

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR 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="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="92988.98"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="21850.00"/>	<input type="text" value="122338.98"/>
(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="114838.98"/>	<input type="text" value="122338.98"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="500.00"/>	<input type="text" value="8000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="114338.98"/>	<input type="text" value="114338.98"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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)

Page 3

Write or Type Committee Name

NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR 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).....	20000.00	115650.00
(ii) Unitemized	1850.00	6688.98
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	21850.00	122338.98
(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)	21850.00	122338.98
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	21850.00	122338.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	21850.00	122338.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	8000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	500.00	8000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	500.00	8000.00

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)	21850.00	122338.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21850.00	122338.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 13
<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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

A. Jonathan Abbott
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2368
 City Amherst State MA Zip Code 01004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.4414
 Amount of Each Receipt this Period
250.00

B. Mark Caldwell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1940 E Camelback Rd No. 150
 City Phoenix State AZ Zip Code 85016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caldwell & Ober Occupation Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012
Transaction ID : SA11AI.4410
 Amount of Each Receipt this Period
5000.00

C. David Calvert
 Full Name (Last, First, Middle Initial)
 Mailing Address 2222 Martin Luther King Wy
 City Berkeley State CA Zip Code 94704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer David Calvert, atty Occupation Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012
Transaction ID : SA11AI.4380
 Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional).....	5650.00
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: PAGE 7 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

A. David D. Camp
 Full Name (Last, First, Middle Initial)
 Mailing Address 7454 Cornell Ave.
 City St. Louis State MO Zip Code 63130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Access Disability, LLC Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 18 / 2012
Transaction ID : SA11AI.4390
 Amount of Each Receipt this Period 350.00

B. Patrick Cavanaugh
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Parkwood Lane
 City Omaha State NE Zip Code 68132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cavanaugh Law Firm PCLLO Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 18 / 2012
Transaction ID : SA11AI.4381
 Amount of Each Receipt this Period 500.00

C. Gary Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 3340 Monroe Street
 City LaPorte State IN Zip Code 46350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gary Davis & Assoc., Attys, PC Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 26 / 2012
Transaction ID : SA11AI.4411
 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: PAGE 8 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

A. Jeffrey Diamond
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1866
City Carlsbad State NM Zip Code 88221
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Attorney
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **3000.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : SA11AI.4345
Amount of Each Receipt this Period **1500.00**

B. John M. Driskill
Full Name (Last, First, Middle Initial)
Mailing Address 5511 Hummingbird St
City Houston State TX Zip Code 77096
FEC ID number of contributing federal political committee. **C**
Name of Employer Morgan & Weisbrod, LLP Occupation Attorney
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 18 / 2012**
Transaction ID : SA11AI.4382
Amount of Each Receipt this Period **250.00**

C. Rick W. Fleming
Full Name (Last, First, Middle Initial)
Mailing Address 280 S. Mangum St. Ste 400
City Durham State NC Zip Code 27701
FEC ID number of contributing federal political committee. **C**
Name of Employer James Scott Farrin, P.C. Occupation Attorney
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **350.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.4397
Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **2000.00**
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 13
	<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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

A. Mark T. Fraley
Full Name (Last, First, Middle Initial)

Mailing Address 211 3rd Ave N

City Nashville State TN Zip Code 37201

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4405

Amount of Each Receipt this Period

B. Kevin Hall
Full Name (Last, First, Middle Initial)

Mailing Address 7070 Taylors Mill Road

City Ft. Valley State GA Zip Code 31030

FEC ID number of contributing federal political committee.

Name of Employer WPM&H Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4408

Amount of Each Receipt this Period

C. Robert Hubbs
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5378

City Santa Rosa State CA Zip Code 95401

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4409

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 10 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

Full Name (Last, First, Middle Initial)
A. Gerard F. Lynch

Mailing Address 1314 Texas #419

City State Zip Code
 Houston TX 77002

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

Name of Employer Occupation
 Gerard F. Lynch Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : SA11AI.4391

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Christa McGill

Mailing Address 2515 Bexley Ave

City State Zip Code
 Durham NC 27707

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

Name of Employer Occupation
 McGill & Noble, LLP Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : SA11AI.4388

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Venita Metzinger

Mailing Address 3838 Wall Ave
 #D-400

City State Zip Code
 Sacramento CA 95821

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

Name of Employer Occupation
 Metzinger & Associates Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2012

Transaction ID : SA11AI.4400

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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 11 OF 13
<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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

A. Polly Murphy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1022 NW Blvd
 City Ardmore State OK Zip Code 73401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Attorney
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2012
Transaction ID : SA11AI.4386
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

B. Virginia Noble
 Full Name (Last, First, Middle Initial)
 Mailing Address 309 Monticello Avenue
 City Durham State NC Zip Code 27707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McGill & Noble, LLP Occupation Attorney
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2012
Transaction ID : SA11AI.4387
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 1000.00

C. Tom Scully
 Full Name (Last, First, Middle Initial)
 Mailing Address 506 Ridge Road
 City Munster State IN Zip Code 46321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Thomas J. Scully and Associate Occupation Attorney
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2012
Transaction ID : SA11AI.4378
 Amount of Each Receipt this Period
 5000.00
 Aggregate Year-to-Date ▼
 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	5750.00
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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

Full Name (Last, First, Middle Initial)

A. ENYART FOR CONGRESS

Mailing Address PO BOX 308

City State Zip Code
BELLEVILLE IL 62222

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
WILLIAM L JR ENYART

Office Sought: House
 Senate
 President
State: IL District: 12

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB23.4419

Amount of Each Disbursement this Period

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

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
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)..... ▶