

**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

NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

ADDRESS (number and street) ▼

560 SYLVAN AVENUE

☐ Check if different than previously reported. (ACC)

ENGLEWOOD CLIFFS

NJ

07632

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

C C00521039

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

Election on

11

04

2014

in the State of

DC

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

Election on

in the State of

5. Covering Period 10 / 01 / 2014 through 10 / 15 / 2014

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 Tim Cuddigan

Signature of Treasurer

Tim Cuddigan

[Electronically Filed]

Date

01

30

2015

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**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y Y 10 / 15 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		135607.90
(b) Cash on Hand at Beginning of Reporting Period.....	128209.76	
(c) Total Receipts (from Line 19) .....	11000.00	54713.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	139209.76	190320.90
7. Total Disbursements (from Line 31) .....	1972.74	53083.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	137237.02	137237.02
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 10 01 2014

To:

 M M / D D / Y Y Y Y Y  
 10 15 2014
**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).....

9550.00

49336.00

(ii) Unitemized .....

1450.00

5377.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

11000.00

54713.00

(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) ..... ▶

11000.00

54713.00

## 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))..... ▶

11000.00

54713.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

11000.00

54713.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	94.37	2705.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	94.37	2705.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1878.37	50378.37
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)) ..	1972.74	53083.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1972.74	53083.88

**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) .....	11000.00	54713.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11000.00	54713.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	94.37	2705.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	94.37	2705.51

# **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 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

Full Name (Last, First, Middle Initial)

**A. Ann J. Atkinson**

Mailing Address 7960 S. Ireland Way

City State Zip Code  
Aurora CO 80016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2014

Transaction ID : SA11AI.5127

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. Russell R. Bowling**

Mailing Address 77 West Main Street

City State Zip Code  
Franklin NC 28734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2014

Transaction ID : SA11AI.5117

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mark Buchner**

Mailing Address 7030 S. Yale Ave  
Ste 401

City State Zip Code  
Tulsa OK 74136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mark E Buchner PLC

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2014

Transaction ID : SA11AI.5098

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1750.00

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

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NAME OF COMMITTEE (In Full)

NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

Full Name (Last, First, Middle Initial)

## **A. Mark Caldwell**

Mailing Address 6161 W. Linda Ln

City State Zip Code  
Chandler AZ 85226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caldwell & Ober PLLC

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2014

Transaction ID : SA11AI.5082

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Tim Cuddigan**

Mailing Address 1005 South 107th Ave  
Ste 201

City State Zip Code  
Omaha NE 68114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cuddigan Law

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2014

Transaction ID : SA11AI.5123

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Daniel Emery**

Mailing Address 63 Deer Run Rd

City State Zip Code  
North Yarmouth ME 04097

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2014

Transaction ID : SA11AI.5078

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

3250.00

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

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NAME OF COMMITTEE (In Full)

NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

<p>Full Name (Last, First, Middle Initial)  <b>A. Thomas Feldman</b></p> <p>Mailing Address 1120 Lincoln Street  #1306</p> <p>City State Zip Code  Denver CO 80203</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation  Self Attorney</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  10 / 09 / 2014</p> <p><b>Transaction ID : SA11AI.5096</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. Rick W. Fleming</b></p> <p>Mailing Address 1910 Kirkwood Ridge Dr.</p> <p>City State Zip Code  Raleigh NC 27612</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation  James Scott Farrin, P.C. Attorney</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  10 / 14 / 2014</p> <p><b>Transaction ID : SA11AI.5125</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. Rodney Forbes</b></p> <p>Mailing Address 106 North 9th Street</p> <p>City State Zip Code  Lafayette IN 47901</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation  Seeger &amp; Forbes Attorney</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">450.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  10 / 06 / 2014</p> <p><b>Transaction ID : SA11AI.5113</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span></p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">550.00</span>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>		



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

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NAME OF COMMITTEE (In Full)

NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

Full Name (Last, First, Middle Initial)

## **A. David Goch**

Mailing Address 1747 Pennsylvania Ave, NW  
Ste 1000

City Washington State DC Zip Code 20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Webster, Chamberlain & Bean LL

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 08 / 2014

Transaction ID : SA11AI.5076

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Heath Hixson**

Mailing Address 30 Franklin Road SW  
Ste 602

City Roanoke State VA Zip Code 24011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sprague & Hixson LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

Transaction ID : SA11AI.5106

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Andrew Koenig**

Mailing Address 199 Figueroa St.

