PAGE 1 / 14

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Aut	nonzea Committee	Office U	se Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
NATIONAL ORGANIZATI	ON OF SOCIAL SECUR	RITY CLAIMANTS' REPRE	SENTATIVES PAC (	NOSSCR PAC)
ADDRESS (number and street)	560 SYLVAN AVENUE			
Check if different than previously reported. (ACC)	ENGLEWOOD CLIFFS		NJ 07632	2
2. FEC IDENTIFICATION NU	JMBER ▼ CIT	ΓΥ ▲	STATE ▲	ZIP CODE ▲
C C00521039		S THIS NEW (N) OF	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M		Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M6) Jul 20 (M7)		Dec 20 (M12) (Non-Election Year Only)  Jan 31 (YE)
April 15 Quarterly Report (C		Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarterly Report (C	DDE Floation	Convention (12C)	Special (12S)	nulloli (12h)
October 15 Quarterly Report (C	33)	M M / D D /	Y	in the
January 31 Year-End Report (Y	Election Election			State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	n (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	on on	Y " Y " Y " Y	in the State of
5. Covering Period 07		through 09	M / D D / Y T Y 30 20	16 Y
I certify that I have examined th	is Report and to the best of Cuddigan, Tim, , ,	my knowledge and belief it is	true, correct and comple	te.
Type or Print Name of Treasure				
Signature of Treasurer	igan, Tim, , ,	[Electronically Filed]	Date 10 / 14	
NOTE: Submission of false, errone	eous, or incomplete information	n may subject the person signing	this Report to the penalti	es of 52 U.S.C. § 30109
Office Use Only				FORM 3X Rev. 05/2016

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (	A) Cash on Hand January 1, 2016		135571.16
(	D) Cash on Hand at Beginning of Reporting Period	139135.96	
(	c) Total Receipts (from Line 19)	2310.00	40685.00
(	d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	141445.96	176256.16
. 7	otal Disbursements (from Line 31)	12774.96	47585.16
F	Cash on Hand at Close of Reporting Period Subtract Line 7 from Line 6(d))	128671.00	128671.00
t	Debts and Obligations Owed TO ne Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
t	Debts and Obligations Owed BY The Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

#### 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. 05/2016)

Write or Type Committee Name

#### NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

R	eport Covering the Period: From:		09 30 2016
	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	4055.00	2000
	(i) Itemized (use Schedule A)	1955.00	34210.00
	(ii) Unitemized(iii) TOTAL (add	355.00	6475.00
	Lines 11(a)(i) and (ii)	2310.00	40685.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)  ▼	2310.00	40685.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)  Transfers from Non-Federal and Levin Funds	0.00	0.00
	(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))▶	2310.00	40685.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	2310.00	40685.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: —— (a) Allocated Federal/Non-Federal		Calculate Follo
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	074.00	2505.40
Expenditures(c) Total Operating Expenditures	274.96	3585.16
(add 21(a)(i), (a)(ii), and (b))▶	274.96	3585.16
Transfers to Affiliated/Other Party		
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	12500.00	44000.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	45 45 45 45 45 45 45 45 45 45 45 45 45 4	
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	3.00	
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20))  (a) Allocated Federal Election Activity  (from Schodule LIC)		
(from Schedule H6) (i) Federal Share	0.00	0.00
(7)	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid	7 7 7	
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12774.96	47585.16
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	10771 00	
HOTH LINE OT/	12774.96	47585.16

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 2310.00 40685.00 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 40685.00 2310.00 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 274.96 3585.16 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 274.96 3585.16 (subtract Line 37 from Line 36) ......

