

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 Committee to Preserve Social Security & Medicare PAC

ADDRESS (number and street) 10 G St. NE Suite 600 Washington DC 20002-4215 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00172296 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, May 20, Aug 20, Nov 20, Mar 20, Jun 20, Sep 20, Dec 20, Apr 20, Jul 20, Oct 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2012 through 04 30 2012

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 Ms. Christine Kim

Signature of Treasurer Ms. Christine Kim [Electronically Filed] Date 05 18 2012

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 grid and FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**National Committee to Preserve Social Security & 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="21351.96"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="388889.73"/>	<input type="text" value="388896.95"/>
(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="410241.69"/>	<input type="text" value="480742.06"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="53298.31"/>	<input type="text" value="123798.68"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="356943.38"/>	<input type="text" value="356943.38"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**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).....	5050.00	5050.00
(ii) Unitemized .....	383832.81	383832.81
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	388882.81	388882.81
(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) .....	388882.81	388882.81
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.).....	6.92	14.14
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))..... ▶	388889.73	388896.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	388889.73	388896.95

**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 .....	-670.34	690.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	-670.34	690.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	52749.37	120587.01
24. Independent Expenditures (use Schedule E) .....	1219.28	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	1302.28
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)) ..	53298.31	123798.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53298.31	123798.68

**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) .....	388882.81	388882.81
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	388882.81	388882.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	-670.34	690.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-670.34	690.11

**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 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Mr Edwin Klunk Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 311 Walton Ave  
 City State Zip Code  
 Brooklyn MD 21225-3731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2012  
**Transaction ID : 19908159**  
 Amount of Each Receipt this Period  
 300.00

**B. Mr Robert I Long**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 Apt 1145  
 2000 Atrium Pkwy  
 City State Zip Code  
 Napa CA 94559-4841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2012  
**Transaction ID : 19909809**  
 Amount of Each Receipt this Period  
 400.00

**C. Mr Robert J Lillie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 PO Box 125  
 City State Zip Code  
 Cornwall PA 17016-0125  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2012  
**Transaction ID : 19910997**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<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 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms Blanche Sanderson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 19 / 2012
Mailing Address 748 Stinchcombn Drivd		<b>Transaction ID : 19911511</b>
City Fostoria	State OH	Zip Code 44830-1594
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 225.00	
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Ms Virginia T Rudasill</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 18 / 2012
Mailing Address 19 Fairmount Ave		<b>Transaction ID : 19915735</b>
City Wakefield	State MA	Zip Code 01880-2241
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 225.00	
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. John Mannheim</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2012
Mailing Address 5 Chestnut St		<b>Transaction ID : 19916424</b>
City Concord	State MA	Zip Code 01742-2608
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<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 8 OF 20
	<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	<input type="checkbox"/> 17

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

**A. Mr Ervin W Deitz**  
Full Name (Last, First, Middle Initial)

Mailing Address  
690 US Highway 93 N

City Hamilton State MT Zip Code 59840-9447

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

Name of Employer Occupation  
RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
04 / 17 / 2012  
Transaction ID : 19917586

Amount of Each Receipt this Period  
600.00

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

Mailing Address  
20566 Belvidere Ave

City Fairview Park State OH Zip Code 44126-1457

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  
04 / 09 / 2012  
Transaction ID : 19918291

Amount of Each Receipt this Period  
250.00

**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) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 09 / 2012  
Transaction ID : 19918809

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
<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

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

**A. Mr Richard Byrd**  
Full Name (Last, First, Middle Initial)

Mailing Address  
2811 Sugarberry Ln  
City Midlothian State VA Zip Code 23113-1401

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  
04 / 30 / 2012  
**Transaction ID : 19920796**

Amount of Each Receipt this Period  
225.00

**B. Ms Hermine F Aborn**  
Full Name (Last, First, Middle Initial)

Mailing Address  
46 Wilshire Road  
City Greenwich State CT Zip Code 06831-2723

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

Name of Employer Occupation  
RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
04 / 19 / 2012  
**Transaction ID : 19921356**

