

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 08 01 2011 through 08 31 2011

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 09 20 2011

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
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		110819.47
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	111462.33									
(c) Total Receipts (from Line 19)	3865.00	58111.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	115327.33	168930.47								
7. Total Disbursements (from Line 31)	7621.63	61224.77								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	107705.70	107705.70								
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
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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		
(i) Itemized (use Schedule A)	3750.00	51550.00
(ii) Unitemized	115.00	6561.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3865.00	58111.00
(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)	3865.00	58111.00
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 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))	3865.00	58111.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3865.00	58111.00

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.....	121.63	1724.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	121.63	1724.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	7500.00	58500.00
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	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	1000.00
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))..	7621.63	61224.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7621.63	61224.77

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)	3865.00	58111.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3865.00	58111.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	121.63	1724.77
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	121.63	1724.77

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 10
(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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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) Ilene H Ferenczy		Date of Receipt MM / DD / YYYY 08 / 02 / 2011	
Mailing Address 2897 N Druid Hills Road Suite 123		Transaction ID: SA11AI.10190	
City Atlanta	State GA	Zip Code 30329-3924	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer The Law Offices of Ilene H F	Occupation Pension consultant	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.

Full Name (Last, First, Middle Initial) James J McKinney		Date of Receipt MM / DD / YYYY 08 / 12 / 2011	
Mailing Address 3736 Executive Center Dr		Transaction ID: SA11AI.10191	
City Augusta	State GA	Zip Code 30907-2360	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Retirement Strategies Inc- orpor	Occupation	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.

Full Name (Last, First, Middle Initial) Kurt Piper		Date of Receipt MM / DD / YYYY 08 / 30 / 2011	
Mailing Address 2554 Lincoln Blvd PMB 105		Transaction ID: SA11AI.10207	
City Venice	State CA	Zip Code 90291-5082	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Piper Pension and Profit Sharing	Occupation Pension consultant	Aggregate Year-to-Date 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	3250.00
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 7 / 10	
	(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) Edna H. Russo		Date of Receipt		
	Mailing Address 500 Plaza Drive, 7th Floor		M M / D D / Y Y Y Y 08 / 22 / 2011		
	City	State	Zip Code	Transaction ID: SA11AI.10206	
	Secaucus	NJ	07726	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		C	500.00	
	Name of Employer AXA Equitable Life Insurance		Occupation Vice President	Contribution	
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)	500.00
TOTAL This Period (last page this line number only)	3750.00

**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

A.	Full Name (Last, First, Middle Initial) American Express Mailing Address Post Office Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10219 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 1 Amount of Each Disbursement this Period 7.95 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) American Express Mailing Address Post Office Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10220 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 1 1 Amount of Each Disbursement this Period 36.88 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address Post Office Box 85024 City Richmond State VA Zip Code 23285-5024 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10221 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 1 1 Amount of Each Disbursement this Period 76.80 001 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	121.63
TOTAL This Period (last page this line number only)	121.63

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

A.	Full Name (Last, First, Middle Initial) Georgians for Isakson	Transaction ID: SB23.10216 Date of Disbursement
	Mailing Address 900 19th Street, NW, 8th Floor	<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City Wasington State DC Zip Code 20006	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/Type
	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) GERLACH, JIM	Transaction ID: SB23.10211 Date of Disbursement
	Mailing Address 649 DEEP HOLLOW LANE	<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City CHESTER SPRINGS State PA Zip Code 19425	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC	Transaction ID: SB23.10218 Date of Disbursement
	Mailing Address 175 SOUTH WEST TEMPLE SUITE 650	<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City SALT LAKE CITY State UT Zip Code 84101	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	<input type="text" value="011"/> Category/Type
	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 10 / 10

<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)
KRISTI FOR CONGRESS

Transaction ID: SB23.10213

Date of Disbursement

Mailing Address PO BOX 852

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	1

City State Zip Code
SIOUX FALLS SD 57101

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

500.00

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

7500.00