Use separate schedule(s)

FC	R	LINE	NU	MBER	:	PAGE	6	OF	14
(ch	ne	ck only	or	ie)					
[	X	11a		11b		11c	12		
		13		14		15	16	;	17

for each category of the Detailed Summary Page 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) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Antonowicz, Peter, , , Date of Receipt Mailing Address 148 W Dominick St 19 2016 City Zip Code State Transaction ID: SA11AI.5975 NY Rome 13440 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Self Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Antonowicz, Peter, , , Date of Receipt Mailing Address 148 W Dominick St 2016 City State Zip Code Transaction ID: SA11AI.5963 NY Rome 13440 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Bates, Mary, E., , Date of Receipt Mailing Address 35 Walnut Grove Cove 19 2016 City State Zip Code Transaction ID: SA11AI.5965 TN Jackson 38305 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) West TN Legal Services, Inc. Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 125.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s)

F	OR	LINE	NU	MBER	:	PAGE	7	OF	14
(0	che	ck only	or	ie)					
	×	11a		11b		11c	12		
		13		14		15	16	;	17

for each category of the Detailed Summary Page 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) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cuddigan, Tim, , , Date of Receipt Mailing Address 908 So 181st Ave 2016 19 City Zip Code State Transaction ID: SA11AI.5973 NE Elkhorn 68022 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cuddigan Law Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Cuddigan, Tim, , , Date of Receipt Mailing Address 908 So 181st Ave 19 2016 City State Zip Code Transaction ID: SA11AI.5961 NE Elkhorn 68022 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cuddigan Law Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Lowenstein, Janna, , , Date of Receipt Mailing Address 24725 Sand Wedge Ln 19 2016 City State Zip Code Transaction ID: SA11AI.5969 CA Valencia 91355 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Lowenstein Disability Lawyers, Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 525.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FC	ЭR	LINE	NU	<b>MBER</b>	:	PAGE	8	OF	1	4
(c	he	ck only	or	ıe)						
	×	11a		11b		11c	12	2		
		13		14		15	16	;	-	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) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sarnoff, Denise, A.,, Date of Receipt Mailing Address 163 W Nicklaus Ave 2016 19 City Zip Code State Transaction ID: SA11AI.5960 MT Kalispell 59901 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Martin & Jones Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Shifrin, Debra, , , Date of Receipt Mailing Address 411 Wolf Ledges Pkwy 19 2016 Ste 400 City State Zip Code Transaction ID: SA11AI.5974 OH Akron 44311 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Shifrin Newman Smith Inc Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 3200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Shifrin, Debra, , , Date of Receipt Mailing Address 411 Wolf Ledges Pkwy 19 2016 Ste 400 Zip Code City State Transaction ID: SA11AI.5962 OH Akron 44311 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Shifrin Newman Smith Inc Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 3600.00 Other (specify) 825.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

ı	FC	)R	LINE	NU	MBER	:	PAGE	9	OF	14
l	(cł	nec	ck only	or	ne)					
		X	11a		11b		11c	12		
l			13		14		15	16	;	17

Detailed Summary Page 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) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Somers, Constance, R.,, Date of Receipt Mailing Address 11122 Wurzbach #100 19 2016 City Zip Code State Transaction ID: SA11AI.5979 TX San Antonio 78230 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-employed Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Somers, Constance, R., , Date of Receipt Mailing Address 11122 Wurzbach 19 2016 #100 City State Zip Code Transaction ID: SA11AI.5967 TX San Antonio 78230 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-employed Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 360.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Wall, George, , , Date of Receipt Mailing Address 1336 E. Burnside 19 2016 #130 Zip Code City State Transaction ID: SA11AI.5976 OR Portland 97214 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

F	OR	LINE	NU	MBER	:	PAGE	 10	OF	14	
(0	che	ck only	or	ne)						
	X	11a		11b		11c	12			
		13		14		15	16		17	

Detailed Summary Page 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) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wall, George, , , Date of Receipt Mailing Address 1336 E. Burnside #130 19 2016 City Zip Code State Transaction ID: SA11AI.5964 OR Portland 97214 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Wendt, Robertson, , , Date of Receipt Mailing Address 3875 Faber Place Drive 19 2016 Suite 204 City State Zip Code Transaction ID: SA11AI.5978 North Charleston SC 29405 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Law Office of Robertson Wendt Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Wendt, Robertson, , , Date of Receipt Mailing Address 3875 Faber Place Drive 19 2016 Suite 204 City Zip Code State Transaction ID: SA11AI.5966 SC North Charleston 29405 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Law Office of Robertson Wendt Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... 1955.00 TOTAL This Period (last page this line number only).....

