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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines National Committee to Preserve Social Security & Medicare PAC 10 G St. NE ADDRESS (number and street) Suite 600 Check if different than previously Washington DC 20002 4215 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS NEW **AMENDED** C00172296 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Oct 20 (M10) Jul 20 (M7) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 05 0 1 2010 05 3 1 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Christine Kim Type or Print Name of Treasurer Electronically Filed by Ms. Christine Kim 06 18 2010 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS 2 / 16

Write or Type Committee Name National Committee to Preserve Social Security & Medicare PAC

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 Y Y Y		253332.43
	(b) Cash on Hand at Begining of Reporting Period	494736.61	
	(c) Total Receipts (from Line 19)	25999.64	511506.25
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	520736.25	764838.68
7.	Total Disbursements (from Line 31)	180281.75	424384.18
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	340454.50	340454.50
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 16

Write or Type Committee Name

National Committee to Preserve Social Security & Medicare PAC

Report Covering the Period:

From: 0 5

D D D 1

2010

Γα:

м м 0 5 D D 31

^Y ^Y ^Y ^Y ^Y 2010

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	250.00	4813.00
	(ii) Unitemized	25684.40	502528.45
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	25934.40	507341.45
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	25934.40	507341.45
	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	4000.00
	Other Federal Receipts (Dividends, Interest, etc.)	65.24	164.80
	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
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	25999.64	511506.25
	Total Federal Receipts (subtract Line 18(c) from Line 19)	25999.64	511506.25

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 16

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	perating Expenditures: Shared Federal/Non-Federal		
(a)	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating		
	Expenditures	139219.97	275962.49
(c)	1 9 1	100010.07	075000 40
	(add 21(a)(i), (a)(ii) and (b))	139219.97	275962.49
	ansfers to Affiliated/Other Party	0.00	0.00
	mmitteesntributions to	0.00	0.00
	deral Candidates/Committeesd Other Political Committees	4000.00	146359.91
		40000.00	140339.91
	lependent Expenditure se Schedule E)	0.00	0.00
. Čo	ordinated Expenditures Made by Party		
Co	mmittees (2 U.S.C. 441a(d)) se Schedule F)	0.00	0.00
(us	se Scriedule F)		
Loa	an Repayments Made	0.00	0.00
Loa	ans Made	0.00	0.00
	funds of Contributions To:		
(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
	man milical committees		
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees		
	(such as PACs)	0.00	0.00
(d)	Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
. Oth	ner Disbursements	1061.78	2061.78
	stand Floriton Aut the (O.H.O.O. 404 (OO))		
	deral Election Activity (2 U.S.C 431(20))		
(a	Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		3.00
	(ii) "Levin" Share	0.00	0.00
/1-			
a)) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(0	c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
l. To	otal Disbursements (add Lines 21(c), 22,		
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	180281.75	424384.18
_	otal Federal Disbursements		
	1		
(s	ubtract Line 21(a)(ii) and Line 30(a)(ii) om Line 31)	180281.75	424384.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 16

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3.	Total Contributions (other than loans) from Line 11(d), page 3)	25934.40	507341.45
4.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	25934.40	507341.45
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	139219.97	275962.49
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8.	Net Operating Expenditures (subtract Line 37 from Line 36)	139219.97	275962.49

FE6AN026

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 6/16 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 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) National Committee to Preserve Social Security & Medicare PAC Full Name (Last, First, Middle Initial) John Mannheim Date of Receipt Mailing Address 05 06 2010 5 Chestnut St City State Zip Code Transaction ID: 18336004 Concord MA 01742-2608 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Retired Receipt For: Aggregate Year-to-Date Primary General 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	>	250.00
TOTAL This Period (last page this line number only)	•	250.00

SCHEDULE B (FEC Form 3X)

