



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Committee to Preserve Social Security &amp; Medicare 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="2012"/>	<input type="text" value="91845.11"/>	<input type="text" value="91845.11"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="474269.62"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="108696.13"/>	<input type="text" value="885298.15"/>
(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="582965.75"/>	<input type="text" value="977143.26"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="25450.91"/>	<input type="text" value="419628.42"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="557514.84"/>	<input type="text" value="557514.84"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**National Committee to Preserve Social Security & Medicare 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).....	2373.00	22115.00
(ii) Unitemized .....	106158.87	862948.94
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	108531.87	885063.94
(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) .....	108531.87	885063.94
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.).....	164.26	234.21
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))..... ▶	108696.13	885298.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	108696.13	885298.15

**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 .....	8930.63	150432.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	8930.63	150432.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16520.28	265674.09
24. Independent Expenditures (use Schedule E) .....	0.00	1219.28
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	2302.28
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)) ..	25450.91	419628.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25450.91	419628.42

**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) .....	108531.87	885063.94
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	108531.87	885063.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	8930.63	150432.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8930.63	150432.77

**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 21
	<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
-----------------------------	-----------------------------	-----------------------------

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**

**A. Mr Harvey L Alcorn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 4219 Schenck Ave  
 City: Cincinnati State: OH Zip Code: 45236-2529  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Occupation: Retired  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 08 / 31 / 2012  
**Transaction ID : 20330511**  
 Amount of Each Receipt this Period: 250.00  
 Aggregate Year-to-Date: 250.00

**B. Delano Hall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: PO Box 1656  
 City: Waldorf State: MD Zip Code: 20604-1656  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Occupation: Retired  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 08 / 13 / 2012  
**Transaction ID : 20332484**  
 Amount of Each Receipt this Period: 225.00  
 Aggregate Year-to-Date: 225.00

**C. Ms Ruth M Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: PO Box 237  
 City: Mt Prospect State: IL Zip Code: 60056-0237  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Occupation: Retired  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 08 / 29 / 2012  
**Transaction ID : 20332942**  
 Amount of Each Receipt this Period: 350.00  
 Aggregate Year-to-Date: 350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	825.00
<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: (check only one)	PAGE 7 OF 21
<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)  
**National Committee to Preserve Social Security & Medicare PAC**

**A. Ms Ann Krebs**  
Full Name (Last, First, Middle Initial)

Mailing Address  
1921 James Ave  
City Saint Paul State MN Zip Code 55105-1716

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

Name of Employer Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
08 / 30 / 2012  
**Transaction ID : 20333220**

Amount of Each Receipt this Period  
225.00

**B. Mr Daniel Minick**  
Full Name (Last, First, Middle Initial)

Mailing Address  
2921 Cherokee Run  
City New Haven State IN Zip Code 46774-2919

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

Name of Employer Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
08 / 31 / 2012  
**Transaction ID : 20333908**

Amount of Each Receipt this Period  
225.00

**C. Mr Kelvin M Pollard**  
Full Name (Last, First, Middle Initial)

Mailing Address  
818 S Sharp St  
City Baltimore State MD Zip Code 21230

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

Name of Employer Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
08 / 31 / 2012  
**Transaction ID : 20334461**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

**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 8 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**National Committee to Preserve Social Security & Medicare PAC**

**A. Mr George Spivak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Jefferson's Ferry Drive #4338  
 Jefferson's Ferry  
 City State Zip Code  
 South Setauket NY 11720-4723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2012  
**Transaction ID : 20335250**  
 Amount of Each Receipt this Period  
 205.00

**B. Ms Lois Spivey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 144 Mangums Dr  
 City State Zip Code  
 Wendell NC 27591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2012  
**Transaction ID : 20335251**  
 Amount of Each Receipt this Period  
 205.00

**C. Mr Robert E Starnes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 21345 NW Rock Creek Blvd  
 City State Zip Code  
 Portland OR 97229-1043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2012  
**Transaction ID : 20335287**  
 Amount of Each Receipt this Period  
 225.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	635.00
<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 9 OF 21  
(check only one)

<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)  
**National Committee to Preserve Social Security & Medicare PAC**

**A.** Full Name (Last, First, Middle Initial)  
**Mr Carlyle Stewart Jr**

Mailing Address  
28873 Lahser Rd Apt 205

City State Zip Code  
Southfield MI 48034-5110

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

Name of Employer Occupation  
Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
213.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2012

**Transaction ID : 20335322**

Amount of Each Receipt this Period  
213.00

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

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  
MM / DD / YYYY

Amount of Each Receipt this Period

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

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  
MM / DD / YYYY

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	213.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2373.00

**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

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)

**A. DMH MARKETING PARTNERS**

Mailing Address 12101 WESTPORT ROAD

City LOUISVILLE State KY Zip Code 40245

Purpose of Disbursement  
Postage, No Express Advocacy

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

**Transaction ID : 20257717**

Amount of Each Disbursement this Period

Postage, No Express Advocacy

Full Name (Last, First, Middle Initial)

