

**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

☐ Check if different than previously reported. (ACC)

Washington

DC

20002-4215

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00172296

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
09 01 2011

through

M M M / D D D / Y Y Y Y Y Y
09 30 2011

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

M M M / D D D / Y Y Y Y Y Y
10 12 2011

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**FEC FORM 3X**
Rev. 12/2004

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 & Medicare PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
09 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2011		511328.33
(b) Cash on Hand at Beginning of Reporting Period.....	196918.31	
(c) Total Receipts (from Line 19)	11.25	109012.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	196929.56	620340.42
7. Total Disbursements (from Line 31)	40242.22	463653.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	156687.34	156687.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Committee to Preserve Social Security & Medicare PAC

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		3	0		2	0	1	1		

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).....	0.00	0.00
(ii) Unitemized	0.00	624.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	0.00	624.00
(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)	0.00	624.00
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	108124.74
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	11.25	263.35
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))	11.25	109012.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11.25	109012.09

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	47.42	101335.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	47.42	101335.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	107923.26
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38000.00	241156.64
24. Independent Expenditures (use Schedule E)	1294.80	11837.86
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	900.00	1400.00
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)) ..	40242.22	463653.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40242.22	463653.08

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)	0.00	624.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	624.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	47.42	101335.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	108124.74
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	47.42	-6789.42

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)

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☐ 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

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

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

263.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : 19450534

Amount of Each Receipt this Period

11.25

Bank Interest

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

11.25

11.25

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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. Bank of AmericaMailing 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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2011

Transaction ID : 19450536

Amount of Each Disbursement this Period

47.42

BANK FEES

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

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).....▶

47.42

47.42

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. Ted Deutch for CongressMailing Address 236 Massachusetts Avenue, NE
Suite 602

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

Ted DeutchOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2011

Transaction ID : 19346386

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kaine For Virginia

Mailing Address 1515 Confederate Ave

City Richmond State VA Zip Code 23227

Purpose of Disbursement
Contribution

Candidate Name

Mr. Timothy KaineOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2011

Transaction ID : 19346387

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Sanford D. Bishop Jr. for CongressMailing Address 499 South Capitol Street, SW
Suite 404

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Sanford BishopOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2011

Transaction ID : 19346389

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

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City	State	Zip Code
Jenkintown	PA	19046

Purpose of Disbursement
Contribution

Candidate Name

Ms. Allyson SchwartzOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2011

Transaction ID : 19346390

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. NITA LOWEY FOR CONGRESS

Mailing Address PO Box 30405

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement
Contribution

Candidate Name

NITA LOWEYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2011

Transaction ID : 19346391

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Dan Maffei

Mailing Address PO Box 74

City	State	Zip Code
Syracuse	NY	13214

Purpose of Disbursement
Contribution

Candidate Name

Mr. Daniel MaffeiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2011

Transaction ID : 19346393

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. Levin for Congress

Mailing Address 209 Pennsylvania Avenue, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

Candidate Name

Sander LevinOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2011

Transaction ID : 19347947

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Lois Capps

Mailing Address 38 Ivy Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

Candidate Name

Lois CappsOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2011

Transaction ID : 19386750

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee To Re-elect Linda Sanchez

Mailing Address 228 Second Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

Candidate Name

Rep. Linda T. SanchezOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 39

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2011

Transaction ID : 19386751

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. Tammy Baldwin for Senate

Mailing Address PO Box 696

City	State	Zip Code
Madison	WI	53701

Purpose of Disbursement
Contribution

Candidate Name

Tammy BaldwinOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2011

Transaction ID : 19386752

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends of FarrMailing Address c/o Jennifer Frost
3422 Porter Street, NW

City	State	Zip Code
Washington	DC	20016

Purpose of Disbursement
Contribution

Candidate Name

Sam FarrOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2011

Transaction ID : 19386753

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Steny Hoyer for CongressMailing Address 4201 Northview Drive
Suite 307

