

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Society of Pension Professionals & Actuaries PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 7 | | 160628.20 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 7 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 152174.59 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 20865.67 | 72344.03 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 173040.26 | 232972.23 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 10633.83 | 70565.80 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 162406.43 | 162406.43 | | | | | | | | |
| 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 Society of Pension Professionals & Actuaries PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 0 | 1 |

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|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To:

| | |
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| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| 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 | 17716.67 | 56933.35 |
| (i) Itemized (use Schedule A) | 3149.00 | 15410.68 |
| (ii) Unitemized | | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 20865.67 | 72344.03 |
| (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) | 20865.67 | 72344.03 |
| 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 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)) | 20865.67 | 72344.03 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 20865.67 | 72344.03 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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..... | 133.83 | 1416.72 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 133.83 | 1416.72 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 10500.00 | 69149.08 |
| 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 | 0.00 | 0.00 |
| (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 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 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)).. | 10633.83 | 70565.80 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 10633.83 | 70565.80 |

DETAILED SUMMARY PAGE
of Disbursements

| 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) | 20865.67 | 72344.03 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 20865.67 | 72344.03 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 133.83 | 1416.72 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 133.83 | 1416.72 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 19 |
| | <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 Society of Pension Professionals & Actuaries PAC

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Donna Brewster | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 7 | |
| Mailing Address 7575 Tyler Blvd, Suite A-4 | | Transaction ID: SA11A1.7890 | |
| City State Zip Code Mentor OH 44060-4882 | Amount of Each Receipt this Period 41.67 | | |
| FEC ID number of contributing federal political committee. C | | contribution | |
| Name of Employer Brewster & Brewster, Inc | Occupation Pension consultant | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.03 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Alex M Brucker | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 7 | |
| Mailing Address 10880 Wilshire Blvd, Suite 2210 | | Transaction ID: SA11A1.7899 | |
| City State Zip Code Los Angeles CA 90024-4101 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | contribution | |
| Name of Employer Brucker Morra, APC | Occupation Pension consultant | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Michael E Callahan | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7 | |
| Mailing Address 72 Queen Street | | Transaction ID: SA11A1.7861 | |
| City State Zip Code Southington CT 06489 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | contribution | |
| Name of Employer PenTec, Inc | Occupation Pension consultant | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1541.67 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 19 |
| | <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. Full Name (Last, First, Middle Initial)
Ms Heidi J. Cook

Mailing Address 3300 North A Street
Suite 7-270

City Midland State TX Zip Code 79705

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

Name of Employer InWest Retirement Solutions, I Occupation retirement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.7908

Amount of Each Receipt this Period
500.00

contribution

B. Full Name (Last, First, Middle Initial)
Steven D Cooper

Mailing Address 18682 Beach Blvd, Suite 250

City Huntington Beach State CA Zip Code 92648-2048

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

Name of Employer SDCooper Company Occupation Pension consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.7871

Amount of Each Receipt this Period
1000.00

contribution

C. Full Name (Last, First, Middle Initial)
Stephen L Dobrow

Mailing Address 875 Mahler Road, Suite 105

City Burlingame State CA Zip Code 94010-1615

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

Name of Employer Primark Benefits Occupation Pension consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.7898

Amount of Each Receipt this Period
500.00

contribution

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 19 |
| | <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. Full Name (Last, First, Middle Initial)
Mark K Dunbar

Mailing Address 437 Grant Street, Suite 1100

City State Zip Code
Pittsburgh PA 15219-6002

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

Name of Employer Occupation
Dunbar, Bender & Zapf, Inc 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
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.7883

Amount of Each Receipt this Period
500.00

contribution

B. Full Name (Last, First, Middle Initial)
James E Farley

Mailing Address 90 Hudson St

City State Zip Code
Jersey City NJ 07302-3900

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

Name of Employer Occupation
Lord, Abbett & Company 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
1 0 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.7863

Amount of Each Receipt this Period
500.00

contribution

C. Full Name (Last, First, Middle Initial)
James R Feutz

Mailing Address PO Box 82040

City State Zip Code
Tampa FL 33682-2040

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

Name of Employer Occupation
Suncoast Pension & Benefit Group, Inc Pension consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.7875

Amount of Each Receipt this Period
2000.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 19 |
| | <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. Gerald F Foran, Jr. | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7 |
| Mailing Address 60 W Broad Street Suite 302 | | Transaction ID: SA11A1.7886 |
| City State Zip Code Bethlehem PA 18018-5701 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | contribution |
| Name of Employer Occupation GF Pension Corporation Pension consultant | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Karen L Franklin | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7 |
| Mailing Address 18682 Beach Blvd, Suite 200 | | Transaction ID: SA11A1.7872 |
| City State Zip Code Huntington Beach CA 92648-2048 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | contribution |
| Name of Employer Occupation SDCooper Company Pension consultant | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Thomas H Gellman | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7 |
| Mailing Address 1125 NE 125th Street Suite 250 | | Transaction ID: SA11A1.7921 |
| City State Zip Code North Miami FL 33161-5014 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | contribution |
| Name of Employer Occupation ERISA Pension Systems Pension consultant | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 19 |
| | <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. Full Name (Last, First, Middle Initial)
W. David Hand