**B. DMH MARKETING PARTNERS**

Mailing Address 12101 WESTPORT ROAD

City LOUISVILLE State KY Zip Code 40245

Purpose of Disbursement  
Postage, No Express Advocacy

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

**Transaction ID : 20262177**

Amount of Each Disbursement this Period

Postage, No Express Advocacy

Full Name (Last, First, Middle Initial)

**C. LENNY SIMON**

Mailing Address 160 ROSEDALE AVENUE

City HASTING-ON-HUDSON State NY Zip Code 10706

Purpose of Disbursement  
2012 Intern Stipend

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

**Transaction ID : 20262180**

Amount of Each Disbursement this Period

2012 Intern Stipend

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

**TOTAL** 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)

<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

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)

**A. PERKINS COIE**

Mailing Address CLIENT ACCOUNTING  
1201 THIRD AVENUE, 40TH FLOOR

City SEATTLE State WA Zip Code 98101-3099

Purpose of Disbursement  
LEGAL FEES, NO EXPRESS ADVOCACY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 20274397**

Amount of Each Disbursement this Period

LEGAL FEES, NO EXPRESS ADVOCACY

Full Name (Last, First, Middle Initial)

**B. LENNY SIMON**

Mailing Address 160 ROSEDALE AVENUE

City HASTING-ON-HUDSON State NY Zip Code 10706

Purpose of Disbursement  
2012 Intern Stipend

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 20282776**

Amount of Each Disbursement this Period

2012 Intern Stipend

Full Name (Last, First, Middle Initial)

**C. NCPSSM**

Mailing Address 10 G Street, NE  
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement  
REIMB. OF TRAVEL EXPENSES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**002**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 20282777**

Amount of Each Disbursement this Period

REIMB. OF TRAVEL EXPENSES

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

**TOTAL** 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)

<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

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)

**A. NCPSSM**

Mailing Address 10 G Street, NE  
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement  
REIMB. OF TELEPHONE EXPENSES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2012

**Transaction ID : 20282778**

Amount of Each Disbursement this Period

179.63

REIMB. OF TELEPHONE EXPENSES

Full Name (Last, First, Middle Initial)

**B. NCPSSM**

Mailing Address 10 G Street, NE  
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement  
REIMB. OF PHOTOCOPY EXPENSES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

006  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2012

**Transaction ID : 20282779**

Amount of Each Disbursement this Period

0.40

REIMB. OF PHOTOCOPY EXPENSES

Full Name (Last, First, Middle Initial)

**C. NCPSSM**

Mailing Address 10 G Street, NE  
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement  
REIMB. OF POSTAGE EXPENSES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2012

**Transaction ID : 20282795**

Amount of Each Disbursement this Period

42.30

REIMB. OF POSTAGE EXPENSES

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

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

222.33

**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

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)

**A. NCPSSM**

Mailing Address 10 G Street, NE  
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement  
REIMB. OF SHIPPING EXPENSES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2012

**Transaction ID : 20282796**

Amount of Each Disbursement this Period

88.33

REIMB. OF SHIPPING EXPENSES

Full Name (Last, First, Middle Initial)

**B. NCPSSM**

Mailing Address 10 G Street, NE  
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement  
ADVANCED FOR FUTURE IN-KIND CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2012

**Transaction ID : 20289727**

Amount of Each Disbursement this Period

-462.80

ADVANCED FOR FUTURE IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. NCPSSM**

Mailing Address 10 G Street, NE  
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement  
ADVANCED FOR FUTURE IN-KIND CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2012

**Transaction ID : 20289831**

Amount of Each Disbursement this Period

-816.23

ADVANCED FOR FUTURE IN-KIND CONTRIBUTION

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

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

-1190.70

**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

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)

**A. Bank of America**

Mailing Address 730 15th Street, NW  
DC1-701-02-02, 2nd Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 20338067**

Amount of Each Disbursement this Period

Bank Fees

Full Name (Last, First, Middle Initial)

**B. NCPSSM**

Mailing Address 10 G Street, NE  
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement  
ADVANCE FOR FUTURE IN-KIND CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 20345280**

Amount of Each Disbursement this Period

ADVANCE FOR FUTURE IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

**TOTAL** 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)

<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

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)

**A. Friends Of Mazie Hirono**

Mailing Address PO Box 677

City Honolulu State HI Zip Code 96809

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ms. Mazie Hirono**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: HI District:

Date of Disbursement

MM / DD / YYYY  
08 / 06 / 2012

**Transaction ID : 20253119**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Tammy Baldwin for Senate**

Mailing Address PO Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement  
Contribution

011

Candidate Name

**Tammy Baldwin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WI District:

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2012

**Transaction ID : 20260286**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Kuster For Congress, Inc.**

Mailing Address P.O. Box 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ms. Ann Kuster**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2012

**Transaction ID : 20260287**

Amount of Each Disbursement this Period

1000.00

Contribution

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

5000.00

**TOTAL** 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)

<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

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)