City	State	Zip Code
Bowie	MD	20716

Purpose of Disbursement
Contribution

Candidate Name

Steny HoyerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2011

Transaction ID : 19386754

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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. Michaud For Congress

Mailing Address 213 Lisbon St

City Lewiston	State ME	Zip Code 04240
------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Michael H. Michaud

Office Sought:	☒ House ☐ Senate ☐ President
----------------	--

Disbursement For: 2012	☒ Primary ☐ General ☐ Other (specify) ▼
------------------------	---

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2011

Transaction ID : 19386755

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. SCHAKOWSKY FOR CONGRESS

Mailing Address PO Box 5130

City EVANSTON	State IL	Zip Code 60204
------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

JAN SCHAKOWSKY

Office Sought:	☒ House ☐ Senate ☐ President
----------------	--

Disbursement For: 2012	☒ Primary ☐ General ☐ Other (specify) ▼
------------------------	---

State: IL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2011

Transaction ID : 19386761

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Connolly For Congress

Mailing Address PO Box 563

City Merrifield	State VA	Zip Code 22116
--------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Gerald E. Connolly

Office Sought:	☒ House ☐ Senate ☐ President
----------------	--

Disbursement For: 2012	☒ Primary ☐ General ☐ Other (specify) ▼
------------------------	---

State: VA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2011

Transaction ID : 19386762

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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. Bill Foster For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2011

Mailing Address PO Box 703

City	State	Zip Code
Geneva	IL	60134

Transaction ID : 19386763Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Bill FosterCategory/
Type

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 11

Contribution

Full Name (Last, First, Middle Initial)

B. Montanans For Tester

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2011

Mailing Address PO Box 1135

City	State	Zip Code
Helena	MT	59624

Transaction ID : 19386767Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Mr. Jon TesterCategory/
Type

Office Sought:	☐ House
	☒ Senate
	☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District:

Contribution

Full Name (Last, First, Middle Initial)

C. Loeb sack For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2011

Mailing Address PO Box 2720

City	State	Zip Code
Cedar Rapids	IA	52406

Transaction ID : 19386768Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. David Wayne Loeb sackCategory/
Type

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 02

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)
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Detailed Summary PageFOR LINE NUMBER:
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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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. Stabenow For Us Senate

Mailing Address P.O. Box 4945

City
East LansingState
MIZip Code
48826Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Debbie StabenowCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

Transaction ID : 19386769

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. SNOWE FOR SENATE

Mailing Address P.O. BOX 1212

City
PORTLANDState
MEZip Code
04104Purpose of Disbursement
Contribution

011

Candidate Name

OLYMPIA SNOWECategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: ME

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

Transaction ID : 19386770

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Berkley For Senate

Mailing Address 3077 E Warm Springs Rd Suite 300

City
Las VegasState
NVZip Code
89120Purpose of Disbursement
Contribution

011

Candidate Name

Ms. Shelley BerkleyCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NV

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

Transaction ID : 19386771

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

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. Bill Keating Committee; The

Mailing Address PO Box 690353

City	State	Zip Code
Quincy	MA	02269

Purpose of Disbursement
Contribution

Candidate Name

Rep. William KeatingOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2011

Transaction ID : 19393162

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Chris Murphy

Mailing Address PO Box 127

City	State	Zip Code
Cheshire	CT	06410

Purpose of Disbursement
2012 CONVENTION CONTRIBUTION

Candidate Name

Mr. Christopher MurphyOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼

State: CT District: 2012 US CONVENTION E

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2011

Transaction ID : 19394447

Amount of Each Disbursement this Period

1000.00

2012 CONVENTION CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Tim Bishop For Congress

Mailing Address PO Box 437

City	State	Zip Code
Farmingville	NY	11738

Purpose of Disbursement
Contribution

Candidate Name

Mr. Tim BishopOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2011

Transaction ID : 19396342

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. Kathy Hochul For Congress

Mailing Address PO Box 64

City	State	Zip Code
Buffalo	NY	14231

Purpose of Disbursement
Contribution

Candidate Name

Ms. Kathleen HochulOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2011

Transaction ID : 19396343

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Boswell for CongressMailing Address 301 4th Street, NE
Suite 202

