

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
American Society of Pension Professionals & Actuaries PAC

ADDRESS (number and street) 4245 N Fairfax Drive  
Suite 750  
 Check if different than previously reported. (ACC)  
Arlington VA 22203-1637

2. **FEC IDENTIFICATION NUMBER** C00333104  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 11 25 2008 through 12 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Brian H. Graff, Esq.

Signature of Treasurer Electronically Filed by Mr. Brian H. Graff, Esq. Date 03 17 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		143670.67
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	123596.66									
(c) Total Receipts (from Line 19) .....	5325.00	85460.67								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	128921.66	229131.34								
7. Total Disbursements (from Line 31) .....	1151.85	101361.53								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	127769.81	127769.81								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	3675.00	69917.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	1650.00	15543.67
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5325.00	85460.67
(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) .....	5325.00	85460.67
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)) .....	5325.00	85460.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5325.00	85460.67

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	151.85	2786.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	151.85	2786.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	98500.00
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	75.00
(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	75.00
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))..	1151.85	101361.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1151.85	101361.53

**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) .....	5325.00	85460.67
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	75.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5325.00	85385.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	151.85	2786.53
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	151.85	2786.53

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 11  
(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"/> 14	<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

**A.**

Full Name (Last, First, Middle Initial) Susan J Chambers		Date of Receipt MM / DD / YYYY 12 / 01 / 2008
Mailing Address 5051 Journal Center Blvd Suite 320		<b>Transaction ID:</b> SA11AI.8559
City Albuquerque	State NM	Zip Code 87109-5907
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Chambers Benefit Group, PC	Occupation Pension consultant	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) James Comer		Date of Receipt MM / DD / YYYY 12 / 09 / 2008
Mailing Address 5250 77 Center Drive		<b>Transaction ID:</b> SA11AI.8581
City Charlotte	State NC	Zip Code 28217-0709
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer CBH Pensions, Inc	Occupation Pension consultant	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Douglas E Jones		Date of Receipt MM / DD / YYYY 12 / 08 / 2008
Mailing Address 2699 White Road Suite 251		<b>Transaction ID:</b> SA11AI.8567
City Irvine	State CA	Zip Code 92614-6258
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer TriEqua Pension Services, Inc	Occupation Pension consultant	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<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: PAGE 7 / 11  
(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"/> 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)  
Stephanie D Katz

Mailing Address 8639B 16 Street, Suite 109

City State Zip Code  
Silver Spring MD 20910-2273

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
CETA Benefit Consulting Pension consultant  
Group, LLC

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

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 09 / 2008

**Transaction ID:** SA11AI.8579

Amount of Each Receipt this Period  
250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
David Kobrine

Mailing Address 17748 Sky Park Cir  
Suite 240

City State Zip Code  
Irvine CA 92614-6420

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Pension Benefits Unlimite- VICE PRESIDENT  
d, In

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

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 09 / 2008

**Transaction ID:** SA11AI.8562

Amount of Each Receipt this Period  
250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Karen McBride

Mailing Address 12 S 6th Street, Suite 1111

City State Zip Code  
Minneapolis MN 55402-1508

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Pension Consultants, 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  
11 / 26 / 2008

**Transaction ID:** SA11AI.8556

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 750.00

**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: PAGE 8 / 11  
(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

**A.** Full Name (Last, First, Middle Initial)  
Patricia M Monju

Mailing Address 400 Poydras Street  
Suite 1840

City State Zip Code  
New Orleans LA 70130-3245

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

Name of Employer Occupation  
Horne Business Services, Pension consultant  
LLC

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 290.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 09 / 2008

**Transaction ID:** SA11AI.8585

Amount of Each Receipt this Period  
50.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Gwen S O'Connell

Mailing Address Post Office Box 689

City State Zip Code  
Eugene OR 97440-0689

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

Name of Employer Occupation  
Gwen O'Connell Pension Co- Pension consultant  
nsulting, Inc

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

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 08 / 2008

**Transaction ID:** SA11AI.8566

Amount of Each Receipt this Period  
1000.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Howard M Phillips

Mailing Address 60 Route 46

City State Zip Code  
Fairfield NJ 07004-3027

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

Name of Employer Occupation  
Howard M Phillips, EA 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  
12 / 15 / 2008

**Transaction ID:** SA11AI.8558

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

**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:		PAGE 9 / 11	
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lynn M Young		Date of Receipt		
	Mailing Address 2415 E Cambelback Road Suite 960		M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 8		
	City Phoenix	State AZ	Zip Code 85016-4209	<b>Transaction ID:</b> SA11AI.8583	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00		
	Name of Employer Coble Pension Group, LLC	Occupation Pension consultant		contribution	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	125.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3675.00

# 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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address Post Office Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8587</p> <p>Date of Disbursement 12 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5.95</p> <p>001 Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address Post Office Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8588</p> <p>Date of Disbursement 12 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 39.85</p> <p>001 Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) SunTrust Bank</p> <p>Mailing Address Post Office Box 85024</p> <p>City Richmond State VA Zip Code 23285-5024</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8589</p> <p>Date of Disbursement 12 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 103.81</p> <p>001 Category/Type</p>

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

149.61

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

149.61

**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 11 / 11

<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

A.

Full Name (Last, First, Middle Initial)  
SALAZAR FOR SENATE

Mailing Address PO BOX 600

City DENVER State CO Zip Code 80201

Purpose of Disbursement contribution

Candidate Name  
SALAZAR FOR SENATE

Office Sought:  House  
 Senate  
 President

State: CO District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.8554

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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