

National Committee to Preserve Social Security & Medicare PAC

10 G St. NE
Suite 600
Washington

DC 20002-4215

FEC ID No. C00172296

☒ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Committee to Preserve Social Security & Medicare PAC		FEC IDENTIFICATION NUMBER C C00172296	
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee FOCUS DIRECT		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 9707 BROADWAY		Amount 3025.25	
City SAN ANTONIO	State TX	Zip Code 78217-0568	
Purpose of Expenditure IE Mailing, Postage, estimated amount		Category/ Type	001
Name of Federal Candidate supported or Opposed by expenditure: HARRY REID		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify) : _____	
		Transaction ID: 18687547	

Full Name (Last, First, Middle, Initial) of Payee FOCUS DIRECT		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 9707 BROADWAY		Amount 1452.12	
City SAN ANTONIO	State TX	Zip Code 78217-0568	
Purpose of Expenditure IE Mailing, Postage, estimated amount		Category/ Type	001
Name of Federal Candidate supported or Opposed by expenditure: Earl Pomeroy		Office Sought: <input checked="" type="checkbox"/> House State: ND <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify) : _____	
		Transaction ID: 18687545	

(a) SUBTOTAL of Itemized Independent Expenditures	4477.37
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
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	M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :**FEC ID No.**☐ 24-Hour Notice ☐ 48-Hour Notice**SCHEDULE E (FEC Form 3X)****ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF 2 / 3

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security &
Medicare PAC**FEC IDENTIFICATION NUMBER****C** C00172296Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

FOCUS DIRECT

Date

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

Amount

7623.63

Mailing Address
9707 BROADWAYCity State Zip Code
SAN ANTONIO TX 78217-0568Purpose of Expenditure
IE Mailing, Postage,
estimated amountCategory/
Type 001Office Sought: ☐ House State: CT
☒ Senate District: _____
☐ PresidentialCheck One: ☒ Support ☐ OpposeDisbursement For: ☐ Primary ☒ General 2010☐ Other (specify) : _____**Transaction ID: 18683854**Calendar Year-To-Date Per Election
for Office Sought 43933.63

Full Name (Last, First, Middle, Initial) of Payee

FOCUS DIRECT

Date

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

Amount

1048.26

Mailing Address
9707 BROADWAYCity State Zip Code
SAN ANTONIO TX 78217-0568Purpose of Expenditure
PRINTING, IE Mailing,
estimated amountCategory/
Type 004Office Sought: ☐ House State: NV
☒ Senate District: _____
☐ PresidentialCheck One: ☒ Support ☐ OpposeDisbursement For: ☐ Primary ☒ General 2010☐ Other (specify) : _____**Transaction ID: 18687480**Calendar Year-To-Date Per Election
for Office Sought 4073.51

(a) SUBTOTAL of Itemized Independent Expenditures

8671.89

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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Ms. Christine Kim

Signature

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

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

FEC IDENTIFICATION NUMBER

C C00172296

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

FOCUS DIRECT

Date

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

Amount

2296.84

Mailing Address
9707 BROADWAYCity State Zip Code
SAN ANTONIO TX 78217-0568Purpose of Expenditure
PRINTING, IE Mailing,
estimate amountCategory/
Type 004Office Sought: ☐ House State: CT
☒ Senate District: _____
☐ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
Mr. Richard BlumenthalDisbursement For: ☐ Primary ☒ General 2010☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 46230.47

Transaction ID: 18687477

Full Name (Last, First, Middle, Initial) of Payee
FOCUS DIRECT

Date

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

Amount

571.57

Mailing Address
9707 BROADWAYCity State Zip Code
SAN ANTONIO TX 78217-0568Purpose of Expenditure
PRINTING, IE Mailing,
estimate amountCategory/
Type 004Office Sought: ☒ House State: ND
☐ Senate District: 01
☐ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
Earl PomeroyDisbursement For: ☐ Primary ☒ General 2010☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 2023.69

Transaction ID: 18687475

(a) SUBTOTAL of Itemized Independent Expenditures

2868.41

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

16017.67

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

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