

**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

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)
Accenture Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Empire PAC

Mailing Address PO Box 15033

City Washington State DC Zip Code 20003

Purpose of Disbursement
Voided 12/20/13 Disbursement

011
Category/
Type

Candidate Name
Empire PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 14 / 2014

Transaction ID : 5785570

Amount of Each Disbursement this Period

-1000.00

Voided 12/20/13 Disbursement

Full Name (Last, First, Middle Initial)

B. Empire PAC

Mailing Address PO Box 15033

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution to Committee

011
Category/
Type

Candidate Name
Empire PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 14 / 2014

Transaction ID : 5785573

Amount of Each Disbursement this Period

1000.00

Contribution to Committee

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

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

0.00

0.00