**A. Bill Foster For Congress Committee**

Mailing Address P.O. Box 9104

City Aurora State IL Zip Code 60598

Purpose of Disbursement Contribution

011

Candidate Name

**Bill Foster**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: IL District: 11

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2012

**Transaction ID : 20260288**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Cheri Bustos**

Mailing Address P.O. Box 77

City East Moline State IL Zip Code 61244

Purpose of Disbursement Contribution

011

Candidate Name

**Ms. Cheri Bustos**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: IL District: 17

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2012

**Transaction ID : 20260289**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. McDowell For Congress**

Mailing Address 10820 Glen Street

City Rudyard State MI Zip Code 49780

Purpose of Disbursement Contribution

011

Candidate Name

**Mr. Gary McDowell**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2012

**Transaction ID : 20260290**

Amount of Each Disbursement this Period

1000.00

Contribution

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

3000.00

**TOTAL** 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)

<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

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)

**A. Oceguera For Congress**

Mailing Address 3259 E. Warm Springs Road

City Las Vegas State NV Zip Code 89120

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. John Oceguera**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	1	2

**Transaction ID : 20260291**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

**B. Boockvar For Congress**

Mailing Address 73 Old Dublin Pike  
Suite 10 #134

City Doylestown State PA Zip Code 18901

Purpose of Disbursement  
Contribution

Candidate Name

**Ms. Kathryn Boockvar**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	1	2

**Transaction ID : 20260292**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

**C. Keith Fitzgerald For Congress**

Mailing Address PO Box 3708

City Sarasota State FL Zip Code 34230

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Keith Fitzgerald**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	1	2

**Transaction ID : 20260293**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

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

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---



**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

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)

**A. Horsford For Congress**

Mailing Address 6100 Elton Ave Suite 1000

City Las Vegas State NV Zip Code 89107

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Steven Horsford**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	1	2

**Transaction ID : 20260297**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

**B. Healy-Abrams For Congress**

Mailing Address 2548 Glenmont Road Nw

City Canton State OH Zip Code 44708

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Candidate Name

**Ms. Joyce Healy-Abrams**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	2

**Transaction ID : 20289743**

Amount of Each Disbursement this Period

4	6	2	.	8	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. Friends Of Charlie Wilson**

Mailing Address P.O. Box 334

City Bridgeport State OH Zip Code 43912

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Candidate Name

**Mr. Charles Wilson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	2

**Transaction ID : 20289853**

Amount of Each Disbursement this Period

8	1	6	.	2	3	0	0	0	0
---	---	---	---	---	---	---	---	---	---

IN-KIND CONTRIBUTION

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

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

2	2	7	9	.	0	3	0	0	0
---	---	---	---	---	---	---	---	---	---

--	--	--	--	--	--	--	--	--	--

**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

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)

**A. Boockvar For Congress**

Mailing Address 73 Old Dublin Pike  
Suite 10 #134

City Doylestown State PA Zip Code 18901

Purpose of Disbursement  
IN-KIND CONTRIBUTION

011

Category/  
Type

Candidate Name

**Ms. Kathryn Boockvar**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

**Transaction ID : 20345281**

Amount of Each Disbursement this Period

241.25

IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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)..... ▶

241.25

16520.28

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Committee to Preserve Social Security &amp; Medicare PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="font-size: 1.2em; padding-left: 5px;">C00172296</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>OCE BUSINESS SERVICES, INC.</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; padding: 0 5px;">08</span> / <span style="font-size: 1.2em; padding: 0 5px;">08</span> / <span style="font-size: 1.2em; padding: 0 5px;">2012</span> </div>
<b>[MEMO ITEM]</b> POSTAGE, IE DISEMINATION 08/08/12		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">792.32</div>
Mailing Address 12534 COLLECTIONS CENTER DRIVE		
City CHICAGO	State IL	Zip Code 60693
Purpose of Expenditure POSTAGE, IE DISEMINATION 08/08/12	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input checked="" type="checkbox"/> House    State: MN <input type="checkbox"/> Senate    District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tarryl Clark		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">792.32</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : 20260811**

Full Name (Last, First, Middle Initial) of Payee <b>OCE BUSINESS SERVICES, INC.</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; padding: 0 5px;">08</span> / <span style="font-size: 1.2em; padding: 0 5px;">08</span> / <span style="font-size: 1.2em; padding: 0 5px;">2012</span> </div>
<b>[MEMO ITEM]</b> PHOTOCOPY, IE DISSEMINATION 08/08/12		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">61.90</div>
Mailing Address 12534 COLLECTIONS CENTER DRIVE		
City CHICAGO	State IL	Zip Code 60693
Purpose of Expenditure PHOTOCOPY, IE DISSEMINATION 08/08/12	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">006</div>	Office Sought: <input checked="" type="checkbox"/> House    State: MN <input type="checkbox"/> Senate    District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tarryl Clark		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">854.22</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : 20260815**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Christine Kim*

Signature \_\_\_\_\_ [Electronically Filed] Date 09 / 17 / 2012