



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Pension Professionals &amp; Actuaries PAC

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2013"/>  | <input type="text" value="118931.87"/> | <input type="text" value="118931.87"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="88733.13"/>  |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="22349.00"/>  | <input type="text" value="55690.00"/>  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="111082.13"/> | <input type="text" value="174621.87"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="12328.22"/>  | <input type="text" value="75867.96"/>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="98753.91"/>  | <input type="text" value="98753.91"/>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="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 Society of Pension Professionals & Actuaries PAC**

Report Covering the Period: From:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 19545.00                      | 50645.00                          |
| (ii) Unitemized .....   | 2804.00                       | 5045.00                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 22349.00                      | 55690.00                          |
| (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) .....  | 22349.00                      | 55690.00                          |
| 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                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 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 Transfers (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))..... ▶                        | 22349.00                      | 55690.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 22349.00                      | 55690.00                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated 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 .....   | 328.22                        | 847.96                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 328.22                        | 847.96                            |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 12000.00                      | 75000.00                          |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (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 .....                                  | 0.00                          | 20.00                             |
| (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)).....                            | 0.00                          | 20.00                             |
| 29. Other Disbursements .....  | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated 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)) ..      | 12328.22                      | 75867.96                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 12328.22                      | 75867.96                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 22349.00                      | 55690.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 20.00                             |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 22349.00                      | 55670.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 328.22                        | 847.96                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 328.22                        | 847.96                            |

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

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

FOR LINE NUMBER: PAGE 6 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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 Society of Pension Professionals & Actuaries PAC**

**A. Bruce L Ashton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11755 Wilshire Blvd  
 10th Floor  
 City Los Angeles State CA Zip Code 90025-1506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Reish Luftman McDaniel & Reicher Occupation Pension consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2013  
**Transaction ID : C2333947**  
 Amount of Each Receipt this Period  
 500.00

**B. Steff Chalk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4520 Cooper Rd  
 City Cincinnati State OH Zip Code 45242-5689  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fiduciary Consulting and Governance Gr Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : C2333975**  
 Amount of Each Receipt this Period  
 270.00

**C. Michelle coble**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1601 NW Expressway Ste 1310  
 City Oklahoma City State OK Zip Code 73118-1432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MetLife Occupation CRPS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : C2333976**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1070.00  
**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 7 OF 18                 |
|   | <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             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**American Society of Pension Professionals & Actuaries PAC**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Gary P Davis</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>04 / 17 / 2013<br><b>Transaction ID : C2334560</b> |
| Mailing Address 7200 S Alton Way<br>B-210   |                                    | Amount of Each Receipt this Period<br>250.00   |
| City Centennial   | State CO                           | FEC ID number of contributing federal political committee. C                                   |
|   | Zip Code 80112-2201                | Name of Employer Columbia Benefits LLC   |
|   |                                    | Occupation Information Requested   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Kevin J Donovan</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>04 / 22 / 2013<br><b>Transaction ID : C2334773</b> |
| Mailing Address Post Office Box 64130   |                                    | Amount of Each Receipt this Period<br>500.00   |
| City Tucson   | State AZ                           | FEC ID number of contributing federal political committee. C                                   |
|   | Zip Code 85728-4130                | Name of Employer Pinnacle Plan Design, PC  |
|   |                                    | Occupation Pension consultant  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Cathy Gianotto</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>04 / 08 / 2013<br><b>Transaction ID : C2333939</b> |
| Mailing Address 1041 Alder Way  |                                    | Amount of Each Receipt this Period<br>500.00   |
| City Evans  | State GA                           | FEC ID number of contributing federal political committee. C                                   |
|   | Zip Code 30809                     | Name of Employer Retirement Strategies, Incorporated   |
|   |                                    | Occupation THIRD PARTY ADMINISTRATOR   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00 |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1250.00 |
| <b>TOTAL</b> 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 OF 18                 |
|   | <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 Society of Pension Professionals & Actuaries PAC**

