

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 11 02 2010 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 10 01 2010 through 10 13 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Anthony Pugliese

Signature of Treasurer Electronically Filed by Mr. Anthony Pugliese Date 10 20 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		231137.36
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	38584.27									
(c) Total Receipts (from Line 19)	6487.01	345447.38								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	45071.28	576584.74								
7. Total Disbursements (from Line 31)	21565.00	553078.46								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23506.28	23506.28								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Institute of Certified Public Accountants Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	500.00	133150.00
(ii) Unitemized	5987.01	207755.83
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6487.01	340905.83
(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)	6487.01	340905.83
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	4500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	41.55
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6487.01	345447.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6487.01	345447.38

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	1847.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	1847.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21050.00	545326.16
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	515.00	905.00
(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))	515.00	905.00
29. Other Disbursements.....	0.00	5000.00
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))..	21565.00	553078.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21565.00	553078.46

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	6487.01	340905.83
34. Total Contribution Refunds (from Line 28(d))	515.00	905.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5972.01	340000.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1847.30
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1847.30

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.

Full Name (Last, First, Middle Initial) Morris M. Oldham		Date of Receipt MM / DD / YYYY 10 / 06 / 2010
Mailing Address 2466 Cobblewood Drive		Transaction ID: 32477675
City NORTHBROOK	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer McGladrey & Pullen LLP	Occupation CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) David Scudder		Date of Receipt MM / DD / YYYY 10 / 08 / 2010
Mailing Address 1426 Roxbury Ln		Transaction ID: 32477782
City WAUCONDA	State IL	Zip Code 60084
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer McGladrey & Pullen LLP	Occupation CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

C.

Full Name (Last, First, Middle Initial) Kenneth Takahashi		Date of Receipt MM / DD / YYYY 10 / 11 / 2010
Mailing Address 50 South Beretania S Suite C210-D		Transaction ID: 32490445
City HONOLULU	State HI	Zip Code 96813-2222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
Name of Employer Kenneth M Takahashi CPA, A. A. C.	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$25.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 22

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jerome Leventhal

Mailing Address 20501 Ventura Blvd Ste 165

City State Zip Code
WOODLAND HILLS CA 91302

FEC ID number of contributing federal political committee. C

Name of Employer Jerome V. Leventhal A.C. Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: 32490448

Amount of Each Receipt this Period 0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$25.00 This changes the YTD Total to \$0.00

B.

Full Name (Last, First, Middle Initial)
John Polk

Mailing Address 1502 Augusta Dr Ste 295

City State Zip Code
HOUSTON TX 77057-2454

FEC ID number of contributing federal political committee. C

Name of Employer John H. Polk Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: 32490447

Amount of Each Receipt this Period 0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$30.00 This changes the YTD Total to \$0.00

C.

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

Mailing Address P O Box 508

City State Zip Code
CALVERT CITY KY 42029-0508

FEC ID number of contributing federal political committee. C

Name of Employer Thomas L. Smith P. S. C. Occupation CPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: 32490448

Amount of Each Receipt this Period 0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$25.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional) 0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robert Alexander		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 1 0		
	Mailing Address PO Box 711		Transaction ID: 32490449		
	City KERNERSVILLE	State NC	Zip Code 27285-0711	Amount of Each Receipt this Period 0.00	
	FEC ID number of contributing federal political committee. C		[MEMO ITEM] Refund(s) on Schedule B Totaling \$30.00 This changes the YTD Total to \$0.00		
	Name of Employer Alexander & Chandler, P. A.	Occupation		Aggregate Year-to-Date 0.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Kay Herman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 1 0		
	Mailing Address 460 27 Ave Cir NW		Transaction ID: 32490450		
	City HICKORY	State NC	Zip Code 28601	Amount of Each Receipt this Period 0.00	
	FEC ID number of contributing federal political committee. C		[MEMO ITEM] Refund(s) on Schedule B Totaling \$30.00 This changes the YTD Total to \$0.00		
	Name of Employer Kay P. Herman, CPA PA	Occupation		Aggregate Year-to-Date 0.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Stephanie Prunty		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 1 0		
	Mailing Address 2704 AUDUBON TRACE		Transaction ID: 32490451		
	City JEFFERSON	State LA	Zip Code 70121	Amount of Each Receipt this Period 0.00	
	FEC ID number of contributing federal political committee. C		[MEMO ITEM] Refund(s) on Schedule B Totaling \$30.00 This changes the YTD Total to \$0.00		
	Name of Employer Stephanie M. Prunty CPA APC	Occupation		Aggregate Year-to-Date 0.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 22
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Abraham Wilson

Mailing Address 790 WASHINGTON ST APT 607

City State Zip Code
DENVER CO 80203-3746

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

Name of Employer Occupation
McGladrey & Pullen LLP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: 32490452

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$25.00 This changes the YTD Total to \$0.00

B.