TEMPER PLOPURCEMENTS	Use separate schedule(s) FOR LIN	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28b 28c 29
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) National Committee to Preserve Social \$	Security & Medicare PAC		
Full Name (Last, First, Middle Initial) Mark Critz For Congress Committee			Transaction ID: 18234813 Date of Disbursement
Mailing Address 551 Main Street Suite	20		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Johnstown	State Zip Code PA 15901		Amount of Each Disbursement this Per
Purpose of Disbursement Contribution		011	2000.00
Candidate Name Mr. Mark Critz		Category/ Type	
Senate President	sement For: 2010 Primary General X Other (specify)		Contribution
State: PA District: 12 Spec Full Name (Last, First, Middle Initial)	al-General2010		Transaction ID: 18234814
Levin for Congress			Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 37			03 07 2010
City Roseville	State Zip Code MI 48066-0037		Amount of Each Disbursement this Per
Purpose of Disbursement Contribution Candidate Name		011	1000.00
Sander Levin		Category/ Type	
9 1	sement For: 2010 X Primary General Other (specify)		Contribution
Full Name (Last, First, Middle Initial) Blumenthal For Senate			Transaction ID: 18234815 Date of Disbursement
Mailing Address 777 Summer Street			$\begin{array}{c c} & \begin{array}{c c} & \\ \end{array} & \begin{array}{c c} \\ \end{array} & \begin{array}{c cc \\ \end{array} & \begin{array}{c c$
City Stamford	State Zip Code CT 06901		Amount of Each Disbursement this Per
Purpose of Disbursement Contribution		011	2500.00
Candidate Name Mr. Richard Blumenthal		Category/ Type	
X Senate President	sement For: 2010 X Primary General Other (specify)		Contribution
State: CT District:			
SUBTOTAL of Disbursements This Page (optional	n.		5500.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		-	IE NUMBER: PAGE 8/16						3
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		theck only 21b 27	one) 22 28a		23 [28b [24 28c	Н	25 29	26 30b
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NAME OF COMMITTEE (In Full)	e and address of any political	COMMIN	ilee io son	CIL COITLI	Dutic	115 110	iii Sucii (JOHIH	iiilee	
National Committee to Preserve Social Sec	curity & Medicare PAC									
Full Name (Last, First, Middle Initial) Bob Etheridge for Congress				Transa Date o			18234 ment	816		
Mailing Address PO Box 28001				0 ^M 5	M /	^D 0	7 /	Ž	0 1 C	Y
,	State Zip Code NC 27611			Amour	nt of	Each	Disburse		-	-
Purpose of Disbursement Contribution		01						100	00.00	
Candidate Name Bob Etheridge		Cate Typ								
Senate President	ment For: 2010 Primary X General Other (specify)			Contri	butio	on				
State: NC District: 02 Full Name (Last, First, Middle Initial)				Trans	notio	n ID.	18237	7471		
Citizens for Arlen Specter				Date o	f Dis	burse	ment		* \/ *	V
Mailing Address 236 Massachusetts Aven Suite 602	ue, NE			0 5	M /	^D 0	7 /	Ž	0 i 0)
	State Zip Code DC 20002			Amour	nt of	Each I	Disburse	ement	t this F	Period
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Candidate Name Arlen Specter		Cate Typ								
· -	ment For: 2010 Primary General Other (specify)			Contri	butio	on				
Full Name (Last, First, Middle Initial) Friends of Barbara Boxer				Transa Date o			18275 ment	788		
Mailing Address PO Box 64151				0 ^M 5	M /	^D 1	7 /	ž	0 1 C	Y
	State Zip Code CA 90064			Amour	nt of	Each	Disburse	ement	t this F	Period
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Candidate Name BARBARA BOXER		Cate Typ								
X Senate X President	ment For: 2010 Primary General Other (specify)			Contri	butio	on				
State: CA District:								_		
SUBTOTAL of Disbursements This Page (optional) .				<u></u>	-			500	00.00	
TOTAL This Period (last page this line number only)			•	L.						

