

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 / / 2020 through / / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Hansen, Will, , ,
Type or Print Name of Treasurer

Signature of Treasurer *Hansen, Will, , ,* [Electronically Filed] Date / / 2020

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="2020"/> | | 1464.62 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 1464.57 | |
| (c) Total Receipts (from Line 19) | 241.56 | 508.94 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 1706.13 | 1973.56 |
| 7. Total Disbursements (from Line 31)..... | 240.60 | 508.03 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 1465.53 | 1465.53 |
| 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 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)..... | 0.00 | 0.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 0.00 | 0.00 |
| 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)..... | 241.56 | 508.94 |
| 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)).....▶ | 241.56 | 508.94 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 241.56 | 508.94 |

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 | 240.60 | 508.03 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 240.60 | 508.03 |
| 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)..... | 0.00 | 0.00 |
| 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)) .. | 240.60 | 508.03 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 240.60 | 508.03 |

DETAILED SUMMARY PAGE
of Disbursements

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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) | 0.00 | 0.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 0.00 | 0.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 240.60 | 508.03 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 241.56 | 508.94 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | - 0.96 | - 0.91 |

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 8 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input checked="" 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 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 ▼
356.56

Date of Receipt
MM / DD / YYYY
04 / 09 / 2020

Transaction ID : SA15.4279

Amount of Each Receipt this Period
89.18

Memo Item
reimbursement for bank fees

B. 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 ▼
445.69

Date of Receipt
MM / DD / YYYY
05 / 08 / 2020

Transaction ID : SA15.4278

Amount of Each Receipt this Period
89.13

Memo Item
reimbursement for bank fees

C. 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 ▼
508.94

Date of Receipt
MM / DD / YYYY
06 / 05 / 2020

Transaction ID : SA15.4277

Amount of Each Receipt this Period
63.25

Memo Item
reimbursement for bank fees

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 241.56 |
| TOTAL This Period (last page this line number only)..... | 241.56 |

**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. Suntrust Bank

Mailing Address 901 N Glebe Rd

City
Arlington

State
VA

Zip Code
22203

Purpose of Disbursement
Merchant fee

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 0 | | 2 | 0 | 2 | 0 |

FEC Identification Number

C []
Transaction ID : SB21B.4285
Amount of Each Disbursement this Period
[] 54.90

Memo Item

Full Name (Last, First, Middle Initial)

B. Suntrust Bank

Mailing Address 901 N Glebe Rd

City
Arlington

State
VA

Zip Code
22203

Purpose of Disbursement
account analysis fee

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 0 | | 2 | 0 | 2 | 0 |

FEC Identification Number

C []
Transaction ID : SB21B.4284
Amount of Each Disbursement this Period
[] 34.23

Memo Item

Full Name (Last, First, Middle Initial)

C. Suntrust Bank

Mailing Address 901 N Glebe Rd

City
Arlington

State
VA

Zip Code
22203

Purpose of Disbursement
Merchant fee

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 1 | | 2 | 0 | 2 | 0 |

FEC Identification Number

C []
Transaction ID : SB21B.4283
Amount of Each Disbursement this Period
[] 29.90

Memo Item

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

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

| | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| | | | | | | 1 | 1 | 9 | 0 |

| | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

**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. Suntrust Bank

Mailing Address 901 N Glebe Rd

City
Arlington

State
VA

Zip Code
22203

Purpose of Disbursement
Account analysis fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 0 | | 2 | 0 | 2 | 0 |

FEC Identification Number

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| C | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|

Transaction ID : SB21B.4282

Amount of Each Disbursement this Period

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|-------|
| | | | | | | | | | |
| | | | | | | | | | 33.35 |

Memo Item

Full Name (Last, First, Middle Initial)

B. Suntrust Bank

Mailing Address 901 N Glebe Rd

City
Arlington

State
VA

Zip Code
22203

Purpose of Disbursement
Merchant fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 0 | | 2 | 0 | 2 | 0 |

FEC Identification Number

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| C | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|

Transaction ID : SB21B.4281

Amount of Each Disbursement this Period

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|-------|
| | | | | | | | | | |
| | | | | | | | | | 54.90 |

Memo Item

Full Name (Last, First, Middle Initial)

C. Suntrust Bank

Mailing Address 901 N Glebe Rd

City
Arlington

State
VA

Zip Code
22203

Purpose of Disbursement
account analysis fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 8 | | 2 | 0 | 2 | 0 |

FEC Identification Number

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| C | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|

Transaction ID : SB21B.4280

Amount of Each Disbursement this Period

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|-------|
| | | | | | | | | | |
| | | | | | | | | | 33.32 |

Memo Item

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

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

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--------|
| | | | | | | | | | 121.57 |
|--|--|--|--|--|--|--|--|--|--------|

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--------|
| | | | | | | | | | 240.60 |
|--|--|--|--|--|--|--|--|--|--------|