Full Name (Last, First, Middle Initial)
Dennis Nelson

Mailing Address 6611 Folsom Auburn Rd
Ste C-2

City State Zip Code
FOLSOM CA 95630

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

Name of Employer Occupation
Dennis P. Nelson CPA, P. C. CPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: 32490453

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$30.00 This changes the YTD Total to \$0.00

C.

Full Name (Last, First, Middle Initial)
Dominic Scola

Mailing Address 585 22nd St

City State Zip Code
Avalon NJ 8202

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

Name of Employer Occupation
Dominic L. Scola CPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: 32490454

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$25.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) Daniel Abramson	Date of Receipt MM / DD / YYYY 10 / 12 / 2010
Mailing Address 7115 Orchard Lake Rd Ste 420	Transaction ID: 32490455
City WEST BLOOMFIELD State MI Zip Code 48322	Amount of Each Receipt this Period 0.00
FEC ID number of contributing federal political committee. C	[MEMO ITEM] Refund(s) on Schedule B Totaling \$30.00 This changes the YTD Total to \$0.00
Name of Employer Occupation Abramson, Braun and Erfourth, PC	
Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 0.00	

B.

Full Name (Last, First, Middle Initial) Johnnie Kelly	Date of Receipt MM / DD / YYYY 10 / 12 / 2010
Mailing Address PO Box 1317	Transaction ID: 32490456
City WEST MONROE State LA Zip Code 71291	Amount of Each Receipt this Period 0.00
FEC ID number of contributing federal political committee. C	[MEMO ITEM] Refund(s) on Schedule B Totaling \$30.00 This changes the YTD Total to \$-5.00
Name of Employer Occupation Kelly & Noland, APAC	
Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ -5.00	

C.

Full Name (Last, First, Middle Initial) Geoffrey Bremer	Date of Receipt MM / DD / YYYY 10 / 12 / 2010
Mailing Address 1960 E Grand Ave Ste 410	Transaction ID: 32490457
City El Segundo State CA Zip Code 90245-5068	Amount of Each Receipt this Period 0.00
FEC ID number of contributing federal political committee. C	[MEMO ITEM] Refund(s) on Schedule B Totaling \$30.00 This changes the YTD Total to \$0.00
Name of Employer Occupation GM Bremer & Associates	
Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 0.00	

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 22

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Anthony Bruno

Mailing Address 9008 N Desperado Dr

City State Zip Code
Fountain Hills AZ 85268

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

Name of Employer Occupation
Anthony J. Bruno

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: 32490458

Amount of Each Receipt this Period
0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$30.00 This changes the YTD Total to \$0.00

B.

Full Name (Last, First, Middle Initial)

James Staley

Mailing Address 1211-B West Medical Park Rd

City State Zip Code
AUGUSTA GA 30901

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

Name of Employer Occupation
J. Stephen Staley CPA, P. C. CPA

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: 32490459

Amount of Each Receipt this Period
0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$30.00 This changes the YTD Total to \$0.00

C.

Full Name (Last, First, Middle Initial)

Louann Lawrence

Mailing Address 21 King Charles Dr

City State Zip Code
PORTSMOUTH RI 28711-363

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

Name of Employer Occupation
Louann Lawrence

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: 32490460

Amount of Each Receipt this Period
0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$30.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dennis Hicks

Mailing Address 405 Capitol St

City State Zip Code
CHARLESTON WV 25301

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

Name of Employer Occupation
Smith Cochran & Hicks PLLC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: 32490461

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$30.00 This changes the YTD Total to \$0.00

B. Full Name (Last, First, Middle Initial)
Fred Thompson

Mailing Address 1200 Dore Ave Ste 202

City State Zip Code
SAN MATEO CA 94401-1214

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

Name of Employer Occupation
Fred A. Thompson

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: 32490462

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$30.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional) ► 0.00