Mailing Address 5700 Northwest Central Drive
Suite 400

City State Zip Code
Houston TX 77092-2092

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

Name of Employer Occupation
Hand Benefits & Trust, Inc Pension Consultant

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.7879

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Richard A Hochman

Mailing Address Post Office Box 196

City State Zip Code
Butler NJ 07405-1370

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

Name of Employer Occupation
McKay Hochman Company, Inc Pension consultant

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.7916

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Karen A Jordan

Mailing Address 400 D Street
Suite 300

City State Zip Code
Anchorage AK 99501-2342

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

Name of Employer Occupation
Alaska Pension Services, Ltd Pension consultant

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.7885

Amount of Each Receipt this Period
1000.00

contribution

| | | |
|--|---|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 19 |
| | <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. Full Name (Last, First, Middle Initial)
Petros P Koumantaros

Mailing Address 6402 19th St W

City Tacoma State WA Zip Code 98466-6130

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

Name of Employer Spectrum Pension Consultants Occupation Pension consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.7913

Amount of Each Receipt this Period
100.00

contribution

B. Full Name (Last, First, Middle Initial)
Yannis Koumantaros

Mailing Address 6402 19th Street W

City Tacoma State WA Zip Code 98466-6130

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

Name of Employer Spectrum Pension Consultants Occupation Pension consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.7912

Amount of Each Receipt this Period
100.00

contribution

C. Full Name (Last, First, Middle Initial)
Barry S Kublin

Mailing Address 6 Rhoads Drive, Suite 7

City Utica State NY Zip Code 13502-6317

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

Name of Employer Benefit Plans Administrators Occupation 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
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.7876

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 450.00

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 19 |
| | <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. Full Name (Last, First, Middle Initial)
Richard D Landsberg

Mailing Address 1 Nationwide Plaza
Suite 01-10-05

City Columbus State OH Zip Code 43125-2239

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

Name of Employer Nationwide Financial Services Occupation Pension consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.7887

Amount of Each Receipt this Period
350.00

contribution

B. Full Name (Last, First, Middle Initial)
Theresa Lensander

Mailing Address 136 W Canon Perdido Street

City Santa Barbara State CA Zip Code 93101-3242

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

Name of Employer The American Pension Company Occupation 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
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.7882

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Miriam G Matrangola

Mailing Address 120 W Street Road

City Kennett Square State PA Zip Code 19348-1614

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

Name of Employer Atlantic Pension Services, Inc Occupation 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
1 0 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.7910

Amount of Each Receipt this Period
250.00

contribution

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 850.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 19 |
| | <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. Dale C Rogers | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7 | |
| Mailing Address 7004 Mira Vista Blvd | | Transaction ID: SA11A1.7920 | |
| City State Zip Code Fort Worth TX 76132-4507 | | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | contribution | |
| Name of Employer Occupation Rogers & Associates Pension consultant | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Sheldon H Smith | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7 | |
| Mailing Address 555 17th Street, Suite 3200 | | Transaction ID: SA11A1.7924 | |
| City State Zip Code Denver CO 80202-3950 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | contribution | |
| Name of Employer Occupation Holland & Hart, LLP Pension consultant | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Valeri Stevens | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7 | |
| Mailing Address 3838 W Carson Street Suite 112 | | Transaction ID: SA11A1.7888 | |
| City State Zip Code Torrance CA 90503-6708 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | contribution | |
| Name of Employer Occupation Main Street Benefits, Inc Pension consultant | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 19 |
| | <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. Full Name (Last, First, Middle Initial)
George J Taylor

Mailing Address Post Office Box 1318

City State Zip Code
State College PA 16801-7097

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

Name of Employer Occupation
ARIS Corporation of America 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
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.7881

Amount of Each Receipt this Period
500.00

contribution

B. Full Name (Last, First, Middle Initial)
Sal L Tripodi

Mailing Address 9457 S University Blvd
PMB 120

City State Zip Code
Highlands Ranch CO 80126-4976

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

Name of Employer Occupation
TRI Pension Services Pension consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.7902

Amount of Each Receipt this Period
1000.00

contribution

C. Full Name (Last, First, Middle Initial)
Nan Underhill

Mailing Address 2203 N Lois Ave, Suite M-350

City State Zip Code
Tampa FL 33607-2370

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

Name of Employer Occupation
Retirement Plan Services, Inc 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
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.7880

Amount of Each Receipt this Period
250.00

contribution

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 19 |
| | <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. Full Name (Last, First, Middle Initial)
Nicholas J White