Amount of Each Receipt this Period  
350.00

**C. Ms Mary T Dillon**  
Full Name (Last, First, Middle Initial)

Mailing Address  
60 Pleasant St Apt 302  
City Arlington State MA Zip Code 02476-6519

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  
04 / 13 / 2012  
**Transaction ID : 19921648**

Amount of Each Receipt this Period  
250.00

<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 10 OF 20
<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

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

**A. Mr Paul Rowley**  
Full Name (Last, First, Middle Initial)

Mailing Address  
15013 Anns Choice Way

City Warminster State PA Zip Code 18974-3334

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

Name of Employer Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
04 / 10 / 2012  
Transaction ID : 19925406

Amount of Each Receipt this Period  
350.00

**B. Miss Jenivie L Jack**  
Full Name (Last, First, Middle Initial)

Mailing Address  
8544 Southport Dr

City Evansville State IN Zip Code 47711-6344

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  
04 / 11 / 2012  
Transaction ID : 19926004

Amount of Each Receipt this Period  
225.00

**C. Ms Audre D Carlin**  
Full Name (Last, First, Middle Initial)

Mailing Address  
5500 Collins Ave Apt 1504

City Miami Beach State FL Zip Code 33140-2501

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  
04 / 19 / 2012  
Transaction ID : 19926942

Amount of Each Receipt this Period  
250.00

<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: PAGE 11 OF 20  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mrs Mary Margaret Goodale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 141 Jakes Ln  
 City State Zip Code  
 Mount Pleasant SC 29464-6612  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2012  
**Transaction ID : 19928435**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr Harry P Kamen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 910 Park Ave  
 City State Zip Code  
 New York NY 10075-0255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2012  
**Transaction ID : 19928655**  
 Amount of Each Receipt this Period  
 400.00

**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  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5050.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**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  
ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 19890401**

Amount of Each Disbursement this Period

ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS

Full Name (Last, First, Middle Initial)

**B. 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

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 19904802**

Amount of Each Disbursement this Period

Bank Fees

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Bob Casey for Senate**

Mailing Address 303 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

011

Candidate Name

**Bob Casey**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	2

**Transaction ID : 19848162**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

**B. Kaptur For Congress**

Mailing Address P.O. Box 899

City Toledo State OH Zip Code 43697

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Marcy Kaptur**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	2

**Transaction ID : 19848163**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

**C. Courtney For Congress**

Mailing Address P.O. Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement  
Contribution Funds Reported On <Enter Report Name Here>

011

Candidate Name

**Mr. Joseph Courtney**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	2

**Transaction ID : 19852329**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

**[MEMO ITEM]**

Contribution Funds Reported On <Enter Report Name Here>

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

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

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

2	0	0	0	0	0	0	0	0	0
2	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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Courtney For Congress**

Mailing Address P.O. Box 1372

City State Zip Code  
Vernon CT 06066

Purpose of Disbursement  
Contribution Re-designated funds for trans. dated 03/23/2012

**011**  
Category/  
Type

Candidate Name

**Mr. Joseph Courtney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) **2012 US CONVENTION E**

State: CT District: 02

Date of Disbursement

**04 / 13 / 2012**

**Transaction ID : 19852330**

Amount of Each Disbursement this Period

**1000.00**

**[MEMO ITEM]**

Contribution Re-designated funds for trans. dated 03/23/2012

Full Name (Last, First, Middle Initial)

**B. Mark Critz For Congress Committee**

Mailing Address 647 Main Street  
Suite 110

City State Zip Code  
Johnstown PA 15901

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Mr. Mark Critz**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

**04 / 16 / 2012**

**Transaction ID : 19854572**

Amount of Each Disbursement this Period

**1000.00**

Contribution

Full Name (Last, First, Middle Initial)

**C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Mailing Address 430 SOUTH CAPITOL STREET, SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
2012 CALENDAR YEAR CONTRIBUTION