#### S П

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 11 OF 14
ITEMIZED DISBURSEMENTS		arate schedule(s)	(check on	y one)
		category of the Summary Page	<b>X</b> 21b	
			28a	28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (IN FUII) NATIONAL ORGANIZATION OF SOCIAL S	SECURITY	Y CLAIMANTS'	REPRESEN	ITATIVES PAC (NOSSCR PAC)
Full Name (Last, First, Middle Initial)				
A. Platinum Choice Bancard				Date of Disbursement
Mailing Address 31 White St				08 02 2016
West Orange	State NJ	Zip Code 07052		FEC Identification Number
Purpose of Disbursement Merchant fees			003	Transaction ID : SB21B.5990
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursel Senate	ment For: Primary	General		87.96
President State: District:	Other (spec	cify) ▼		Memo Item
Full Name (Last, First, Middle Initial)				
B. Platinum Choice Bancard				Date of Disbursement
Mailing Address 31 White St				09 02 2016
City West Orange	State NJ	Zip Code 07052		FEC Identification Number
Purpose of Disbursement Merchant fees		07032	003	C
Candidate Name			Category/ Type	Transaction ID: SB21B.5988 Amount of Each Disbursement this Period
Office Sought: House Disburse Senate	ment For:	General	-77	83.75
President State: District:	Other (spec	cify)		Memo Item
Full Name (Last, First, Middle Initial)  C.				Date of Disbursement
<b>o</b> .				M M / D D / Y Y Y Y
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement				C
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse Senate	ment For: Primary	General		
President State: District:	Other (spec	cify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)				171.71
TOTAL This Period (last page this line number only				171.71