SCHEDULE B (FEC Form 3X)

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	Full Name (Last, Steny Hoyer fo	First, Middle Initial) or Congress									on ID:	182 ement	 7578	9	
	Mailing Address	4201 Northvie Suite 307	w Drive						0 ^M 5	М	[/] 1	7 /	Y	ž 0 ž 0) ^Y
	City Bowie			State MD	Zip Code 20716				Amou	nt o	f Each	Disbu	seme	nt this F	Period
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	Full Name (Last, Friends of Jan	First, Middle Initial) e Harman							Date o		isburs				Y
	Mailing Address	c/o 1700 Kalo #406	rama Road						0 5		1	7		ž o i c)
	City Washington			State DC	Zip Code 20009				Amou	nt o	f Each	Disbu	seme	nt this F	Period
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	Candidate Name Jane Harman Categ Typ														
	Office Sought: State: CA	X House Senate President District: 36		ment For: Primary Other (sp	2010 General ecify)				Contri	ibut	ion				
	Full Name (Last,	First, Middle Initial) EPUBLICAN SEN	ATORIAL C	OMMITT	EE						on ID:	182 ement	 8574	1	
	Mailing Address	425 SECOND	ST., NE						0 ^M 5	М	[/] 2	. 1 /	Y	ž o i c)
	City WASHINGTOI			State DC	Zip Code 20002				Amou	nt o	f Each	Disbui		nt this F	
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	Candidate Name						ateg Typ	gory/ pe							
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1 \	National Committee to Preserve Social Sec	curity & Me	edicare PAC										
	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSION	NAL COM	MITTEE				Date	of D	sburs	: 182 ement			
	Mailing Address 320 FIRST STREET,SE						0 5	М	2	21	Y	ž 0 1	0 1
	,	State DC	Zip Code 20003				Amo	unt o	f Each	n Disbu		ent this	
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	Sherman for Congress									: 182 ement	28574		V
	Mailing Address P.O. Box 75214						0 5	IVI	2	21	Ľ.	ž 0 1	0 '
		State DC	Zip Code 20013-5214				Amo	unt o	f Each	n Disbu	rseme	ent this	Period
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	Candidate Name Brad Sherman		Category/ Type										
	ÿ /X	ment For: Primary Other (spe	2010 General cify) ▼				CON	TRI	BUTI	ON			
	Full Name (Last, First, Middle Initial) Bera For Congress									: 182 ement	28574	14	
•	Mailing Address Post Office Box 582496						0 ^M 5	М	D 2	21	Y	ž 0 1	0 ^Y
		State CA	Zip Code 95758				Amo	unt o	f Each	n Disbu	rseme	ent this	Period
	Purpose of Disbursement CONTRIBUTION				Q1 ·	1	L.				. 1	0.000	0
	Candidate Name Amerish Bera			С	ateg Typ	-							
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	State: CA District: 03											F00.0	•
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	l Name (Last, ends of Bark	First, Middle Initial) para Boxer									ID: 18		5	
Mai	iling Address	PO Box 64151							o ^M 5	M /	^D 21	Y	ž 0 1 (O Y
City	y s Angeles			State CA	Zip Code 90064				Amou	int of Ea	ach Disb		-	
	rpose of Disbu NTRIBUTION					Г	011		L.			2	00.00)
	ndidate Name ARBARA BO	XER					atego Type	-						
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	ite: CA	District: First, Middle Initial)							_					
	ends of Jim								Date	of Disbu	ID: 18			14
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City Wa	y ashington			State DC	Zip Code 20003				Amou	ınt of Ea	ach Disb	ırseme	nt this	Perio
	rpose of Disbu					Г	011		L.			1:	500.00)
	Candidate Name James Clyburn					Category/ Type		ory/						
	ice Sought:	X House Senate President District: 06		ment For: Primary Other (spe	2010 General ecify)				CON'	TRIBU	TION			
		First, Middle Initial) er Re-Election Cor	mmittee								ID: 18		7	
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City Wa	y ashington			State DC	Zip Code 20002				Amou	ınt of Ea	ach Disb	ırseme	nt this	Perio
Pur	rpose of Disbu NTRIBUTION					Г	011		L.			. 1	00.00)
	Candidate Name Louise M. Slaughter						atego Type	ory/						
	ice Sought:	X House Senate President		ment For: Primary Other (spe	2010 General				CON	TRIBU	TION			
Stat	te: NY	District: 28												
CLIDT	OTAL of Dish	ursements This Page	(optional) .					•				45	00.00)