City Ventura State CA Zip Code 93001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

Transaction ID : SA11AI.5086

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1000.00

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

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NAME OF COMMITTEE (In Full)

NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

Full Name (Last, First, Middle Initial)

## **A. Edward Ober**

Mailing Address 7175 E Camelback Rd  
Unit 301

City State Zip Code  
Scottsdale AZ 85251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cadwell and Ober

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2014

Transaction ID : SA11AI.5081

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Jeremy Pekas**

Mailing Address 7791 East San Fernando Dr.

City State Zip Code  
Scottsdale AZ 85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caldwell & Ober

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2014

Transaction ID : SA11AI.5093

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. John Phillips**

Mailing Address 185 High Chaparral

City State Zip Code  
Prescott AZ 86303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2014

Transaction ID : SA11AI.5103

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1500.00

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

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FOR LINE NUMBER: PAGE 11 OF 14  
(check only one)

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NAME OF COMMITTEE (In Full)

NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

Full Name (Last, First, Middle Initial)

**A. Alan H. Polonsky**

Mailing Address 512 S. Whitehorse Pike

City State Zip Code  
 Audubon NJ 08106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 14 / 2014

Transaction ID : SA11AI.5116

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Lawrence Rohlfing**

Mailing Address 12631 E. Imperial Hwy  
 Suite C115

City State Zip Code  
 Santa Fe Springs CA 90670

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-employed

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 09 / 2014

Transaction ID : SA11AI.5077

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Debra Shifrin**

Mailing Address 411 Wolf Ledges Pkwy  
 Ste 400

City State Zip Code  
 Akron OH 44311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Shifrin Newman Smith Inc

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 06 / 2014

Transaction ID : SA11AI.5114

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1000.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

Full Name (Last, First, Middle Initial)

## **A. Roger Stanfield**

Mailing Address PO Box 1547

City

Jackson

State

TN

Zip Code

38302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

Transaction ID : SA11AI.5131

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Robertson Wendt**

Mailing Address 3875 Faber Place Drive  
Suite 204

City

North Charleston

State

SC

Zip Code

29405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Law office of Robertson Wendt

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

Transaction ID : SA11AI.5101

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

500.00

9550.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

Full Name (Last, First, Middle Initial)

**A. Caesar's Entertainment**

Mailing Address 3570 Las Vegas Blvd

City	State	Zip Code
Las Vegas	NV	89109

Purpose of Disbursement  
In-kind contribution of fundraising expenses (see Line 23)

Candidate Name

**STEVEN ALEXZANDER HORSFORD**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NV District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2014

**Transaction ID : SB21B.5192**

Amount of Each Disbursement this Period

878.37
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Platinum Choice Bancard**

Mailing Address 31 White St

City	State	Zip Code
West Orange	NJ	07052

Purpose of Disbursement  
Credit card processing fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

**Transaction ID : SB21B.5132**

Amount of Each Disbursement this Period

10.45
-------

Full Name (Last, First, Middle Initial)

**C. Platinum Choice Bancard**

Mailing Address 31 White St

City	State	Zip Code
West Orange	NJ	07052

Purpose of Disbursement  
Credit card processing fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

**Transaction ID : SB21B.5158**

Amount of Each Disbursement this Period

83.92
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

94.37
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94.37
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

Full Name (Last, First, Middle Initial)

**A. AIMEE BELGARD FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2014

Mailing Address PO BOX 35

City	State	Zip Code
WILLINGBORO	NJ	08046

**Transaction ID : SB23.5112**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**AIMEE BELGARD**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NJ District: 03

Full Name (Last, First, Middle Initial)

**B. HORSFORD FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

Mailing Address 6100 ELTON AVE, SUITE 1000

City	State	Zip Code
LAS VEGAS	NV	89107

**Transaction ID : SB23.5193**Purpose of Disbursement  
In-kind contribution of fundraising event expenses (see Line 21(b))

007

Amount of Each Disbursement this Period

878.37
--------

Candidate Name

**STEVEN ALEXZANDER HORSFORD**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NV District: 04

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Amount of Each Disbursement this Period

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Candidate Name

Category/  
Type

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:

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1878.37

1878.37