## ľ

Use separate schedule(s) for each category of the Detailed Summary Page  Use separate schedule(s) for each category of the Detailed Summary Page  Use separate schedule(s) for each category of the Detailed Summary Page  (check only one)  21b	S	CHEDULE B (FEC Form 3X)			FOR LINE N					
Detailed Summary Page	IT	EMIZED DISBURSEMENTS			(check only	one)				
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 PEII)  NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)  Full Name (Last, First, Middle Initial)  A. BLUMENAUER FOR CONGRESS  Mailing Address 901 SE OAK STREET  SUITE 105  City PORTLAND Pripose of Disbursement Corribution Caradidate Name BLUMENAUER, EARL   Prisadent State: OR Disinct: 00  Full Name (Last, First, Middle Initial)  B. COLLINS FOR SENATOR  Mailing Address PD BOX 1096  City Sanato Pripose of Disbursement Cortibution Canadidate Name B. COLLINS, SUSAN M, ,  Office Sought: House Prisadent State: ME Disinct: 00  Full Name (Last, First, Middle Initial)  C. COLLINS, SUSAN M, ,  Office Sought: House Prisadent State: ME Disinct: 00  Full Name (Last, First, Middle Initial)  C. COLLINS, SUSAN M, ,  Office Sought: House Pripose of Disbursement Cortibution Candidate Name ColLLINS, SUSAN M, ,  Office Sought: House Pripose of Disbursement Cortibution Candidate Name Disinct: 00  Full Name (Last, First, Middle Initial)  C. COLLINS, SUSAN M, ,  Office Sought: House Pripose of Disbursement Cortibution Candidate Name District: 00  Full Name (Last, First, Middle Initial)  C. COLLINS, SUSAN M, ,  Office Sought: House Pripose of Disbursement Cortibution Candidate Name District: 00  Full Name (Last, First, Middle Initial)  C. COLLINS, SUSAN M, ,  Office Sought: House Pripose of Disbursement Cortibution Candidate Name District: 00  Full Name (Last, First, Middle Initial)  C. COLLINS, SUSAN M, ,  Office Sought: House Pripose of Disbursement For: 2020  Memory Item										
NAME OF COMMITTEE (in Pall) NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)  Full Name (Last, First, Middle Initial)  A. BLUMENAUER FOR CONGRESS  Mailing Address 901 SE DAK STREET  SUITE 106  City Office Sought:   House   Disbursement   Disbursement For: 2016   Disbursement   Date of Disbursement   Date o	Ar	v information copied from such Reports and Staten	l nents may n	ot be sold or use						
A BLUMENAUER FOR CONGRESS  Mailing Address 901 SE OAK STREET SUITE 105  City State Office Sought: X House President Contribution  Condidate Name  COLLINS, SUSAN M, , Office Sought: X Pransact Disbursement For: 2020  Full Name (Last, First, Middle Initial)  B. COLLINS, SUSAN M, , Office Sought: X President Senate Me District: 00 Disbursement For: 2020  Full Name (Last, First, Middle Initial)  Contribution  Condidate Name  COLLINS, SUSAN M, , Office Sought: X President State: ME District: 00 Disbursement For: 2020  Full Name (Last, First, Middle Initial)  Condidate Name  COLLINS, SUSAN M, , Office Sought: X President State: ME District: 00 Disbursement For: 2020  Full Name (Last, First, Middle Initial)  State: ME District: 00 Disbursement For: 2020  Full Name (Last, First, Middle Initial)  Condidate Name  COLLINS, SUSAN M, , Office Sought: X Senate President State: ME District: 00 Disbursement For: 2020  Full Name (Last, First, Middle Initial)  Condidate Name  Contribution  Candidate Name  Collins, Susante District: 00 Disbursement For: 2020  Full Name (Last, First, Middle Initial)  Contribution  Candidate Name  Collins, Susante President  Contribution  Memolitem  State: Me District: 00  Memolitem  Subtotal of Disbursement For: 2020  Memoliter Susantes President										
A. BLUMENAUER FOR CONGRESS  Mailing Address 901 SE OAK STREET SUITE 105  City PORTLAND OR 97214  Purpose of Disbursement Contribution Candidate Name BLUMENAUER, EARL, Office Sought:   House   Disbursement For: 2016   Senate   President   Other (specify)   ■		, ,	SECURITY	CLAIMANTS' F	REPRESENT	TATIVES PAC (NOSSCR PAC)				
Mailing Address 901 SE OAK STREET SUITE 105 City PORTLAND Purpose of Disbursement Contribution Gandidate Name BLUMENAUER, EARL, , Office Sought: State: OR District: 03 Full Name (Last, First, Middle Initial) B. COLLINS FOR SENATOR Mailing Address PO BOX 1096  City BANGOR Purpose of Disbursement Contribution Candidate Name State: ME District: 03 Full Name (Last, First, Middle Initial) State: ME District: 03 Full Name (Last, First, Middle Initial) State: ME District: 03 Full Name (Last, First, Middle Initial) State: ME District: 03 Full Name (Last, First, Middle Initial) State: ME District: 03 Full Name (Last, First, Middle Initial) State: ME District: 03 Full Name (Last, First, Middle Initial) State: ME District: 03 Full Name (Last, First, Middle Initial) C. COLLINS FOR SENATOR  Mailing Address PO BOX 1096  City BANGOR ME 04402 Furpose of Disbursement Contribution  Candidate Name Collins FOR SENATOR  Mailing Address PO BOX 1096  City BANGOR ME 04402 Furpose of Disbursement Contribution  Candidate Name Collins, SUSAN M, , Office Sought: House Disbursement For: 2020  Candidate Name Collins, SUSAN M, , Office Sought: House Disbursement For: 2020  Senate Primary Qeneral Disbursement Torication Number  Collins, SUSAN M, , Office Sought: House Disbursement Disbursement Contribution Sussanta President State: ME District: 00  SUBTOTAL of Disbursements This Page (optional)		Full Name (Last, First, Middle Initial)								
Maling Address 901 SE OAK STREET SUITE 105 City PORTLAND Condidate Name State: March Disbursement Contribution Candidate Name COLLINS, SUSAN M, Coffice Sought:	Α.	<b>BLUMENAUER FOR CONGRESS</b>				Date of Disbursement				
PORTLAND Purpose of Disbursement Contribution Candidate Name BLUMENAUER, EARL, , Office Sought:		•								
