

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 07 01 2011 through 07 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 08 17 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	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

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	117599.06									
(c) Total Receipts (from Line 19)	2026.00	54246.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	119625.06	165065.47								
7. Total Disbursements (from Line 31)	8162.73	53603.14								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	111462.33	111462.33								
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	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

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)	1875.00	47800.00
(ii) Unitemized	151.00	6446.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2026.00	54246.00
(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)	2026.00	54246.00
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))	2026.00	54246.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2026.00	54246.00

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.....	162.73	1603.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	162.73	1603.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	8000.00	51000.00
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))..	8162.73	53603.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8162.73	53603.14

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)	2026.00	54246.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2026.00	54246.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	162.73	1603.14
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	162.73	1603.14

**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)
 11a 11b 11c 12
 13 14 15 16 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)
Eileen Baldwin-Shaw
 Mailing Address 6400 S Fiddlers Green Cir Ste 500
 City Englewood State CO Zip Code 80111
 Date of Receipt 07 / 15 / 2011
Transaction ID: SA11AI.10177
 Amount of Each Receipt this Period 250.00
 Contribution
 FEC ID number of contributing federal political committee. C
 Name of Employer REPTECH Corporation Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 250.00

B. Full Name (Last, First, Middle Initial)
John A Halchuck
 Mailing Address 230 Windsor Dr
 City Cortland State OH Zip Code 44410-2703
 Date of Receipt 07 / 26 / 2011
Transaction ID: SA11AI.10178
 Amount of Each Receipt this Period 500.00
 Contribution
 FEC ID number of contributing federal political committee. C
 Name of Employer AMI Benefit Plan Administration Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 500.00

C. Full Name (Last, First, Middle Initial)
Craig P Hoffman
 Mailing Address 1660 Prudential Drive Suite 400
 City Jacksonville State FL Zip Code 32207
 Date of Receipt 07 / 12 / 2011
Transaction ID: SA11AI.10176
 Amount of Each Receipt this Period 1000.00
 Contribution
 FEC ID number of contributing federal political committee. C
 Name of Employer SunGard Corbel Occupation Pension consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1000.00

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) 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) Lynn M Young		Date of Receipt																				
Mailing Address 2415 E Cambelback Road Suite 960		<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>0</td><td>7</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	3		2	0	1	1													
City	State	Zip Code																				
Phoenix	AZ	85016-4209																				
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.10173																				
C		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 ▼																					
		875.00																				

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	1875.00

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	Transaction ID: SB21B.10187 Date of Disbursement
	Mailing Address Post Office Box 53852	<input type="text" value="07"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="7.95"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB21B.10188 Date of Disbursement
	Mailing Address Post Office Box 85024	<input type="text" value="07"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Richmond State VA Zip Code 23285-5024	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="154.78"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional) ►

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 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) Andrews for Congress Committee	Transaction ID: SB23.10184 Date of Disbursement
	Mailing Address 215 Fourth Avenue Suite 200	<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
	City Haddon Heights State NJ Zip Code 08035	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2008	Transaction ID: SB23.10180 Date of Disbursement
	Mailing Address 5915 EASTMAN AVE. SUITE 100 5915 EASTMAN AVE. SUITE 100	<input type="text" value="07"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
	City MIDLAND State MI Zip Code 48640	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS	Transaction ID: SB23.10185 Date of Disbursement
	Mailing Address P.O. Box 425	<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
	City Roswell State GA Zip Code 30077	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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 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) SCHOCK FOR CONGRESS	Transaction ID: SB23.10181
	Mailing Address PO BOX 10555	Date of Disbursement 07 / 22 / 2011
	City PEORIA State IL Zip Code 61612	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Snowe for Senate	Transaction ID: SB23.10186
	Mailing Address Post Office Box 2006	Date of Disbursement 07 / 25 / 2011
	City Portland State ME Zip Code 04104	Amount of Each Disbursement this Period 0.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

8000.00