

**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 Political Action Committee

Full Name (Last, First, Middle Initial)

A. True North PAC

Mailing Address 1316 Alexandria Avenue

City Alexandria State VA Zip Code 22308-1072

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) Other2016

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2016

Transaction ID : B2BA7306B37754F1ABC5

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ImPACT Committee

Mailing Address 617 E. Custis Ave.

City Alexandria State VA Zip Code 22301-1296

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) Other2016

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2016

Transaction ID : B8CC7BF43773945339BD

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mooney for Congress

Mailing Address 1001 Pennsylvania Ave., NW
Suite 1300 N

City Washington State DC Zip Code 20004-2505

Purpose of Disbursement
Contribution

Candidate Name

Alex Mooney

Office Sought: House Senate President
State: WV District: 02

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2016

Transaction ID : BCE041775C7944FF9B54

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

10000.00