



**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
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		160628.20
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	162406.43									
(c) Total Receipts (from Line 19) .....	4270.00	76614.03								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	166676.43	237242.23								
7. Total Disbursements (from Line 31) .....	16787.69	87353.49								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	149888.74	149888.74								
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
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	3525.00	60458.35
(i) Itemized (use Schedule A) .....	745.00	16155.68
(ii) Unitemized .....	4270.00	76614.03
(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) .....	4270.00	76614.03
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)) .....	4270.00	76614.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4270.00	76614.03

**DETAILED SUMMARY PAGE**  
of Disbursements

<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.....	287.69	1704.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	287.69	1704.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	85649.08
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	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))..	16787.69	87353.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	16787.69	87353.49

**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) .....	4270.00	76614.03
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4270.00	76614.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	287.69	1704.41
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	287.69	1704.41

**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"/> 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)  
American Society of Pension Professionals & Actuaries PAC

**A.** Full Name (Last, First, Middle Initial)  
Craig Dewey

Mailing Address 111 Bulifants Blvd

City Williamsburg State VA Zip Code 23188-5709

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

Name of Employer Cypress Group, LCC 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 Y  
1 1 / 0 9 / 2 0 0 7

Transaction ID: SA11A1.7966

Amount of Each Receipt this Period  
1000.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Cheri Wilner Kessner

Mailing Address 1682 Langley Avenue Suite 34

City Irvine State CA Zip Code 92614-5620

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

Name of Employer Priority Pension Services 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 Y  
1 1 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.7965

Amount of Each Receipt this Period  
500.00

contribution

**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 Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.7960

Amount of Each Receipt this Period  
250.00

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<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

Full Name (Last, First, Middle Initial) <b>A.</b> Petros P Koumantaros		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 6402 19th St W		Transaction ID: SA11A1.7962
City State Zip Code Tacoma WA 98466-6130	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution
Name of Employer Spectrum Pension Consultants	Occupation Pension consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Yannis Koumantaros		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 6402 19th Street W		Transaction ID: SA11A1.7961
City State Zip Code Tacoma WA 98466-6130	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution
Name of Employer Spectrum Pension Consultants	Occupation Pension consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Duane L Mayer		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7
Mailing Address 400 D Street Suite 300		Transaction ID: SA11A1.7964
City State Zip Code Anchorage AK 99501-2342	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution
Name of Employer Alaska Pension Services, Ltd	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) .....	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

**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

Full Name (Last, First, Middle Initial) <b>A. Katrina Moody</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7
Mailing Address 780 Johnson Ferry Road, NE Suite 325		<b>Transaction ID: SA11A1.7963</b>
City Atlanta State GA Zip Code 30342-1434	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution
Name of Employer Retirement Plan Administrators, 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. Gwen S O'Connell</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 7
Mailing Address Post Office Box 689		<b>Transaction ID: SA11A1.7958</b>
City Eugene State OR Zip Code 97440-0689	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution
Name of Employer Gwen O'Connell Pension Consulting, Inc	Occupation Pension consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Lynn M Young</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 2415 E Cambelback Road Suite 960		<b>Transaction ID: SA11A1.7969</b>
City Phoenix State AZ Zip Code 85016-4209	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution
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 ▼ 1350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1375.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	3525.00

**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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID: SB21B.7991</b>	
Mailing Address Post Office Box 53852		Date of Disbursement 11 / 05 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 54.33
Purpose of Disbursement		001 Category/ Type	
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:			

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID: SB21B.7993</b>	
Mailing Address Post Office Box 53852		Date of Disbursement 11 / 06 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 5.95
Purpose of Disbursement bank fee		001 Category/ Type	
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:			

Full Name (Last, First, Middle Initial) <b>C. SunTrust Bank</b>		<b>Transaction ID: SB21B.7994</b>	
Mailing Address Post Office Box 85024		Date of Disbursement 11 / 13 / 2007	
City Richmond	State VA	Zip Code 23285-5024	Amount of Each Disbursement this Period 227.41
Purpose of Disbursement bank fee		001 Category/ Type	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>287.69</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>287.69</b>

**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. Andrews for Congress Committee</b>		<b>Transaction ID: SB23.7988</b> Date of Disbursement
Mailing Address 215 Fourth Avenue Suite 200		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Haddon Heights	State NJ	Zip Code 08035
Purpose of Disbursement	<input type="text" value="011"/> Category/ Type	
Candidate Name Robert E Andrews	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 01	

Full Name (Last, First, Middle Initial) <b>B. COMMITTEE TO RE-ELECT NYDIA M. VELAZQUEZ TO CONGRESS</b>		<b>Transaction ID: SB23.7986</b> Date of Disbursement
Mailing Address 315 Inspiration Lane		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Gaithersburg	State MD	Zip Code 20878
Purpose of Disbursement	<input type="text" value="011"/> Category/ Type	
Candidate Name NYDIA M VELAZQUEZ	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 12	

Full Name (Last, First, Middle Initial) <b>C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)</b>		<b>Transaction ID: SB23.7976</b> Date of Disbursement
Mailing Address 25 East Main Street Suite 200		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement	<input type="text" value="011"/> Category/ Type	
Candidate Name	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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. Friends of Max Baucus</b>		<b>Transaction ID: SB23.7972</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 7
Mailing Address Post Office Box 586		Amount of Each Disbursement this Period 2500.00
City Helena State MT Zip Code 59624	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Max Baucus		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Grassley Committee</b>		<b>Transaction ID: SB23.7971</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 7
Mailing Address Post Office Box 1000		Amount of Each Disbursement this Period 1000.00
City Des Moines State IA Zip Code 50304	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Charles E Grassley		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MASS PAC</b>		<b>Transaction ID: SB23.7978</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address PO BOX 440324		Amount of Each Disbursement this Period 1000.00
City SOMERVILLE State MA Zip Code 02144	011 Category/ Type	
Purpose of Disbursement		
Candidate Name MICHAEL E CAPUANO		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<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 12 / 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

Full Name (Last, First, Middle Initial) <b>A. Payne for Congress</b>		<b>Transaction ID: SB23.7973</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1924 Oakwood Stret		Amount of Each Disbursement this Period 1000.00
City Temple Hills State MD Zip Code 20748	011 Category/ Type	
Purpose of Disbursement		
Candidate Name DONALD M PAYNE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. RICHARD BURR COMMITTEE, THE</b>		<b>Transaction ID: SB23.7989</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 7
Mailing Address Post Office Box 5928		Amount of Each Disbursement this Period 1000.00
City Winston-Salem State NC Zip Code 27113	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Richard M Burr		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. RYAN FOR CONGRESS</b>		<b>Transaction ID: SB23.7981</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address P. O. Box 1919 P. O. Box 1919		Amount of Each Disbursement this Period 1000.00
City Janesville State WI Zip Code 53547	011 Category/ Type	
Purpose of Disbursement		
Candidate Name PAUL D RYAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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

Full Name (Last, First, Middle Initial)

**A. WALLY HERGER FOR CONGRESS COMMITTEE**

Mailing Address P.O. Box 1500

City Chico State CA Zip Code 95927

Purpose of Disbursement

Candidate Name  
WALLY HERGER

Office Sought:  House  
 Senate  
 President  
State: CA District: 02

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.7983

Date of Disbursement

11 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

16500.00