

# 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

The American Society of Pension Professionals and Actuaries Political Action Committee (ASPPA-NAPA PAC)

ADDRESS (number and street) 4245 N. Fairfax Drive Suite 750 Arlington VA 22203

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 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)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 02 / 01 / 2015 through [MM] / [DD] / [YYYY] 02 / 28 / 2015

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 Brian H. Graff

Signature of Treasurer Brian H. Graff [Electronically Filed] Date 03 / 20 / 2014

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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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The American Society of Pension Professionals and Actuaries Political Action Committee (ASPPA-NAPA 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="2015"/>		<input type="text" value="151013.12"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="154619.80"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="7651.00"/>	<input type="text" value="18353.00"/>
(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="162270.80"/>	<input type="text" value="169366.12"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5758.90"/>	<input type="text" value="12854.22"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="156511.90"/>	<input type="text" value="156511.90"/>
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:**

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

The American Society of Pension Professionals and Actuaries Political Action Committee (ASPPA-NAPA 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).....	7550.00	18050.00
(ii) Unitemized .....	101.00	303.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7651.00	18353.00
(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) .....	7651.00	18353.00
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 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))..... ▶	7651.00	18353.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7651.00	18353.00

**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 .....	258.90	354.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	258.90	354.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	12500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) 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)) ..	5758.90	12854.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5758.90	12854.22

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	7651.00	18353.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7651.00	18353.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	258.90	354.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	258.90	354.22

**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 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The American Society of Pension Professionals and Actuaries Political Action Committee (ASPPA-NAPA PAC)**

**A. Sam Brandwein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1098 SW 9th Terrace  
 City Boca Raton State FL Zip Code 33486-5473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Morgan Stanley Smith Barney Occupation INVESTMENT ADVISOR  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : C2955762**  
 Amount of Each Receipt this Period  
 500.00

**B. Tony Franchimone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6165 Greenwich Drive #240  
 City San Diego State CA Zip Code 92122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retirement Benefits Group Occupation Information Requested  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2015  
**Transaction ID : C2955763**  
 Amount of Each Receipt this Period  
 500.00

**C. Joseph M Gordon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1007 Slater Road, Suite 200  
 City Durham State NC Zip Code 27703-8057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gordon Smith Pension Advisors Occupation Pension consultant  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2015  
**Transaction ID : C2955764**  
 Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> 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 OF 13  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The American Society of Pension Professionals and Actuaries Political Action Committee (ASPPA-NAPA PAC)**

**A. Vince Morris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11221 Roe Ave  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bukaty Companies Occupation VICE PRESIDENT  
 Receipt For: 2015  
 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 / 09 / 2015  
**Transaction ID : C2955767**  
 Amount of Each Receipt this Period  
 1000.00

**B. Greg Rhinehardt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1007 Slater Rd  
 City Durham State NC Zip Code 27703-8057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gordon Asset Management, LLC Occupation CONSULTANT  
 Receipt For: 2015  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : C2955821**  
 Amount of Each Receipt this Period  
 500.00

**C. Richard Schwamb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2540 April Lane  
 City Bellmore State NY Zip Code 11710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Retirement Benefits Consultant  
 Receipt For: 2015  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : C2955826**  
 Amount of Each Receipt this Period  
 250.00

**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 8 OF 13  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The American Society of Pension Professionals and Actuaries Political Action Committee (ASPPA-NAPA PAC)**

Full Name (Last, First, Middle Initial)  
**A. Russell Smith**

Mailing Address 1007 Slater Rd

City State Zip Code  
 Durham NC 27703-8057

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

Name of Employer Occupation  
 Gordon Asset Management, LLC CONSULTANT/ PLAN DESIGN

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2015  
**Transaction ID : C2955827**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Marcy Supovitz**

Mailing Address 55 Linden Street

City State Zip Code  
 Worcester MA 01609-4612

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

Name of Employer Occupation  
 Boulay Donnelly & Supovitz Consulting EXECUTIVE

Receipt For: 2015  
 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 / 09 / 2015  
**Transaction ID : C2955770**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**C. Peter Tsukazaki**