Mailing Address 11755 Wilshire Blvd, 10th Floor

City State Zip Code
Los Angeles CA 90025-1506

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

Name of Employer Occupation
Reish Luftman McDaniel & Reicher Pension consultant

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.7862

Amount of Each Receipt this Period
500.00

contribution

B. Full Name (Last, First, Middle Initial)
Mr. Richard M. White

Mailing Address 605 Lake Placid Drive

City State Zip Code
Sequin TX 78155

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

Name of Employer Occupation
The Benefit Shop LLC retirement professional

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.7906

Amount of Each Receipt this Period
500.00

contribution

C. Full Name (Last, First, Middle Initial)
Lynn M Young

Mailing Address 2415 E Cambelback Road Suite 960

City State Zip Code
Phoenix AZ 85016-4209

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

Name of Employer Occupation
Coble Pension Group, LLC Pension consultant

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.7857

Amount of Each Receipt this Period
125.00

contribution

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1125.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | | | |
|--|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 16 / 19 | |
| | (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"/> 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. Full Name (Last, First, Middle Initial)
Lawrence Zeller

Mailing Address 991 US Highway 22

City State Zip Code
Bridgewater NJ 08807-2956

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

Name of Employer Preferred Pension Planning 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 |
| 1 | 0 | / | 2 | 9 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11A1.7901

Amount of Each Receipt this Period
500.00

contribution

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 500.00 |
| TOTAL This Period (last page this line number only) | ▶ | 17716.67 |

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)

PAGE 17 / 19

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 | | Transaction ID: SB21B.7925 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7 |
| Mailing Address Post Office Box 53852 | | Amount of Each Disbursement this Period 5.95 |
| City Phoenix State AZ Zip Code 85072-3852 | 001 Category/ Type | |
| Purpose of Disbursement Candidate Name | | |
| 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: | | |

| | | |
|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) B. American Express | | Transaction ID: SB21B.7926 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7 |
| Mailing Address Post Office Box 53852 | | Amount of Each Disbursement this Period 49.66 |
| City Phoenix State AZ Zip Code 85072-3852 | 001 Category/ Type | |
| Purpose of Disbursement Candidate Name | | |
| 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: | | |

| | | |
|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) C. SunTrust Bank | | Transaction ID: SB21B.7927 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7 |
| Mailing Address Post Office Box 85024 | | Amount of Each Disbursement this Period 78.22 |
| City Richmond State VA Zip Code 23285-5024 | 001 Category/ Type | |
| Purpose of Disbursement Candidate Name | | |
| 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: | | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 133.83 |
| TOTAL This Period (last page this line number only) ▶ | 133.83 |

**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. BENJAMIN L CARDIN | | Transaction ID: SB23.7939 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO BOX 21093 | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 0 | 2 | / | 2 | 0 | 0 | 7 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | / | 0 | 2 | / | 2 | 0 | 0 | 7 | | | | | | | | | | | | | | |
| City CATONSVILLE | State MD | Zip Code 21228 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement contribution | | Category/Type 011 | 1000.00 | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Cardin, Benjamin L | | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |
| State: MD District: 03 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial) B. BENJAMIN L CARDIN | | Transaction ID: SB23.7941 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO BOX 21093 | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 0 | 2 | / | 2 | 0 | 0 | 7 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | / | 0 | 2 | / | 2 | 0 | 0 | 7 | | | | | | | | | | | | | | |
| City CATONSVILLE | State MD | Zip Code 21228 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement contribution | | Category/Type 011 | 1000.00 | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Cardin, Benjamin L | | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |
| State: MD District: 03 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial) C. STEPHANIE TUBBS JONES | | Transaction ID: SB23.7931 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 11301 WADE PARK | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 1 | 5 | / | 2 | 0 | 0 | 7 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | / | 1 | 5 | / | 2 | 0 | 0 | 7 | | | | | | | | | | | | | | |
| City CLEVELAND | State OH | Zip Code 44106 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement contribution | | Category/Type 011 | 1000.00 | | | | | | | | | | | | | | | | | | | | |
| Candidate Name STEPHANIE TUBBS JONES | | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |
| State: OH District: 11 | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|---------|
| 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)

PAGE 19 / 19

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. NODAK PAC | | Transaction ID: SB23.7934 | |
| Mailing Address Post Office Box 9336 | | Date of Disbursement 10 / 03 / 2007 | |
| City Fargo | State ND | Zip Code 58106 | Amount of Each Disbursement this Period 5000.00 |
| Purpose of Disbursement contribution | | 011 Category/Type | |
| Candidate Name Earl Ralph Pomeroy | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: ND | District: 00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. PROSPERITY HELPS INSPIRE LIBERTY POLITICAL ACTION COMMITTEE (PHILPAC) | | Transaction ID: SB23.7935 | |
| Mailing Address PO BOX 26366 | | Date of Disbursement 10 / 09 / 2007 | |
| City ALEXANDRIA | State VA | Zip Code 22313 | Amount of Each Disbursement this Period 2500.00 |
| Purpose of Disbursement contribution | | 011 Category/Type | |
| Candidate Name PHILIP S. ENGLISH | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: PA | District: 03 | | |

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

10500.00