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 16
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) 21b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) National Committee to Preserve Social Se	curity & Medicare PAC	
Full Name (Last, First, Middle Initial) Pallone for Congress		Transaction ID: 18285748 Date of Disbursement
Mailing Address PO Box 3176		05 21 2010
City Long Branch	State Zip Code NJ 07740	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION		011
Candidate Name Frank Pallone		tegory/ Type
Senate X President	ement For: 2010 Primary General Other (specify)	CONTRIBUTION
State: NJ District: 06 Full Name (Last, First, Middle Initial)		Transaction ID: 18285751
Joe Donnelly For Congress Mailing Address PO Box 1961		Date of Disbursement M 5 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City South Bend	State Zip Code IN 46634	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION		1000.00
Candidate Name Mr. Joseph Donnelly		ategory/ Type
Office Sought: X House Disburs Senate President State: IN District: 02	ement For: 2010 Primary X General Other (specify)	CONTRIBUTION
Full Name (Last, First, Middle Initial) Sherman for Congress		Transaction ID: 18287213 Date of Disbursement
Mailing Address P.O. Box 75214		05
City Washington	State Zip Code DC 20013-5214	Amount of Each Disbursement this Period
Purpose of Disbursement Void - Sherman for Congress		-1000.00
Candidate Name Brad Sherman		tegory/ Type
9 1	ement For: 2010 Primary General Other (specify)	Void - Sherman for Congress
SUBTOTAL of Disbursements This Page (optional)		1000.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		IE NUMBER: PAGE 13 / 1			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check on 21b 27	22 X 23 28a 28b	24 25 2 28c 29 3		
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)	le and address of any politica	i committee to s	Olicit Contributions from	II such committee		
National Committee to Preserve Social Se	ecurity & Medicare PAC					
Full Name (Last, First, Middle Initial) Friends of Carolyn McCarthy			Transaction ID: Date of Disburser	ment		
Mailing Address P.O. Box 190			05 / 26	b / 2010 Y		
City Mineola	State Zip Code NY 11501		Amount of Each D	Disbursement this Period		
Purpose of Disbursement Contribution		011		2500.00		
Candidate Name Carolyn McCarthy		Category/ Type				
Senate X President	ement For: 2010 Primary General Other (specify)		Contribution			
State: NY District: 04 Full Name (Last, First, Middle Initial)						
FRIENDS FOR HARRY REID			Transaction ID: Date of Disbursen	nent		
Mailing Address 422 C Street, NE			0.5	6 Y 2010 Y		
City WASHINGTON	State Zip Code DC 20002		Amount of Each D	Disbursement this Period		
Purpose of Disbursement Contribution	20002	011		1500.00		
Candidate Name HARRY REID		Category/ Type				
X Senate X President	ement For: 2010 Primary General Other (specify)		Contribution			
State: NV District: Full Name (Last, First, Middle Initial)			Transaction ID:			
RANGEL FOR CONGRESS Mailing Address PO Box 5577			Date of Disburser			
City New York	State Zip Code NY 10027		Amount of Each D	Disbursement this Period		
Purpose of Disbursement Contribution	10027	011		1000.00		
Candidate Name CHARLES RANGEL		Category/ Type				
Senate President	ement For: 2010 Primary X General Other (specify)		Contribution			
State: NY District: 15				E000.00		
SUBTOTAL of Disbursements This Page (optional)		_		5000.00		
TOTAL This Period (last page this line number only)			40000.00		

SCHEDULE B (FEC Form 3X)	I lea congrata conodula(c)		UMBER: PAGE 14/16					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only o	ne) 22					
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)								
National Committee to Preserve Social Se	curity & Medicare PAC							
Full Name (Last, First, Middle Initial)			Transaction ID: 18278611					
NCPSSM			Date of Disbursement					
Mailing Address 10 G Street, NE Suite 600			05 M / 18 / Y Y Y O Y O Y					
,	State Zip Code		Amount of Each Disbursement this Period					
Washington DC 20002								
Purpose of Disbursement	April Orite DA 40 0040 Cradial	Cla	1052.98					
Communication to restricted class, endorsement N		,	CHOIS					
Candidate Name	'	Category/ Type						
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		Communication to restrict- ed class, endorsement Mark Critz, PA 12, 2010 Special and Primary Elections					