**A. Chris Guanciale**  
Full Name (Last, First, Middle Initial)

Mailing Address 2983 Williamsburg Cir

City Stow State OH Zip Code 44224-2886

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

Name of Employer Plan Member Financial Corporation Occupation MANAGER/SUPERVISOR CONSULTING SER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
04 / 22 / 2013  
Transaction ID : C2334772

Amount of Each Receipt this Period  
250.00

**B. Rick Herdrich**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 37

City Palatine State IL Zip Code 60078-0037

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

Name of Employer Creative Pension Design, Inc. Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
04 / 23 / 2013  
Transaction ID : C2334777

Amount of Each Receipt this Period  
500.00

**C. Douglas E Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 2699 White Road Suite 251

City Irvine State CA Zip Code 92614-6258

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

Name of Employer TriEqua Pension Services, Inc Occupation Pension consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
04 / 15 / 2013  
Transaction ID : C2334215

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

**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 9 OF 18                 |
|   | <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             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**American Society of Pension Professionals & Actuaries PAC**

**A. Michael Kane**  
Full Name (Last, First, Middle Initial)

Mailing Address 2300 Lakeview Parkway Suite 700

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Alpharetta | State<br>GA | Zip Code<br>30076 |
|--------------------|-------------|-------------------|

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

|   |                                     |
|---|-------------------------------------|
| Name of Employer<br>Michael M. Kane & Associates, LLC | Occupation<br>Information Requested |
|---|-------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  | / | 11  | / | 2013    |

**Transaction ID : C2333962**

Amount of Each Receipt this Period  
250.00

**B. Gary Kleinschmidt**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Stamford PI FI 5

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Stamford | State<br>CT | Zip Code<br>06902-6740 |
|------------------|-------------|------------------------|

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

|                                |                              |
|--------------------------------|------------------------------|
| Name of Employer<br>Legg Mason | Occupation<br>VICE PRESIDENT |
|--------------------------------|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  | / | 15  | / | 2013    |

**Transaction ID : C2333969**

Amount of Each Receipt this Period  
1000.00

**C. Michele C Kocak**  
Full Name (Last, First, Middle Initial)

Mailing Address 3030 Pebble Beach Drive

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>Ellicott City | State<br>MD | Zip Code<br>21042-2113 |
|-----------------------|-------------|------------------------|

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

|   |                                  |
|---|----------------------------------|
| Name of Employer<br>Michele C Kocak, CPC, QPA | Occupation<br>Pension consultant |
|---|----------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  | / | 15  | / | 2013    |

**Transaction ID : C2333979**

Amount of Each Receipt this Period  
250.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1500.00 |
| <b>TOTAL</b> 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 OF 18   |
| <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 Society of Pension Professionals & Actuaries PAC**

**A. Lisa Kottler**  
Full Name (Last, First, Middle Initial)

Mailing Address 1250 S Capital of Texas Hwy

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Austin | State<br>TX | Zip Code<br>78746-6446 |
|----------------|-------------|------------------------|

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

|                         |                              |
|-------------------------|------------------------------|
| Name of Employer<br>NFP | Occupation<br>VICE PRESIDENT |
|-------------------------|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 23    | / | 2013        |

**Transaction ID : C2334781**

Amount of Each Receipt this Period  
2500.00

**B. Daniel G Kravitz**  
Full Name (Last, First, Middle Initial)

Mailing Address 15760 Ventura Blvd, Suite 910

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Encino | State<br>CA | Zip Code<br>91436-3000 |
|----------------|-------------|------------------------|

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

|  |                                  |
|--|----------------------------------|
| Name of Employer<br>Louis Kravitz & Associates, In | Occupation<br>Pension consultant |
|--|----------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 11    | / | 2013        |

**Transaction ID : C2333943**

Amount of Each Receipt this Period  
2500.00

**C. Brad Lankford**  
Full Name (Last, First, Middle Initial)

Mailing Address 1500 N Oak Drive

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Plymouth | State<br>IN | Zip Code<br>46563-3431 |
|------------------|-------------|------------------------|

