

# 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**  
**AMERICAN SOCIETY OF PENSION PROFESSIONALS & ACTUARIES NTSA PAC**

ADDRESS (number and street) **4401 N Fairfax Drive**  
**Suite 600**  
 Check if different than previously reported. (ACC) **ARLINGTON VA 22203**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00515049** 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 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)  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 (12S)  
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  /  /  2023 through  /  /  2023

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 **Glassey, Nathan, , ,**

Signature of Treasurer **Glassey, Nathan, , ,** Date  /  /  2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**AMERICAN SOCIETY OF PENSION PROFESSIONALS & ACTUARIES NTSA 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="2023"/>	<input type="text" value="- 939.50"/>	<input type="text" value="- 939.50"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="- 939.50"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2700.39"/>	<input type="text" value="2700.39"/>
(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="1760.89"/>	<input type="text" value="1760.89"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1911.83"/>	<input type="text" value="1911.83"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="- 150.94"/>	<input type="text" value="- 150.94"/>
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 the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**AMERICAN SOCIETY OF PENSION PROFESSIONALS & ACTUARIES NTSA 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).....	1000.00	1000.00
(ii) Unitemized .....	1288.00	1288.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2288.00	2288.00
(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) .....	2288.00	2288.00
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).....	412.39	412.39
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)).....▶	2700.39	2700.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2700.39	2700.39

**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 .....	411.83	411.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	411.83	411.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	1500.00	1500.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	1911.83	1911.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1911.83	1911.83

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2288.00	2288.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2288.00	2288.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	411.83	411.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	412.39	412.39
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	- 0.56	- 0.56

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

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

FOR LINE NUMBER: PAGE 6 OF 12  
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 NTSA PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Hope, Brad, , ,

Mailing Address 2959 Spalding Drive

City Atlanta	State GA	Zip Code 30350
-----------------	-------------	-------------------

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

Name of Employer (for Individual) TSA Consulting Group	Occupation (for Individual) EVP
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2023

**Transaction ID : SA11AI.4442**

Amount of Each Receipt this Period  
1000.00

Memo Item contribution

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

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

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00

**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 type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 NTSA PAC**

**A. AMERICAN SOCIETY OF PENSION PROFESSIONALS & ACTUARIES NTSA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4401 N Fairfax Drive  
Suite 600

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00515049

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.16

Date of Receipt  
03 / 10 / 2023  
**Transaction ID : SA15.4471**

Amount of Each Receipt this Period  
60.54

Memo Item reimbursement

**B. AMERICAN SOCIETY OF PENSION PROFESSIONALS & ACTUARIES NTSA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4401 N Fairfax Drive  
Suite 600

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00515049

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.70

Date of Receipt  
04 / 10 / 2023  
**Transaction ID : SA15.4470**

Amount of Each Receipt this Period  
60.54

Memo Item reimbursement

**C. AMERICAN SOCIETY OF PENSION PROFESSIONALS & ACTUARIES NTSA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4401 N Fairfax Drive  
Suite 600

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00515049

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
352.36

Date of Receipt  
05 / 02 / 2023  
**Transaction ID : SA15.4468**

Amount of Each Receipt this Period  
61.66

Memo Item reimbursement

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 182.74

**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 OF 12  
(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 NTSA PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 AMERICAN SOCIETY OF PENSION PROFESSIONALS & ACTUARIES NTSA PAC

Mailing Address 4401 N Fairfax Drive  
 Suite 600

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00515049

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 412.39

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2023

**Transaction ID : SA15.4469**

Amount of Each Receipt this Period  
 60.03

Memo Item reimbursement

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.03
<b>TOTAL</b> This Period (last page this line number only).....▶	242.77

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF PENSION PROFESSIONALS & ACTUARIES NTSA PAC

Form A: Truist Bank. Includes fields for Full Name, Date of Disbursement (03/10/2023), Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement (34.95).

Form B: Truist Bank. Includes fields for Full Name, Date of Disbursement (03/21/2023), Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement (25.59).

Form C: Truist Bank. Includes fields for Full Name, Date of Disbursement (04/10/2023), Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement (34.95).

SUBTOTAL of Disbursements This Page (optional) 95.49
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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 NTSA PAC**

Full Name (Last, First, Middle Initial)

### A. Truist Bank

Mailing Address 920 N Taylor St

City Arlington State VA Zip Code 22203

Purpose of Disbursement  
account fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 21 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4485

Amount of Each Disbursement this Period

[REDACTED] 26.71

Memo Item

Full Name (Last, First, Middle Initial)

### B. Truist Bank

Mailing Address 920 N Taylor St

City Arlington State VA Zip Code 22203

Purpose of Disbursement  
account fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4486

Amount of Each Disbursement this Period

[REDACTED] 34.95

Memo Item

Full Name (Last, First, Middle Initial)

### C. Truist Bank

Mailing Address 920 N Taylor St

City Arlington State VA Zip Code 22203

Purpose of Disbursement  
account fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4487

Amount of Each Disbursement this Period

[REDACTED] 25.08

Memo Item

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

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

[REDACTED] 86.74

[REDACTED]

# 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"/> 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 NTSA PAC**

Full Name (Last, First, Middle Initial)

### A. Truist Bank

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	2	3

Mailing Address 920 N Taylor St

City Arlington State VA Zip Code 22203

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4488**

Amount of Each Disbursement this Period

[ ] 34.95 [ ]

Purpose of Disbursement  
account fees

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

### B. Truist Bank

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	2	3

Mailing Address 920 N Taylor St

City Arlington State VA Zip Code 22203

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4489**

Amount of Each Disbursement this Period

[ ] 25.03 [ ]

Purpose of Disbursement  
account fees

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
[ ]	[ ]		[ ]	[ ]		[ ]	[ ]	[ ]	[ ]

Mailing Address

City State Zip Code

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ] [ ]

Purpose of Disbursement

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item

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

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

[ ] 59.98 [ ]

[ ] 242.21 [ ]

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF PENSION PROFESSIONALS & ACTUARIES NTSA PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Mike Halpin**

Mailing Address PO Box 6937

City  
Rock Island

State  
IL

Zip Code  
61204

Purpose of Disbursement

Contribution

Candidate Name

Friends of Mike Halpin

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: IL District: 72

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	4		2	0	2	3		

FEC Identification Number

C [ ]

Transaction ID : SB29.4490

Amount of Each Disbursement this Period

[ ] 1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

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

[ ] 1500.00

[ ] 1500.00