TOTAL This Period (last page this line number only) ► 500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends Of Jeb Hensarling Mailing Address PO Box 820504 City Dallas State TX Zip Code 75382 Purpose of Disbursement 011 Candidate Name Rep. Jeb Hensarling Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 05	Transaction ID: 32376839 Date of Disbursement 10 / 04 / 2010	Amount of Each Disbursement this Period 2000.00
B.	Full Name (Last, First, Middle Initial) Jobs Economy and Budget Fund (JEB Fund) Mailing Address 7315 Wisconsin Ave Suite 310 E City Bethesda State MD Zip Code 20814 Purpose of Disbursement 011 Candidate Name Jobs Economy and Budget Fund (JEB Fund) 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:	Transaction ID: 32376840 Date of Disbursement 10 / 04 / 2010	Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) Canseco For Congress Mailing Address 10004 Wurzbach Road #366 City San Antonio State TX Zip Code 78230 Purpose of Disbursement 011 Candidate Name Mr. Francisco Canseco Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 23	Transaction ID: 32384757 Date of Disbursement 10 / 06 / 2010	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

A.	Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress <hr/> Mailing Address P.O. Box 9336 <hr/> City Fargo State ND Zip Code 58106 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Earl Pomeroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District: 01	Transaction ID: 32420889 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 1 0	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) Lee Terry For Congress <hr/> Mailing Address PO Box 540098 <hr/> City Omaha State NE Zip Code 68154 <hr/> Purpose of Disbursement 011 Candidate Name Lee Terry Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 02	Transaction ID: 32421008 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 1 0	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Adrian Smith For Congress <hr/> Mailing Address 3321 Avenue I Suite 6 Suite 6 <hr/> City Scottsbluff State NE Zip Code 69361 <hr/> Purpose of Disbursement 011 Candidate Name Adrian Smith Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03	Transaction ID: 32422657 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 1 0	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

A.	Full Name (Last, First, Middle Initial) Boucher For Congress Committee	Transaction ID: 32432577 Date of Disbursement
	Mailing Address PO Box 2000	<input type="text" value="10"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Abingdon State VA Zip Code 24212	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Rick Boucher	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Dan Maffei	Transaction ID: 32432579 Date of Disbursement
	Mailing Address PO Box 74	<input type="text" value="10"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Syracuse State NY Zip Code 13214	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Mr. Daniel Maffei	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Royce Campaign Committee	Transaction ID: 32432582 Date of Disbursement
	Mailing Address PO Box 6765	<input type="text" value="10"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Fullerton State CA Zip Code 92834	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Edward Royce	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Grassley Committee

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

011
Category/
Type

Candidate Name
Charles Grassley

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IA District:

Transaction ID: 32432608
Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

3000.00

B.

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

Mailing Address 13155 Highway 67 Suite B

City Biloxi State MS Zip Code 39532

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Steven Palazzo

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MS District: 04

Transaction ID: 32432612
Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)
Ruben Hinojosa For Congress

Mailing Address 4415 N Mccoll Road

City Mcallen State TX Zip Code 78504

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rubin Hinojosa

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TX District: 15

Transaction ID: 32434116
Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Willard Hotel	Transaction ID: 32445821 Date of Disbursement 10 / 04 / 2010
	Mailing Address 1401 Pennsylvania Ave., NW	Amount of Each Disbursement this Period 271.22
	City Washington State DC Zip Code 20004	
	Purpose of Disbursement in kind for food costs Candidate Name Mr. Daniel Coats Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type [MEMO ITEM] in kind for food costs

B.	Full Name (Last, First, Middle Initial) Willard Hotel	Transaction ID: 32445822 Date of Disbursement 10 / 04 / 2010
	Mailing Address 1401 Pennsylvania Ave., NW	Amount of Each Disbursement this Period 271.22
	City Washington State DC Zip Code 20004	
	Purpose of Disbursement in kind for food costs Candidate Name Ron Kind Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type [MEMO ITEM] in kind for food costs

C.	Full Name (Last, First, Middle Initial) Willard Hotel	Transaction ID: 32445823 Date of Disbursement 10 / 04 / 2010
	Mailing Address 1401 Pennsylvania Ave., NW	Amount of Each Disbursement this Period 271.22
	City Washington State DC Zip Code 20004	
	Purpose of Disbursement In kind for food costs Candidate Name Rep. David A. Scott Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type [MEMO ITEM] In kind for food costs

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Willard Hotel</p> <p>Mailing Address 1401 Pennsylvania Ave., NW</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement In kind for food costs</p> <p>Candidate Name Rep. Edwin Perlmutter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 07</p>	<p>Transaction ID: 32445824</p> <p>Date of Disbursement 10 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 271.22</p> <p>[MEMO ITEM] In kind for food costs</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Willard Hotel</p> <p>Mailing Address 1401 Pennsylvania Ave., NW</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement In kind for food costs</p> <p>Candidate Name Mr. Christopher Lee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 26</p>	<p>Transaction ID: 32445826</p> <p>Date of Disbursement 10 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 271.22</p> <p>[MEMO ITEM] In kind for food costs</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) American Institute of CPAs</p> <p>Mailing Address Palladian Corporate Center 220 Leigh Farm Road</p> <p>City Durham State NC Zip Code 27707-8110</p> <p>Purpose of Disbursement In kind for room charge</p> <p>Candidate Name Mr. Daniel Coats</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District:</p>	<p>Transaction ID: 32445833</p> <p>Date of Disbursement 10 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 110.00</p> <p>In kind for room charge</p>

SUBTOTAL of Disbursements This Page (optional) ▶

110.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

A.	Full Name (Last, First, Middle Initial) American Institute of CPAs Mailing Address Palladian Corporate Center 220 Leigh Farm Road City Durham State NC Zip Code 27707-8110 Purpose of Disbursement in kind for room charge, 9.22.10 Candidate Name Ron Kind Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32445834 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	Amount of Each Disbursement this Period 110.00
B.	Full Name (Last, First, Middle Initial) American Institute of CPAs Mailing Address Palladian Corporate Center 220 Leigh Farm Road City Durham State NC Zip Code 27707-8110 Purpose of Disbursement in kind for room charge, 9.23.10 Candidate Name Rep. David A. Scott Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32445835 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	Amount of Each Disbursement this Period 110.00
C.	Full Name (Last, First, Middle Initial) American Institute of CPAs Mailing Address Palladian Corporate Center 220 Leigh Farm Road City Durham State NC Zip Code 27707-8110 Purpose of Disbursement in kind for room charge, 9.24.10 Candidate Name Rep. Edwin Perlmutter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32445836 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	Amount of Each Disbursement this Period 110.00

SUBTOTAL of Disbursements This Page (optional)	330.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

A.	Full Name (Last, First, Middle Initial) American Institute of CPAs Mailing Address Palladian Corporate Center 220 Leigh Farm Road City Durham State NC Zip Code 27707-8110 Purpose of Disbursement in kind for room charge, 9.30.10 Candidate Name Mr. Christopher Lee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32445837 Date of Disbursement 10 / 04 / 2010 Amount of Each Disbursement this Period 110.00 in kind for room charge, 9.30.10	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Colonial Parking - Willard Hotel Mailing Address 1050 Thomas Jefferson St., NW Suite100 City Washington State DC Zip Code 20007 Purpose of Disbursement in kind for prepaid parking voucher Candidate Name Mr. Daniel Coats Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32445847 Date of Disbursement 10 / 04 / 2010 Amount of Each Disbursement this Period 16.00 [MEMO ITEM] in kind for prepaid parking voucher	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Colonial Parking - Willard Hotel Mailing Address 1050 Thomas Jefferson St., NW Suite100 City Washington State DC Zip Code 20007 Purpose of Disbursement in kind for prepaid parking voucher Candidate Name Ron Kind Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32445848 Date of Disbursement 10 / 04 / 2010 Amount of Each Disbursement this Period 16.00 [MEMO ITEM] in kind for prepaid parking voucher	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

110.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

A.	Full Name (Last, First, Middle Initial) Colonial Parking - Willard Hotel <hr/> Mailing Address 1050 Thomas Jefferson St., NW Suite100 <hr/> City Washington State DC Zip Code 20007 <hr/> Purpose of Disbursement in kind for prepaid parking voucher Candidate Name Rep. David A. Scott Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32445849 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	Amount of Each Disbursement this Period 16.00
			[MEMO ITEM] in kind for prepaid parking voucher
B.	Full Name (Last, First, Middle Initial) Colonial Parking - Willard Hotel <hr/> Mailing Address 1050 Thomas Jefferson St., NW Suite100 <hr/> City Washington State DC Zip Code 20007 <hr/> Purpose of Disbursement in kind for prepaid parking voucher Candidate Name Rep. Edwin Perlmutter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32445850 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	Amount of Each Disbursement this Period 16.00
			[MEMO ITEM] in kind for prepaid parking voucher
C.	Full Name (Last, First, Middle Initial) Colonial Parking - Willard Hotel <hr/> Mailing Address 1050 Thomas Jefferson St., NW Suite100 <hr/> City Washington State DC Zip Code 20007 <hr/> Purpose of Disbursement in kind for prepaid parking voucher Candidate Name Mr. Christopher Lee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32445851 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	Amount of Each Disbursement this Period 16.00
			[MEMO ITEM] in kind for prepaid parking voucher

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Long Leaf Pine PAC

Mailing Address 607 14th St., NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011
Category/
Type

Candidate Name
Long Leaf Pine PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 32456510

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

21050.00