

# 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 03 01 2006 through 03 31 2006

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 05 18 2006

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**

Write or Type Committee Name  
American Society of Pension Professionals & Actuaries PAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		172110.89
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	173906.91									
(c) Total Receipts (from Line 19) .....	8921.00	17324.34								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	182827.91	189435.23								
7. Total Disbursements (from Line 31) .....	5109.01	11716.33								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	177718.90	177718.90								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	7200.00	14450.00
(i) Itemized (use Schedule A) .....	1721.00	2874.34
(ii) Unitemized .....	8921.00	17324.34
(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) .....	8921.00	17324.34
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)) .....	8921.00	17324.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8921.00	17324.34

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	109.01	1216.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	109.01	1216.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	10000.00
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	500.00
(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	500.00
29. Other Disbursements.....	0.00	0.00
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))..	5109.01	11716.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5109.01	11716.33

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	8921.00	17324.34
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8921.00	16824.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	109.01	1216.33
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	109.01	1216.33

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 13
	<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

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

Full Name (Last, First, Middle Initial) <b>A. Bruce L Ashton</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address 11755 Wilshire Blvd 10th Floor		<b>Transaction ID: SA11A1.6784</b>	
City State Zip Code Los Angeles CA 90025-1506		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Reish Luftman McDaniel & Reicher		Occupation Pension consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mark Davis</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 15760 Ventuar Blvd Suite 910		<b>Transaction ID: SA11A1.6785</b>	
City State Zip Code Encino CA 91436-3000		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kravits Davis Sansome		Occupation Pension consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mark K Dunbar</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 437 Grant Street, Suite 1100		<b>Transaction ID: SA11A1.6845</b>	
City State Zip Code Pittsburgh PA 15219-6002		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Dunbar, Bender & Zapf, Inc		Occupation Pension consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 13
	<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)  
American Society of Pension Professionals & Actuaries PAC

**A.** Full Name (Last, First, Middle Initial)  
Cynthia Ellner

Mailing Address 10390 Santa Monica Blvd, Suite 340

City State Zip Code  
Los Angeles CA 90025-5058

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

Name of Employer California Pension Administrator  
Occupation Pension consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2006

Transaction ID: SA11A1.6791

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Steven Fraidstern

Mailing Address 2699 Stirling Road

City State Zip Code  
Fort Lauderdale FL 33312-6583

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

Name of Employer Associated Financial  
Occupation Pension consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2006

Transaction ID: SA11A1.6787

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth T Hallam

Mailing Address 6435 Shiloh Road Suite A

City State Zip Code  
Alpharetta GA 30005-8353

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

Name of Employer AXA Financial, Inc  
Occupation Pension consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2006

Transaction ID: SA11A1.6795

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 13
	<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)  
American Society of Pension Professionals & Actuaries PAC

**A.** Full Name (Last, First, Middle Initial)  
James M Izett

Mailing Address 912 Killian Hill Road SW

City Lilburn State GA Zip Code 30047-3138

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

Name of Employer AXA Advisors, LLC Occupation Pension consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 03 / 2006

Transaction ID: SA11A1.6835

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
Carla J Kadavy

Mailing Address 5755 Granger Road, Suite 501

City Cleveland State OH Zip Code 44131-1442

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

Name of Employer Libman Ryder & Company, Inc Occupation Pension consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2006

Transaction ID: SA11A1.6781

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
Michele C Kocak

Mailing Address 3030 Pebble Beach Drive

City Ellicott City State MD Zip Code 21042-2113

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

Name of Employer Michele C Kocak, CPC, QPA Occupation Pension consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 03 / 2006

Transaction ID: SA11A1.6789

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 13
	<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)  
American Society of Pension Professionals & Actuaries PAC

**A.** Full Name (Last, First, Middle Initial)  
Louis Kravitz

Mailing Address 15760 Ventura Blvd, Suite 910

City Encino State CA Zip Code 91436-3000

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

Name of Employer Louis Kravitz & Associates, Inc  
Occupation Pension consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2006

Transaction ID: SA11A1.6794

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Barry Max Levy

Mailing Address 7901 SW 6th Court Suite 110

City Plantation State FL Zip Code 33324-3248

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

Name of Employer Levy & Associates  
Occupation Pension consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 07 / 2006

Transaction ID: SA11A1.6848

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Karen Nowiejski

Mailing Address 5300 Memorial Drive, Suite 740

City Houston State TX Zip Code 77007-8200

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

Name of Employer Nova Pension Valuations, LLC  
Occupation Pension consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2006

Transaction ID: SA11A1.6782

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 13
	<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)  
American Society of Pension Professionals & Actuaries PAC

Full Name (Last, First, Middle Initial) <b>A. Steve J Persons</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 6910 Treeline Drive, Suite D		<b>Transaction ID: SA11A1.6847</b>
City State Zip Code Brecksville OH 44141-3366	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Creative Benefit Strategies, Inc	Occupation Pension consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Nicholas J White</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006
Mailing Address 11755 Wilshire Blvd, 10th Floor		<b>Transaction ID: SA11A1.6793</b>
City State Zip Code Los Angeles CA 90025-1506	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Reish Luftman McDaniel & Reicher	Occupation Pension consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Lynn M Young</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 2415 E Cambelback Road Suite 960		<b>Transaction ID: SA11A1.6790</b>
City State Zip Code Phoenix AZ 85016-4209	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Coble Pension Group, LLC	Occupation Pension consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	7200.00

# 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)

PAGE 11 / 13

<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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B.6821 Date of Disbursement
Mailing Address Post Office Box 53852		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
City Phoenix	State AZ	Zip Code 85072-3852
Purpose of Disbursement Credit card service fees		Amount of Each Disbursement this Period <input type="text" value="2.46"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. SunTrust Bank</b>		<b>Transaction ID:</b> SB21B.6820 Date of Disbursement
Mailing Address Post Office Box 85024		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
City Richmond	State VA	Zip Code 23285-5024
Purpose of Disbursement Credit card service fees		Amount of Each Disbursement this Period <input type="text" value="35.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. SunTrust Bank</b>		<b>Transaction ID:</b> SB21B.6822 Date of Disbursement
Mailing Address Post Office Box 85024		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City Richmond	State VA	Zip Code 23285-5024
Purpose of Disbursement Credit card service fees		Amount of Each Disbursement this Period <input type="text" value="71.55"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="109.01"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="109.01"/>

**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

Full Name (Last, First, Middle Initial) <b>A. Aramark</b>		Transaction ID: SB23.6826 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address 555 California St Suite 1950		Amount of Each Disbursement this Period 1000.00
City San Francisco State CA Zip Code 94104	Purpose of Disbursement In-kind contribution Category/Type 007	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ben Cardin for Senate</b>		Transaction ID: SB23.6830 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address Post Office Box 65056		Amount of Each Disbursement this Period 1000.00
City Baltimore State MD Zip Code 21209	Purpose of Disbursement Contribution Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Congressional Majority Committee</b>		Transaction ID: SB23.6825 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address Post Office Box 746		Amount of Each Disbursement this Period 2000.00
City Bakersfield State CA Zip Code 93302	Purpose of Disbursement Contribution 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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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 13 / 13

<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)  
Earle Pomeroy for Congress

Mailing Address Post Office Box 746

City Bismark State ND Zip Code 58502

Purpose of Disbursement Contribution

Candidate Name Earl Ralph Pomeroy

Office Sought:  House  Senate  President  
State: ND District: 00

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6829

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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