SUBTOTAL of Disbursements This Page (optional)	•	1052.98
TOTAL This Period (last page this line number only)		1052.98

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		-	IE NUMBER: PAGE 15 / 16 nly one)						16			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1 –	21b 27	Ä	22 28a		23 28b		24 28c		25 29	\blacksquare	26 80b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name			ny persor		the pur		se of s		citing co		outions		-
NAME OF COMMITTEE (In Full)													
National Committee to Preserve Social Se	curity & Medicare PAC												
Full Name (Last, First, Middle Initial) NCPSSM					Transa Date o				18280 nent	107	•		
Mailing Address 10 G Street, NE Suite 600					0 ^M 5	М	/ D	9) / Y	ž	0 Ĭ () Y	
City Washington	State Zip Code DC 20002				Amour	nt o	f Each	ı D	isburse	men	t this I	Period	_
Purpose of Disbursement			-							1	13.55	5	
Reimbursement of Photocopy Expenses Candidate Name		Cat	egory/ ype										
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		<u> </u>		Reimb Expen			nt	of Pho	toc	ору		
Full Name (Last, First, Middle Initial) NCPSSM					Transa Date o				18280 nent	108			
Mailing Address 10 G Street, NE Suite 600					0 ^M 5	М	/ D	9) / Y	ž	0 1 () Y	
City Washington	State Zip Code DC 20002				Amour	nt o	f Each	ı D	isburse				_
Purpose of Disbursement No Express Advocacy, Reimbursement of Postag	e and Shipping Expenses	Ů	001							848	52.97	7	
Candidate Name	o and ompping Expenses	Cat	egory/ ype										
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)			N	No Ex ourser Shippi	pre nei ing	ess Ac nt of I Expe	dvo Po ens	ocacy, stage ses	Re	m-		
Full Name (Last, First, Middle Initial)				١.	Trance	acti	on ID		18280	100			_
NCPSSM					Date o	of D	isburs	em	nent	100			
Mailing Address 10 G Street, NE Suite 600					0 5	М	/ D 1	9) / Y	ž	010) ^Y	
City Washington	State Zip Code DC 20002				Amour	nt o	f Each	ı D	isburse	men	t this I	Period	_
Purpose of Disbursement Reimbursement of Salary and Benefits Expenses			204			_				447	30.85	5	_
Candidate Name		Cat	egory/ ype										
Senate President	ement For: Primary General Other (specify)			F	Reimb and B	ours	seme efits E	nt xp	of Sala censes	ary			
State: District:													
SUBTOTAL of Disbursements This Page (optional)			•				,		12	96	97.37	,	

TOTAL This Period (last page this line number only)

В.

President

District:

age# 10990703023									
SCHEDULE B (FEC Form 3X) Use separate schedul		FOR LINE	IE NUMBER: PAGE 16 / 16						
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b					
Any Information copied from such Reports and State or for commercial purposes, other than using the nar									
NAME OF COMMITTEE (In Full) National Committee to Preserve Social S	ecurity & Medicare PAC								
Full Name (Last, First, Middle Initial) NCPSSM Mailing Address 10 G Street, NE			Transaction ID: Date of Disbursem	ent					
Suite 600 City Washington	State Zip Code DC 20002		Amount of Each D	isbursement this Period					
Purpose of Disbursement Reimbursement of Travel Expenses, No Express Candidate Name	Advocacy	002 Category/		6751.18					
Office Sought: House Senate President State: Disburs	ement For: Primary General Other (specify)	Type	Reimbursement Expenses, No Ex cacy						
Full Name (Last, First, Middle Initial) Bank of America			Transaction ID: Date of Disbursem	ent					
Mailing Address 730 15th Street, NW DC1-701-02-02, 2nd Flo	oor		05 31	2010					
City Washington	State Zip Code DC 20005		Amount of Each D	isbursement this Period					
Purpose of Disbursement BANK FEES		001		2709.38					
Candidate Name		Category/ Type							
Office Sought: House Disburs Senate	ement For: Primary General		BANK FEES						

SUBTOTAL of Disbursements This Page (optional)	•	9460.56
TOTAL This Period (last page this line number only)		139157.93

Other (specify)

State: