

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

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

FOR LINE NUMBER: PAGE 527 OF 640

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Deloitte Political Action Committee

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

A. Smith, Lisa, Tracy, ,

Mailing Address 695 E Main St  
Fl 2-6

City  
Stamford

State  
CT

Zip Code  
06901-2141

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Deloitte & Touche LLP

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2018

Transaction ID : 2018062517215-350

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

B. Smith, Scott, G, ,

Mailing Address 655 W Broadway  
Ste 700

City  
San Diego

State  
CA

Zip Code  
92101-8480

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Deloitte & Touche LLP

Occupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2018

Transaction ID : 2018062517215-1294

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Smith, Thomas, C., ,

Mailing Address 30 Rockefeller Plz

City  
New York

State  
NY

Zip Code  
10112-0015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Deloitte & Touche LLP

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2018

Transaction ID : 2018062517215-360

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

400.00

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