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

|  |                                     |
|--|-------------------------------------|
| Name of Employer<br>Niles, Lankford Group, Inc | Occupation<br>Information Requested |
|--|-------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 11    | / | 2013        |

**Transaction ID : C2333954**

Amount of Each Receipt this Period  
1000.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 6000.00 |
| <b>TOTAL</b> 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 11 OF 18               |
| <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 Society of Pension Professionals & Actuaries PAC**

**A. Daniel Liss**  
Full Name (Last, First, Middle Initial)

Mailing Address 333 7th Ave

City New York State NY Zip Code 10001-5096

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

Name of Employer Economic Group Pension Services, Inc. Occupation ACTUARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2013  
**Transaction ID : C2333948**

Amount of Each Receipt this Period  
 250.00

**B. John Moody**  
Full Name (Last, First, Middle Initial)

Mailing Address 700 17th St

City Denver State CO Zip Code 80202-3531

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

Name of Employer Matrix Settlement & Clearance Services Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : C2333980**

Amount of Each Receipt this Period  
 2500.00

**C. Dennis Reddington**  
Full Name (Last, First, Middle Initial)

Mailing Address 175 E Hawthorn Pkwy Ste 141

City Vernon Hills State IL Zip Code 60061-1475

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

Name of Employer Pension Advisory Group, Ltd. Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : C2334210**

Amount of Each Receipt this Period  
 500.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3250.00 |
| <b>TOTAL</b> 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 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Society of Pension Professionals & Actuaries PAC**

Full Name (Last, First, Middle Initial)  
**A. Mary Ann Rocco**  
 Mailing Address 419 Main St., #19  
 City State Zip Code  
 Huntington Beach CA 92648-5199  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mary Ann Rocco, EA Consulting Actuary ACTUARY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2013  
**Transaction ID : C2334783**  
 Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Steve Rosen**  
 Mailing Address 426 Queensboro Ln  
 City State Zip Code  
 Haddonfield NJ 08033-4015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Stephen H. Rosen & Associates, Inc. CONSULTANT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2013  
**Transaction ID : C2333955**  
 Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Debbie Rubin**  
 Mailing Address 10627 Millet Seed HI  
 City State Zip Code  
 Columbia MD 21044-4150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Transamerica Retirement Services MANAGER/PROD SALES  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : C2333972**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**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 13 OF 18                |
|   | <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 Society of Pension Professionals & Actuaries PAC**

Full Name (Last, First, Middle Initial)  
**A. Russell Smith**

Mailing Address 1007 Slater Rd

City Durham State NC Zip Code 27703-8057

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

Name of Employer Gordon Asset Management, LLC Occupation CONSULTANT/ PLAN DESIGN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2013  
**Transaction ID : C2333956**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Peter K Swisher**

Mailing Address 2353 Alexandria Drive, Suite 100

City Lexington State KY Zip Code 40504-3208

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

Name of Employer Unified Trust Company, NA Occupation Pension consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2013  
**Transaction ID : C2333949**

Amount of Each Receipt this Period  
 2500.00

Full Name (Last, First, Middle Initial)  
**C. Sal Tripodi**

Mailing Address 1550 Larimer St. #423

City Denver State CO Zip Code 80202

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

Name of Employer TRI Pension Services Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2013  
**Transaction ID : C2333937**

Amount of Each Receipt this Period  
 100.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3100.00 |
| <b>TOTAL</b> 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 14 OF 18               |
| <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 Society of Pension Professionals & Actuaries PAC**

Full Name (Last, First, Middle Initial)  
**A. Nelson K Yeung**

Mailing Address 17870 Castleton Street  
Suite 395

City State Zip Code  
City of Industry CA 91748-1755

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

Name of Employer Occupation  
Allied Consultants, Inc Pension consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 15 / 2013

**Transaction ID : C2334212**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Lynn Young**

Mailing Address 4835 E Cactus Rd Ste 260

City State Zip Code  
Scottsdale AZ 85254-4198

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

Name of Employer Occupation  
Coble Pension Group, LLC VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 04 / 2013