Mailing Address 1299 S. Beretania Street, Ste 220

City State Zip Code  
 Honolulu HI 96814

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

Name of Employer Occupation  
 Tsukazaki & Associates, LLC Consultant

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : C2955823**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1600.00

**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: (check only one)	PAGE 9 OF 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)  
The American Society of Pension Professionals and Actuaries Political Action Committee (ASPPA-NAPA PAC)

**A. Peter Tsukazaki**  
Full Name (Last, First, Middle Initial)

Mailing Address 1299 S. Beretania Street, Ste 220

City Honolulu	State HI	Zip Code 96814
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FEC ID number of contributing federal political committee.

Name of Employer Tsukazaki & Associates, LLC	Occupation Consultant
---	--------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : C2955824**

Amount of Each Receipt this Period

**B. Todd Zempel**  
Full Name (Last, First, Middle Initial)

Mailing Address 813 Chapel Hill Rd.

City Burlington	State NC	Zip Code 27216
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FEC ID number of contributing federal political committee.

Name of Employer Gilliam Coble & Moser, LLP	Occupation THIRD PARTY ADMINISTRATOR
--	---

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : C2955822**

Amount of Each Receipt this Period

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="7550.00"/>

**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)  
**The American Society of Pension Professionals and Actuaries Political Action Committee (ASPPA-NAPA PAC)**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address Post Office Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card/Accounting Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2015

**Transaction ID : D165055**

Amount of Each Disbursement this Period

165.20
--------

Full Name (Last, First, Middle Initial)

**B. SunTrust Bank**

Mailing Address Post Office Box 85024

City Richmond State VA Zip Code 23285-5024

Purpose of Disbursement  
Credit Card/Accounting Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2015

**Transaction ID : D165049**

Amount of Each Disbursement this Period

9.30
------

Full Name (Last, First, Middle Initial)

**C. SunTrust Bank**

Mailing Address Post Office Box 85024

City Richmond State VA Zip Code 23285-5024

Purpose of Disbursement  
Credit Card/Accounting Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2015

**Transaction ID : D165053**

Amount of Each Disbursement this Period

28.18
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

202.68
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**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)  
**The American Society of Pension Professionals and Actuaries Political Action Committee (ASPPA-NAPA PAC)**

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Mailing Address Post Office Box 85024

City Richmond State VA Zip Code 23285-5024

Purpose of Disbursement  
Credit Card/Accounting Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2015

**Transaction ID : D165054**

Amount of Each Disbursement this Period

56.22

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

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 Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

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 Y Y

Amount of Each Disbursement this Period

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

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

56.22

258.90

**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)

The American Society of Pension Professionals and Actuaries Political Action Committee (ASPPA-NAPA PAC)

Full Name (Last, First, Middle Initial)

**A. KLINE FOR CONGRESS**

Mailing Address 101 W BURNSVILLE PKWY SUITE 104

City BURNSVILLE State MN Zip Code 55337

Purpose of Disbursement  
Candidate contribution

Candidate Name

Rep. John Kline

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	12	/	2015

Transaction ID : D165047

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. KIND FOR CONGRESS COMMITTEE**

Mailing Address 205 5TH AVENUE SOUTH

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement  
Candidate contribution

Candidate Name

Rep. Ron Kind

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	18	/	2015

Transaction ID : D165048

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF SCHUMER**

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement  
Candidate contribution

Candidate Name

Sen. Charles E. Schumer

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: NY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	02	/	2015

Transaction ID : D165046

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00
---------

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

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**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)  
**The American Society of Pension Professionals and Actuaries Political Action Committee (ASPPA-NAPA PAC)**

Full Name (Last, First, Middle Initial)

**A. ROUNDS FOR SENATE**

Mailing Address PO BOX 250

City PIERRE State SD Zip Code 57501

Purpose of Disbursement  
Candidate contribution

Candidate Name  
**Sen. Michael Rounds**

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

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2015

**Transaction ID : D165056**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00

5500.00