Purpose of Disbursement Contribution Candidate Name BLUMENAUER, EARL, , .  Office Sought:		,				FEC Identification Number				
Contribution Candidate Name BLUMENAUER, EARL, , , Office Sought:			OR	97214						
Candidate Name  BLUMENAUER, EARL, , , Office Sought:		•			011					
BLUMENAUER, EARL, , , Office Sought:		Candidate Name								
Office Sought:		BLUMENAUER, EARL, , ,				Amount of Each Disbursement this Period				
Full Name (Last, First, Middle Initial)  B. COLLINS FOR SENATOR  Mailing Address PO BOX 1096  City BANGOR Purpose of Disbursement Contribution  Candidate Name  COLLINS, SUSAN M, ,  Office Sought: House President State: ME District: 00  Full Name (Last, First, Middle Initial)  C. COLLINS FOR SENATOR  Mailing Address PO BOX 1096  Fill Name (Last, First, Middle Initial)  C. COLLINS FOR SENATOR  Mailing Address PO BOX 1096  City BANGOR District: 00  Full Name (Last, First, Middle Initial)  C. COLLINS FOR SENATOR  Mailing Address PO BOX 1096  City BANGOR ME 04402  City BANGOR Disbursement Contribution  Candidate Name  COLLINS, SUSAN M, ,  Office Sought: House ME 04402  President Contribution  Candidate Name  COLLINS, SUSAN M, ,  Office Sought: House President Other (specify) Type  Office Sought: House President Other (specify) Memo Item  State: ME District: 00  Subtrotal of Disbursement This Page (optional)		Office Sought: House Disbursen				1000.00				
B. COLLINS FOR SENATOR  Mailing Address PO BOX 1096  City BANGOR Purpose of Disbursement Contribution Candidate Name COLLINS, SUSAN M, , , Office Sought: State: ME District: 00  City BANGOR President State: ME District: 00  City BANGOR President State: ME District: 00  State Disbursement For: 2020  ME  O4402  FEC Identification Number C Co0314575  Transaction ID : S823.5955  Amount of Each Disbursement this Period  Type  Other (specify)  Date of Disbursement  C Co0314575  Transaction ID : S823.5955  Amount of Each Disbursement this Period  Date of Disbursement  Date of Disbursement  Date of Disbursement  Date of Disbursement  C Co0314575  Transaction ID : S823.5956  Amount of Each Disbursement  Date of Disbursement  C C C00314575  Transaction ID : S823.5956  Amount of Each Disbursement  C C C00314575  Transaction ID : S823.5956  Amount of Each Disbursement this Period  C C C00314575  Transaction ID : S823.5956  Amount of Each Disbursement this Period  C C C00314575  Transaction ID : S823.5956  Amount of Each Disbursement this Period  C C C00314575  Transaction ID : S823.5956  Amount of Each Disbursement this Period  C C C00314575  Transaction ID : S823.5956  Amount of Each Disbursement this Period  Memo Item  Substortal of Disbursements This Page (optional)			Other (spec	ify) ▼		Memo Item				
City BANGOR Purpose of Disbursement Contribution Candidate Name COLLINS, SUSAN M, , ,  City BANGOR Purpose of Disbursement Contribution Candidate Name COLLINS, SUSAN M, , ,  City BANGOR Purpose of Disbursement Contribution Candidate Name COLLINS FOR SENATOR  Mailing Address PO BOX 1096  City BANGOR Purpose of Disbursement Contribution Candidate Name COLLINS, SUSAN M, , ,  City BANGOR Purpose of Disbursement Contribution Candidate Name COLLINS, SUSAN M, , ,  City BANGOR Purpose of Disbursement Contribution Candidate Name COLLINS, SUSAN M, , ,  City BANGOR Purpose of Disbursement Contribution Candidate Name COLLINS, SUSAN M, , ,  City BANGOR Purpose of Disbursement Contribution Candidate Name COLLINS, SUSAN M, , ,  City Code ME 04402  Purpose of Disbursement Contribution Candidate Name COLLINS, SUSAN M, , ,  City Code ME 04402  Purpose of Disbursement Contribution Candidate Name COLLINS, SUSAN M, , ,  City Code ME 04402  Purpose of Disbursement Contribution Candidate Name COLLINS, SUSAN M, , ,  Office Sought: President Cother (specify)  Memo Item  Subtotal of Disbursements This Page (optional)		Full Name (Last, First, Middle Initial)								
Mailing Address PO BOX 1096  City BANGOR Purpose of Disbursement Contribution Candidate Name COLLINS, SUSAN M, , Office Sought: State: ME District: 00  Full Name (Last, First, Middle Initial) C. COLLINS FOR SENATOR  Mailing Address PO BOX 1096  City BANGOR ME Disbursement Contribution  Candidate Name COLLINS, SUSAN M, , Office Sought: State: ME District: 00  Full Name (Last, First, Middle Initial) C. COLLINS FOR SENATOR  Mailing Address PO BOX 1096  City BANGOR ME 04402  Purpose of Disbursement Contribution Candidate Name Contribution Candidate Name COLLINS, SUSAN M, , Office Sought: A Primary Contribution Candidate Name COLLINS, SUSAN M, , Office Sought: A Senate President Collins, SUSAN M, , Office Sought: A Senate President Collins, Susant President Collins, Susant President Collins, Susant President Collins, Susant President State: ME District: 00  Subtrotal of Disbursements This Page (optional)	В.	COLLINS FOR SENATOR				Date of Disbursement				
BANGOR Purpose of Disbursement Contribution Candidate Name COLLINS, SUSAN M, , ,  Office Sought: House President State: ME District: 00  Full Name (Last, First, Middle Initial) C. COLLINS FOR SENATOR  Mailing Address PO BOX 1096  City BANGOR Purpose of Disbursement Contribution Candidate Name COLLINS, SUSAN M, , ,  Office Sought: House Primary Seneral Contribution Candidate Name COLLINS, FOR SENATOR  Mailing Address PO BOX 1096  City BANGOR Purpose of Disbursement Contribution Candidate Name COLLINS, SUSAN M, , ,  Office Sought: House District: 00  Subtrotal of Disbursements This Page (optional)		Mailing Address PO BOX 1096								