**Transaction ID : C2333938**

Amount of Each Receipt this Period  
125.00

Full Name (Last, First, Middle Initial)  
**C. Jeff Zobell**

Mailing Address 3200 S 700 E

City State Zip Code  
Salt Lake City UT 84106-1240

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

Name of Employer Occupation  
Alliance Benefit Group-Rocky Mountain THIRD PARTY ADMINISTRATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : C2333951**

Amount of Each Receipt this Period  
250.00

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 625.00   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 19545.00 |

**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)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
**American Society of Pension Professionals & Actuaries PAC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address Post Office Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card/account charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04    | / | 05    | / | 2013      |

**Transaction ID : D145694**

Amount of Each Disbursement this Period

|       |
|-------|
| 35.40 |
|-------|

Full Name (Last, First, Middle Initial)

**B. SunTrust Bank**

Mailing Address Post Office Box 85024

City Richmond State VA Zip Code 23285-5024

Purpose of Disbursement  
Credit Card/account charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04    | / | 10    | / | 2013      |

**Transaction ID : D145695**

Amount of Each Disbursement this Period

|      |
|------|
| 8.20 |
|------|

Full Name (Last, First, Middle Initial)

**C. SunTrust Bank**

Mailing Address Post Office Box 85024

City Richmond State VA Zip Code 23285-5024

Purpose of Disbursement  
Credit Card/account charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04    | / | 10    | / | 2013      |

**Transaction ID : D145696**

Amount of Each Disbursement this Period

|       |
|-------|
| 79.83 |
|-------|

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

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

|        |
|--------|
| 123.43 |
|--------|

|  |
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|  |
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**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 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)  
**American Society of Pension Professionals & Actuaries PAC**

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Mailing Address Post Office Box 85024

City Richmond State VA Zip Code 23285-5024

Purpose of Disbursement  
Credit Card/account charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 1 | 0 |   | 2 | 0 | 1 | 3 |

Transaction ID : D145697

Amount of Each Disbursement this Period

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 2 | 0 | 4 | . | 7 | 9 |
|---|---|---|---|---|---|

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

Amount of Each Disbursement this Period

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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)..... ▶

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 2 | 0 | 4 | . | 7 | 9 |
|---|---|---|---|---|---|

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 3 | 2 | 8 | . | 2 | 2 |
|---|---|---|---|---|---|

**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 Society of Pension Professionals & Actuaries PAC**

Full Name (Last, First, Middle Initial)

**A. BADGERPAC**

Mailing Address 1831 Bay Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2013

**Transaction ID : D145690**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. PORT PAC**

Mailing Address 8331 Little Harbor Dr

City Cincinnati State OH Zip Code 45244-2768

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2013

**Transaction ID : D145689**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. HUIZENGA FOR CONGRESS**

Mailing Address 441 WILLIAMS COURT

City ZEELAND State MI Zip Code 49464

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Rep. Bill Huizenga**

Office Sought:  House  Senate  President

State: MI District: 02

Disbursement For: 2014  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2013

**Transaction ID : D145693**

Amount of Each Disbursement this Period

1000.00

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

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

11000.00

**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)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 Society of Pension Professionals & Actuaries PAC**

Full Name (Last, First, Middle Initial)

**A. DIANE BLACK FOR CONGRESS**

Mailing Address PO BOX 1437

City State Zip Code  
GALLATIN TN 37066

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Rep. Diane Black**

Office Sought:  House  
 Senate  
 President  
State: TN District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 25    | / | 2013        |

**Transaction ID : D145692**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Full Name (Last, First, Middle Initial)

**B. KRISTI FOR CONGRESS**

Mailing Address PO BOX 852

City State Zip Code  
SIOUX FALLS SD 57101

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Rep. Kristi Noem**

Office Sought:  House  
 Senate  
 President  
State: SD District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 25    | / | 2013        |

**Transaction ID : D145691**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y 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)..... ▶

|         |
|---------|
| 1000.00 |
|---------|

|          |
|----------|
| 12000.00 |
|----------|