b>B. Northup For Congress</b>		<b>Transaction ID:</b> 12667184 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 7313		Amount of Each Disbursement this Period 5000.00 contribution
City Louisville State KY Zip Code 40257		
Purpose of Disbursement contribution Candidate Name Anne Northup Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 3		

Full Name (Last, First, Middle Initial) <b>C. Marion Berry for Congress</b>		<b>Transaction ID:</b> 12667195 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address PO Box 8084		Amount of Each Disbursement this Period 1000.00 contribution
City Jonesboro State AR Zip Code 72401		
Purpose of Disbursement contribution Candidate Name Marion Berry Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 1		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Price for Congress Committee</b>		<b>Transaction ID:</b> 12667208 <b>Date of Disbursement</b> 06 / 27 / 2006
Mailing Address PO Box 1986		Amount of Each Disbursement this Period 1000.00 contribution
City Raleigh	State NC	
Zip Code 27602		
Purpose of Disbursement contribution Candidate Name David Eugene Price Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 4		

Full Name (Last, First, Middle Initial) <b>B. Friends of Don Sherwood</b>		<b>Transaction ID:</b> 12667168 <b>Date of Disbursement</b> 06 / 27 / 2006
Mailing Address 81 Warren Street		Amount of Each Disbursement this Period 5000.00 contribution
City Tunkhannock	State PA	
Zip Code 18657		
Purpose of Disbursement contribution Candidate Name Donald L. Sherwood Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 10		

Full Name (Last, First, Middle Initial) <b>C. Friends of Roy Blunt</b>		<b>Transaction ID:</b> 12667354 <b>Date of Disbursement</b> 06 / 27 / 2006
Mailing Address PO Box 50100		Amount of Each Disbursement this Period 5000.00 contribution
City Springfield	State MO	
Zip Code 65805		
Purpose of Disbursement contribution Candidate Name Roy Blunt Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO District: 7		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Sweeney For Congress</b>		<b>Transaction ID:</b> 12667209 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 1465		Amount of Each Disbursement this Period 1500.00 contribution
City Clifton Park State NY Zip Code 12065	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name John E. Sweeney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Moore for Congress</b>		<b>Transaction ID:</b> 12667220 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address PO Box 14631		Amount of Each Disbursement this Period 4000.00 contribution
City Lenexa State KS Zip Code 66285	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Dennis Moore		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Inslee For Congress</b>		<b>Transaction ID:</b> 12667344 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address PO Box 33027		Amount of Each Disbursement this Period 2000.00 contribution
City Seattle State WA Zip Code 98133	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Rep. Jay Inslee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<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)

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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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Friends Of Jeb Hensarling</b>		<b>Transaction ID:</b> 12667216 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address PO Box 820504		Amount of Each Disbursement this Period 3000.00 contribution
City Dallas State TX Zip Code 75382	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Jeb Hensarling		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Garrett For Congress</b>		<b>Transaction ID:</b> 12667210 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address PO Box 905		Amount of Each Disbursement this Period 3000.00 contribution
City Newton State NJ Zip Code 07860	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Mr. E Scott Garrett		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. David Scott For Congress</b>		<b>Transaction ID:</b> 12667236 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 225 Peachtree St Suite 1205		Amount of Each Disbursement this Period 5000.00 contribution
City Atlanta State GA Zip Code 30303	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Mr. David Scott		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<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)

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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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Rick Renzi For Congress</b>		<b>Transaction ID:</b> 12667238 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 2383		Amount of Each Disbursement this Period 5000.00 contribution
City Prescott State AZ Zip Code 86302	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Mr. Rick Renzi		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Marsha Blackburn For Congress Inc.</b>		<b>Transaction ID:</b> 12667337 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address PO Box 682185		Amount of Each Disbursement this Period 2000.00 contribution
City Franklin State TN Zip Code 37068	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Rep. Marsha Blackburn		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Geoff Davis For Congress</b>		<b>Transaction ID:</b> 12667218 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 3161 Dixie Highway Suite F		Amount of Each Disbursement this Period 2000.00 contribution
City Erlanger State KY Zip Code 41018	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Mr. Geoffrey Davis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9000.00
<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)

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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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Searchlight Leadership Fund</b>		<b>Transaction ID:</b> 12667356 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 818 Conneticut Avenue, NW Suite 1100		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20009	contribution	
Purpose of Disbursement contribution Candidate Name		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) ▼

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean For Congress</b>		<b>Transaction ID:</b> 12667244 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address PO Box 3068		Amount of Each Disbursement this Period 1000.00
City Barrington State IL Zip Code 60010	contribution	
Purpose of Disbursement contribution Candidate Name Rep. Melissa L. Bean		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 8		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Ed Royce For Congress</b>		<b>Transaction ID:</b> 12667252 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 2525		Amount of Each Disbursement this Period 1500.00
City Orange State CA Zip Code 92859	contribution	
Purpose of Disbursement contribution Candidate Name Rep. Edward Royce		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<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)

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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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Ray Meier For Congress Committee</b>		<b>Transaction ID:</b> 12667155 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address PO Box 120		Amount of Each Disbursement this Period 5000.00 contribution
City Utica State NY Zip Code 13503	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Mr. Raymond Meier		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sali For Congress</b>		<b>Transaction ID:</b> 12667160 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address PO Box 71		Amount of Each Disbursement this Period 5000.00 contribution
City Kuna State ID Zip Code 83634	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Mr. William Sali		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Weldon Victory Committee</b>		<b>Transaction ID:</b> 12674437 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address P.O. Box 1992		Amount of Each Disbursement this Period 3000.00 contribution
City Media State PA Zip Code 19063	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Curt Weldon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	13000.00
<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)

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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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Hayes for Congress</b>		<b>Transaction ID: 12674438</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address PO Box 2000		Amount of Each Disbursement this Period 2000.00 contribution
City Concord State NC Zip Code 28026	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Robin C. Hayes		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hatch Election Committee</b>		<b>Transaction ID: 12674430</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 257 East 200 South Suite 950		Amount of Each Disbursement this Period 5000.00 contribution
City Salt Lake City State UT Zip Code 84111	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Orrin G. Hatch		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Musgrave For Congress</b>		<b>Transaction ID: 12674436</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 118 W Charlotte St		Amount of Each Disbursement this Period 2000.00 contribution
City Johnstown State CO Zip Code 80534	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Marilyn Musgrave		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 4	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9000.00
<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)  
Deloitte & Touche Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Jeff Fortenberry For United States Congress</b>		<b>Transaction ID:</b> 12674432 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 1610 N Street		Amount of Each Disbursement this Period 2000.00 contribution
City Lincoln State NE Zip Code 68508	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Mr. Jeffrey Fortenberry		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends Of Mike Sodrel</b>		<b>Transaction ID:</b> 12674433 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 702 North Shore Dr, Suite 500		Amount of Each Disbursement this Period 3000.00 contribution
City Jeffersonville State IN Zip Code 47130	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Mr. Michael Sodrel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bilirakis For Congress</b>		<b>Transaction ID:</b> 12674431 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 610 S Boulevard		Amount of Each Disbursement this Period 3000.00 contribution
City Tampa State FL Zip Code 33606	011 Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Mr. Gus Bilirakis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 9	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>394700.00</b>