BANGOR Purpose of Disbursement Contribution  Candidate Name COLLINS, SUSAN M, ,  Office Sought: House President State: ME District: 00  Full Name (Last, First, Middle Initial)  C. COLLINS FOR SENATOR  Mailing Address PO BOX 1096  City BaNGOR Purpose of Disbursement Contribution  Candidate Name COLLINS, SUSAN M, ,  Office Sought: President President State ME District: 00  State: ME District: 00  Full Name (Last, First, Middle Initial)  C. COLLINS FOR SENATOR  Mailing Address PO BOX 1096  City State Zip Code ME 04402  Purpose of Disbursement Contribution  Candidate Name COLLINS, SUSAN M, ,  Office Sought: House Primary X General Other (specify) ▼  Senate Primary X General Other (specify) ▼  Substraction ID: SB23.5956  Amount of Each Disbursement this Period  Memo Item  Substraction ID: SB23.5956  Amount of Each Disbursement this Period  Memo Item  Substraction ID: SB23.5956  Amount of Each Disbursement this Period  Memo Item  Substraction ID: SB23.5956  Amount of Each Disbursement this Period  Memo Item  Substraction ID: SB23.5956  Amount of Each Disbursement this Period  Memo Item  Substraction ID: SB23.5956  Amount of Each Disbursement this Period  Memo Item		City	State	Zip Code		FFC Identification Number				
Contribution Candidate Name COLLINS, SUSAN M, , ,  Office Sought: House President State: ME District: 00  Full Name (Last, First, Middle Initial) C. COLLINS FOR SENATOR  Mailing Address PO BOX 1096  City BANGOR Purpose of Disbursement Contribution Candidate Name COLLINS, SUSAN M, , ,  Office Sought: House President Other (specify)  State Zip Code ME 04402  FEC Identification Number Candidate Name COLLINS, SUSAN M, , ,  Office Sought: House Primary Reneral Other (specify)  Senate Primary Reneral Other (specify)  Susante Primary Reneral Other (specify)  Memo Item  Subtrotal of Disbursements This Page (optional)		27.114011	ME	04402		FEC Identification Number				
Candidate Name COLLINS, SUSAN M, , ,  Office Sought:					011	C C00314575				
COLLINS, SUSAN M, , ,  Office Sought:  House  President  State: ME District: 00										
Office Sought:						Amount of Each Disbursement this Period				
State: ME District: 00  Full Name (Last, First, Middle Initial)  C. COLLINS FOR SENATOR  Mailing Address PO BOX 1096  City BANGOR Purpose of Disbursement Contribution  Candidate Name COLLINS, SUSAN M, ,  Office Sought: House President State: ME District: 00  Subtrotal of Disbursements This Page (optional)			nent For: 2	020	.,,,,	1500.00				
State: ME District: 00  Full Name (Last, First, Middle Initial)  C. COLLINS FOR SENATOR  Mailing Address PO BOX 1096  City BANGOR Purpose of Disbursement Contribution  Candidate Name COLLINS, SUSAN M, , ,  Office Sought:  WE District: 00  Date of Disbursement  M M M M M M M M M M M M M M M M M M M			•			7 7 7				
Full Name (Last, First, Middle Initial)  C. COLLINS FOR SENATOR  Mailing Address PO BOX 1096  City BANGOR Purpose of Disbursement Contribution Candidate Name COLLINS, SUSAN M, , Office Sought: House President State: ME District: 00  Date of Disbursement  Tip Code 04402  FEC Identification Number  C C00314575  Transaction ID: SB23.5956  Amount of Each Disbursement this Period  Memo Item  SUBTOTAL of Disbursements This Page (optional)			Other (spec	ify)		Memo Item				
City BANGOR Purpose of Disbursement Contribution  Candidate Name COLLINS, SUSAN M, ,  Office Sought:  House President State: ME District: 00  State Zip Code 04402  C C00314575  Transaction ID: SB23.5956 Amount of Each Disbursement this Period  Category/ Type  Other (specify)  Memo Item  Subtrotal of Disbursements This Page (optional)	_	Full Name (Last, First, Middle Initial)								
City BANGOR Purpose of Disbursement Contribution Candidate Name COLLINS, SUSAN M, , Office Sought: House President State: ME Disbursements This Page (optional)	C.	COLLINS FOR SENATOR								
BANGOR Purpose of Disbursement Contribution  Candidate Name COLLINS, SUSAN M, ,  Office Sought:  House President State: ME District: 00  ME 04402  C C00314575  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Memo Item  SUBTOTAL of Disbursements This Page (optional)		Mailing Address PO BOX 1096								
BANGOR Purpose of Disbursement Contribution  Candidate Name COLLINS, SUSAN M, , ,  Office Sought:  House President President State: ME District: 00  ME 04402  C C00314575  Transaction ID: SB23.5956  Amount of Each Disbursement this Period  Memo Item  3500.00		City	State	Zip Code		FEC. Identification Number				
Contribution  Candidate Name COLLINS, SUSAN M, , ,  Office Sought: House Primary General President State: ME District: 00  SUBTOTAL of Disbursements This Page (optional)			ME	04402						
Candidate Name COLLINS, SUSAN M, , ,  Office Sought: House Primary General President State: ME District: 00  SUBTOTAL of Disbursements This Page (optional)					011	C C00314575				
COLLINS, SUSAN M, , ,  Office Sought: House Disbursement For: 2020  X Senate Primary X General Other (specify)   State: ME District: 00  SUBTOTAL of Disbursements This Page (optional)		Candidate Name								
Office Sought: House Disbursement For: 2020  ✓ Senate Primary ✓ General Other (specify) ✓  State: ME District: 00  SUBTOTAL of Disbursements This Page (optional)						Amount of Each Disbursement this Period				
State: ME District: 00  SUBTOTAL of Disbursements This Page (optional)			nent For: 2	020	71	1000.00				
State: ME District: 00  SUBTOTAL of Disbursements This Page (optional)										
SUBTOTAL of Disbursements This Page (optional)			Other (spec	ify) ▼		Memo Item				
SOBTOTAL OF DISDUISEMENTS THIS Fage (Optional)	_	State: ME District: 00								
TOTAL This Period (last page this line number only)	s	UBTOTAL of Disbursements This Page (optional)			······• <b>&gt;</b>	3500.00				
	T-	OTAL This Period (last nage this line number only)								