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

**04 / 18 / 2012**

**Transaction ID : 19856168**

Amount of Each Disbursement this Period

**10000.00**

2012 CALENDAR YEAR CONTRIBUTION

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

**11000.00**

**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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE**

Mailing Address 120 MARYLAND AVENUE, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
2012 CALENDAR YEAR CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

011

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 18 / 2012

**Transaction ID : 19856304**

Amount of Each Disbursement this Period

10000.00

2012 CALENDAR YEAR CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET,SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
2012 CALENDAR YEAR CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

011

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 18 / 2012

**Transaction ID : 19856305**

Amount of Each Disbursement this Period

10000.00

2012 CALENDAR YEAR CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Mailing Address 425 SECOND ST., NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
2012 CALENDAR YEAR CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

011

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 18 / 2012

**Transaction ID : 19856306**

Amount of Each Disbursement this Period

10000.00

2012 CALENDAR YEAR CONTRIBUTION

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

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

30000.00

**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 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 Committee to Preserve Social Security & Medicare PAC**

Full Name (Last, First, Middle Initial)

**A. Kirkpatrick For Arizona**

Mailing Address PO Box 12011

City: Casa Grande State: AZ Zip Code: 85130

Purpose of Disbursement: Contribution

Candidate Name

**Ms. Ann Kirkpatrick**

Office Sought:  House  Senate  President  
State: AZ District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2012

**Transaction ID : 19859226**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. BOBBY SCOTT FOR CONGRESS**

Mailing Address PO Box 251

City: Newport News State: VA Zip Code: 23607

Purpose of Disbursement: Contribution

Candidate Name

**ROBERT SCOTT**

Office Sought:  House  Senate  President  
State: VA District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2012

**Transaction ID : 19859227**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Bonamici For Congress**

Mailing Address 2236 Se 10th Ave

City: Portland State: OR Zip Code: 97214

Purpose of Disbursement: Contribution

Candidate Name

**Ms. Suzanne Bonamici**

Office Sought:  House  Senate  President  
State: OR District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2012

**Transaction ID : 19859228**

Amount of Each Disbursement this Period

1000.00

Contribution

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

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

3000.00



**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 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 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  
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	4		1	9		2	0	1	2

**Transaction ID : 19859229**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

**B. Val Demings For Congress**

Mailing Address P.O. Box 536926

City Orlando State FL Zip Code 32853

Purpose of Disbursement  
Contribution

Candidate Name

**Valdez Demings**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	2

**Transaction ID : 19859232**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

**C. Butterfield For Congress**

Mailing Address PO Box 2571

City Wilson State NC Zip Code 27894

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. George K. Butterfield**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NC District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	2

**Transaction ID : 19859238**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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

1	0	0	0	0	0	0	0	0	0
1	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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. The Reyes Committee

Mailing Address 499 South Capitol Street, SW  
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement  
IN-KIND CONTRIBUTION

011

Candidate Name

**Silvestre Reyes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2012

Transaction ID : 19890402

Amount of Each Disbursement this Period

749.37
--------

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 M	/	D 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 M	/	D 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)..... ▶

749.37
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52749.37
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**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> ▼ <b>C</b> C00172296
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>NCPSSM</b>		Date MM / DD / YYYY <b>04 / 20 / 2012</b>
Mailing Address 10 G Street, NE Suite 600		Amount <b>1219.28</b>
City Washington      State DC      Zip Code 20002	<b>Transaction ID : 19859583</b>	
Purpose of Expenditure POSTAGE,IE DISSEMINATION 4/19/12	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House      State: PA <input type="checkbox"/> Senate      District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mr. Mark Critz		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1219.28</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City      State      Zip Code		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House      State: <input type="checkbox"/> Senate      District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>1219.28</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	<b>1219.28</b>

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*      [Electronically Filed]      Date **05 / 18 / 2012**

Signature \_\_\_\_\_