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Contribution

Candidate Name

Leonard BoswellOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2011

Transaction ID : 19402876

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mark Critz For Congress CommitteeMailing Address 647 Main Street
Suite 110

City	State	Zip Code
Johnstown	PA	15901

Purpose of Disbursement
Contribution

Candidate Name

Mr. Mark CritzOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2011

Transaction ID : 19402877

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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. Giffords For Congress

Mailing Address PO Box 12886

City	State	Zip Code
Tucson	AZ	85732

Purpose of Disbursement
Contribution

Candidate Name

Ms. Gabrielle GiffordsOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Transaction ID : 19402878

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Bill Owens For Congress

Mailing Address PO Box 1575

City	State	Zip Code
Plattsburgh	NY	12901

Purpose of Disbursement
Contribution

Candidate Name

Rep. Bill OwensOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Transaction ID : 19402880

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mcnerney For CongressMailing Address 6250 Village Parkway
Second Floor

City	State	Zip Code
Dublin	CA	94568

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jerry McNerneyOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Transaction ID : 19402881

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

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 22

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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. Kurt Schrader For Congress

Mailing Address PO Box 3314

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kurt Schrader

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2012

☒ Primary	☐ General
☐ Other (specify) ▼	

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Transaction ID : 19402882

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kaine For Virginia

Mailing Address 1515 Confederate Ave

City	State	Zip Code
Richmond	VA	23227

Purpose of Disbursement
Contribution

Candidate Name

Mr. Timothy Kaine

Office Sought:	☐ House
	☒ Senate
	☐ President

Disbursement For: 2012

☒ Primary	☐ General
☐ Other (specify) ▼	

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : 19403987

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

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
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00

38000.00

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

National Committee to Preserve Social Security & Medicare PAC

900.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 21 OF 22

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NCPSSM

Nature of Debt (Purpose):

PRINTING, IE DISSEMINATION 08/19/2011

Mailing Address 10 G STREET, NE, SUITE 600

City State

Zip Code

WASHINGTON

DC

20002

Outstanding Balance Beginning This Period

688.35

Transaction ID : 19452040

Amount Incurred This Period

0.00

Payment This Period

688.35

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

0.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 22
 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 ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name (Last, First, Middle Initial) of Payee NCPSSM		Date M M / D D / Y Y Y Y Y Y 09 / 13 / 2011	
Mailing Address 10 G Street, NE Suite 600		Amount 688.35	
City Washington	State DC	Zip Code 20002	
Purpose of Expenditure PRINTING, IE DISSEMINATION 08/19/11	Category/ Type 004	Office Sought: ☒ House State: <u>NV</u> ☐ Senate District: <u>02</u> ☐ President Check One: ☒ Support ☐ Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Ms. Kate Marshall		Disbursement For: ☐ Primary ☐ General 2011 ☒ Other (specify) <u>Special-General</u>	
Calendar Year-To-Date Per Election for Office Sought 688.35		Transaction ID : 19348947	

Full Name (Last, First, Middle Initial) of Payee NCPSSM		Date M M / D D / Y Y Y Y Y Y 09 / 27 / 2011	
Mailing Address 10 G Street, NE Suite 600		Amount 606.45	
City Washington	State DC	Zip Code 20002	
Purpose of Expenditure PRINT-IE DISSEMINATION 09/13/2011	Category/ Type 006	Office Sought: ☒ House State: <u>NY</u> ☐ Senate District: <u>09</u> ☐ President Check One: ☒ Support ☐ Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Mr. David Weprin		Disbursement For: ☐ Primary ☐ General 2011 ☒ Other (specify) <u>Special-General</u>	
Calendar Year-To-Date Per Election for Office Sought 606.45		Transaction ID : 19399046	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1294.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	1294.80

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

M M / D D / Y Y Y Y Y Y
10 / 12 / 2011

Signature