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 <b>x</b> 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)  NATIONAL ORGANIZATION OF SOCIAL S			
Full Name (Last, First, Middle Initial)  A. KIND FOR CONGRESS COMMIT	ТЕЕ		Date of Disbursement
Mailing Address 205 5TH AVENUE SOUTH			09 08 2016
LA CROSSE	State Zip Code WI 54601		FEC Identification Number
Purpose of Disbursement Contribution		011	C C00312017  Transaction ID : SB23.5946
Candidate Name KIND, RONALD JAMES, , ,		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursen	nent For: 2016  Primary  General  Other (specify)		1000.00
State: WI District: 03	Caron (openny) 🔻		Memo Item
Full Name (Last, First, Middle Initial)  B. LEADERSHIP FOR TODAY AND	TOMORROW		Date of Disbursement
Mailing Address 700 13TH STREET, NW SUITE 600			09 09 2016
City WASHINGTON	State Zip Code 20005		FEC Identification Number
Purpose of Disbursement Contribution		011	C C00299149 Transaction ID : SB23,5953
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	Primary General		5000.00
President State: District:	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)  C. MIKE THOMPSON FOR CONGRE	ESS		Date of Disbursement
Mailing Address 5429 MADISON AVENUE			09 12 2016
SACRAMENTO Purpose of Disbursement	State Zip Code CA 95841		FEC Identification Number  C C00326363
Contribution  Candidate Name  THOMPSON, MIKE MR., , ,	011 Category/ Type	Transaction ID: SB23.5954 Amount of Each Disbursement this Period	
Office Sought: House Disbursen	nent For: 2016  Primary  General  Other (specify)	75-	2000.00
State: CA District: 05	X 1 12 77 4		Memo Item
SUBTOTAL of Disbursements This Page (optional)		······	8000.00
TOTAL This Period (last page this line number only)			

