

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

The American Society of Pension Professionals and Actuaries Political Action Committee (ASPPA-NAPA PAC)

ADDRESS (number and street) 4245 N. Fairfax Drive Suite 750 Arlington VA 22203

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00333104

3. IS THIS REPORT NEW (N) OR AMENDED (A)

### 4. TYPE OF REPORT

- (a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5) [checked], Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). Election on [MM/DD/YYYY] in the State of [ ]

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on [MM/DD/YYYY] in the State of [ ]

5. Covering Period 04/01/2015 through 04/30/2015

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 Brian H. Graff

Signature of Treasurer Brian H. Graff [Electronically Filed] Date 05/20/2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

The American Society of Pension Professionals and Actuaries Political Action Committee (ASPPA-NAPA PAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="151013.12"/>	<input type="text" value="151013.12"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="166268.89"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4825.00"/>	<input type="text" value="38666.99"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="171093.89"/>	<input type="text" value="189680.11"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3869.48"/>	<input type="text" value="22455.70"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="167224.41"/>	<input type="text" value="167224.41"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on 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

The American Society of Pension Professionals and Actuaries Political Action Committee (ASPPA-NAPA PAC)

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

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).....	4725.00	36814.00
(ii) Unitemized .....	100.00	1352.99
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4825.00	38166.99
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	4825.00	38666.99
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))..... ▶	4825.00	38666.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4825.00	38666.99

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B 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 .....	369.48	955.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	369.48	955.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	21500.00
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	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) 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)) ..	3869.48	22455.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3869.48	22455.70

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	4825.00	38666.99
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4825.00	38666.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	369.48	955.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	369.48	955.70

**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 6 OF 12
	<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)  
**The American Society of Pension Professionals and Actuaries Political Action Committee (ASPPA-NAPA PAC)**

**A. Rebecca L Cardillo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2707 W Azeele Street, Suite 200  
 City Tampa State FL Zip Code 33609-5601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Pension Services Occupation Pension consultant  
 Receipt For: 2015  
 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 / 24 / 2015  
**Transaction ID : C3007334**  
 Amount of Each Receipt this Period  
 500.00

**B. Trina Gross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 Westwood Pl  
 City Brentwood State TN Zip Code 37027-7554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Acuff & Associates, Inc. Occupation VICE PRESIDENT  
 Receipt For: 2015  
 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 / 24 / 2015  
**Transaction ID : C3007339**  
 Amount of Each Receipt this Period  
 1000.00

**C. Elizabeth T Hallam**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3101 Peer PL  
 City Denville State NJ Zip Code 07834-3715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AXA Equitable Insurance Compan Occupation Pension consultant  
 Receipt For: 2015  
 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 / 02 / 2015  
**Transaction ID : C3007328**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<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 7 OF 12
	<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)  
**The American Society of Pension Professionals and Actuaries Political Action Committee (ASPPA-NAPA PAC)**

**A. Todd Heller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20900 NE 30th Avenue  
 City Aventura State FL Zip Code 33180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heller Pension Associates, Inc. Occupation PRESIDENT  
 Receipt For: 2015  
 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 / 24 / 2015  
**Transaction ID : C3007335**  
 Amount of Each Receipt this Period  
 250.00

**B. Joni L Jennings**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3700 Crestwood Pkwy NW Suite 550  
 City Duluth State GA Zip Code 30096-7157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pension Financial Services Occupation Pension consultant  
 Receipt For: 2015  
 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 / 25 / 2015  
**Transaction ID : C3007341**  
 Amount of Each Receipt this Period  
 250.00

**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: 2015  
 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 / 24 / 2015  
**Transaction ID : C3007338**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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 8 OF 12  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**The American Society of Pension Professionals and Actuaries Political Action Committee (ASPPA-NAPA PAC)**

Full Name (Last, First, Middle Initial)  
**A. Jim Jordan**

Mailing Address 100 Stony Point Road, Suite 216

City State Zip Code  
Santa Rosa CA 95401-4133

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

Name of Employer Occupation  
Jordan & Associates Pension consultant

Receipt For: 2015  
 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 / 09 / 2015  
**Transaction ID : C3007326**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Rob Kobrine**

Mailing Address 17748 Sky Park Cir

City State Zip Code  
Irvine CA 92614

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

Name of Employer Occupation  
Pension Benefits Unlimited Vice President

Receipt For: 2015  
 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 / 24 / 2015  
**Transaction ID : C3007340**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Kathleen Roche**

Mailing Address 29 Sawyer Rd

City State Zip Code  
Waltham MA 02453

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

Name of Employer Occupation  
Commonwealth Financial Network Director, Retirement Programs

Receipt For: 2015  
 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 / 16 / 2015  
**Transaction ID : C3007333**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**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 OF 12  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The American Society of Pension Professionals and Actuaries Political Action Committee (ASPPA-NAPA PAC)**

**A. Sal Tripodi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1550 Larimer St. #423  
 City State Zip Code  
 Denver CO 80202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TRI Pension Services PRESIDENT  
 Receipt For: 2015  
 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 / 09 / 2015  
**Transaction ID : C3007325**  
 Amount of Each Receipt this Period  
 100.00

**B. Lynn Young**  
 Full Name (Last, First, Middle Initial)  
 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: 2015  
 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 / 09 / 2015  
**Transaction ID : C3007324**  
 Amount of Each Receipt this Period  
 125.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4725.00

**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)

The American Society of Pension Professionals and Actuaries Political Action Committee (ASPPA-NAPA 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/ Accounting Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	5

Transaction ID : D166078

Amount of Each Disbursement this Period

1	8	3	.	2	1
---	---	---	---	---	---

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/ Accounting Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	5

Transaction ID : D166075

Amount of Each Disbursement this Period

1	3	.	1	6
---	---	---	---	---

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/ Accounting Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	5

Transaction ID : D166076

Amount of Each Disbursement this Period

5	2	.	6	8
---	---	---	---	---

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

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

2	4	9	.	0	5
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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)  
**The American Society of Pension Professionals and Actuaries Political Action Committee (ASPPA-NAPA 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/ Accounting Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2015

**Transaction ID : D166077**

Amount of Each Disbursement this Period

120.43
--------

**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 M	/	D D D	/	Y Y 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 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)..... ▶

120.43
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369.48
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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 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)

The American Society of Pension Professionals and Actuaries Political Action Committee (ASPPA-NAPA PAC)

Full Name (Last, First, Middle Initial)

**A. RYAN FOR CONGRESS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2015

Mailing Address PO BOX 1488

Transaction ID : D166086

City State Zip Code  
JANESVILLE WI 53547

Amount of Each Disbursement this Period

1500.00
---------

Purpose of Disbursement  
Candidate contribution

--

Candidate Name

Rep. Paul D. Ryan

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Full Name (Last, First, Middle Initial)

**B. RICK W. ALLEN FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2015

Mailing Address P. O. BOX 338

Transaction ID : D166079

City State Zip Code  
AUGUSTA GA 30903

Amount of Each Disbursement this Period

2000.00
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Purpose of Disbursement  
Candidate contribution

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Candidate Name

Rep. Rick W. Allen

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: GA District: 12

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

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City State Zip Code

Purpose of Disbursement

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Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

3500.00
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**TOTAL** This Period (last page this line number only)..... ▶

3500.00
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