#### S П

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) for each category of the		FOR LINE I	FOR LINE NUMBER: PAGE 14 OF 14		
ITEMIZED DISBURSEMENTS			(check only			
		Summary Page	21b 28a	22 <b>X</b> 23 28c	26 27 29 30b	
Any information copied from such Reports and Staten	nents may n	ot be sold or use				
or for commercial purposes, other than using the name	ne and addre	ess of any politic	al committee to	solicit contributions f	rom such committee.	
NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF SOCIAL S	SECURITY	CLAIMANTS'	REPRESENT	TATIVES PAC (NC	OSSCR PAC)	
Full Name (Last, First, Middle Initial)						
A. STABENOW FOR US SENATE				Date of Disbursement		
Mailing Address P.O. BOX 4945				09 08	2016	
City SEAST LANSING	State MI	ı ·		FEC Identification	Number	
Purpose of Disbursement Contribution 011				C C00344473  Transaction ID : SB23.5950		
Candidate Name  STABENOW, DEBBIE, , ,  Category/ Type					isbursement this Period	
Office Sought:  House Disbursement For: 2018  Senate Primary General				1000.00		
President State: MI District: 00	Other (specify) ▼			Memo Item		
Full Name (Last, First, Middle Initial)						
B.				Date of Disbursement		
Mailing Address				M   M / D   D	/	
City	State Zip Code			FEC Identification Number		
Purpose of Disbursement				C		
Candidate Name  Category/ Type				Amount of Each Disbursement this Period		
Office Sought: Disbursement For:						
Senate President	Primary General Other (specify)					
State: District:	Carlot (openity)			Memo Item		
Full Name (Last, First, Middle Initial)  C.				Date of Disbursem	ont	
G.				M M / D D / Y Y Y Y		
Mailing Address						
City	State	Zip Code		FEC Identification	Number	
Purpose of Disbursement				C		
Candidate Name  Category/ Type				Amount of Each Disbursement this Period		
Office Sought: Disbursement For:						
Senate President	Primary General Other (specify) ▼				,	
State: District:	Caron (specify)			Memo Item		
SUBTOTAL of Disbursements This Page (optional)					1000.00	
THIS Fage (OPHOTIAL)			<u> </u>	1 1 7	7 1 7	
TOTAL This Period (last page this line number only)					12500.00	