

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
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** 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 Quarterly 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) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 06 01 2008 through 06 30 2008

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 Electronically Filed by Ms. Christine Kim Date 07 07 2008

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							
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
National Committee to Preserve Social Security & Medicare PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		450668.17
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	591428.35									
(c) Total Receipts (from Line 19)	207891.51	711208.83								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	799319.86	1161877.00								
7. Total Disbursements (from Line 31)	36426.22	398983.36								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	762893.64	762893.64								
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**

Write or Type Committee Name
National Committee to Preserve Social Security & Medicare PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	4896.00	9696.00
(i) Itemized (use Schedule A)	202567.44	698630.39
(ii) Unitemized	207463.44	708326.39
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	207463.44	708326.39
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.)	428.07	2882.44
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 Transfer (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))	207891.51	711208.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	207891.51	711208.83

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	1426.22	184483.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1426.22	184483.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	213500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	1000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	36426.22	398983.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36426.22	398983.36

DETAILED SUMMARY PAGE
of Disbursements

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)	207463.44	708326.39
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	207463.44	708326.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1426.22	184483.36
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1426.22	184483.36

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 28
(check only one)
 11a 11b 11c 12
 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 Committee to Preserve Social Security & Medicare PAC

<p>A. Full Name (Last, First, Middle Initial) Mr. J. H. Baughman, Jr.</p> <p>Mailing Address 8520 Dundee Ter.</p> <p>City State Zip Code Miami Lakes FL 33016-1405</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00</p>	<p>Date of Receipt 06 / 30 / 2008</p> <p>Transaction ID: 15633616</p> <p>Amount of Each Receipt this Period 125.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Reverend Robert L. Baughns, Jr.</p> <p>Mailing Address 77 Magaw Avenue</p> <p>City State Zip Code Carlisle PA 17015-7619</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 293.00</p>	<p>Date of Receipt 06 / 18 / 2008</p> <p>Transaction ID: 15633617</p> <p>Amount of Each Receipt this Period 181.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Joseph Teague Chandler</p> <p>Mailing Address 3514 Waverly Blvd.</p> <p>City State Zip Code Richmond VA 23222-3445</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00</p>	<p>Date of Receipt 06 / 24 / 2008</p> <p>Transaction ID: 15634752</p> <p>Amount of Each Receipt this Period 25.00</p>
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SUBTOTAL of Receipts This Page (optional)	331.00
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 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Mr. Grady Chitwood</p> <p>Mailing Address 523 Ayers Rd.</p> <p>City State Zip Code Mount Airy GA 30563-3646</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00</p>	<p>Date of Receipt 06 / 25 / 2008</p> <p>Transaction ID: 15634823</p> <p>Amount of Each Receipt this Period 125.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. Joseph R. Clark</p> <p>Mailing Address 1701 Linwood Drive</p> <p>City State Zip Code Bedford IN 47421-3919</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00</p>	<p>Date of Receipt 06 / 30 / 2008</p> <p>Transaction ID: 15634889</p> <p>Amount of Each Receipt this Period 125.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Ms. Marion Comeaux</p> <p>Mailing Address 425 Westmoreland Dr.</p> <p>City State Zip Code Baton Rouge LA 70806-5164</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00</p>	<p>Date of Receipt 06 / 25 / 2008</p> <p>Transaction ID: 15635033</p> <p>Amount of Each Receipt this Period 125.00</p>
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SUBTOTAL of Receipts This Page (optional)	375.00
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 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Martin Dimatteo

Mailing Address
1068 S Belvoir Blvd.

City State Zip Code
South Euclid OH 44121-2945

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2008
Transaction ID: 15635728

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mrs. Margaret E. Evans

Mailing Address
520 Benton Ave. W Apt. 109

City State Zip Code
Albia IA 52531-1951

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 24 / 2008
Transaction ID: 15636183

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Mr. Wesley Grow

Mailing Address
248 Mineral St.

City State Zip Code
Pottstown PA 19464-3942

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 06 / 18 / 2008
Transaction ID: 15637187

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional) 875.00

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 9 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mrs. Helen Halpern

Mailing Address
4027 Fairfax Rd.

City State Zip Code
Evansville IN 47710-3718

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 26 / 2008

Transaction ID: 15637316

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
James L. Hassinger, Jr.

Mailing Address
2855 Early St. Apt. A

City State Zip Code
Norfolk VA 23513-3830

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
06 / 19 / 2008

Transaction ID: 15637514

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Ms. Mary Hestand

Mailing Address
431 N Holly Avenue

City State Zip Code
Sherman TX 75092-5512

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
06 / 24 / 2008

Transaction ID: 15637738

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) 450.00

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 10 / 28
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Mr. Robert Jacobson

Mailing Address
118 Redbird Ln.

City State Zip Code
Smithville TX 78957-5761

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2008

Transaction ID: 15638236

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Mr. Robert J. Lillie

Mailing Address
P.O. Box 125

City State Zip Code
Cornwall PA 17016-0125

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2008

Transaction ID: 15639376

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Mr. Norwood N. Lokey

Mailing Address
1772 Judy Way

City State Zip Code
Edgewood MD 21040-1833

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2008

Transaction ID: 15639454

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **425.00**

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 11 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Rosamond Makar

Mailing Address Apt. 616
1 Daniel Burnham Ct.

City State Zip Code
San Francisco CA 94109-5461

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2008

Transaction ID: 15639692

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Emory C. Manning

Mailing Address
1439 Manning Rd.

City State Zip Code
Iva SC 29655-8770

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2008

Transaction ID: 15639737

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Margaret E. Martin

Mailing Address
10450 Lottsford Rd. #4009

City State Zip Code
Mitchellville MD 20721-2750

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2008

Transaction ID: 15639836

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **550.00**

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 12 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Ms. Nancy Owens

Mailing Address

10711 Todds Corner Rd.

City

Easton

State

MD

Zip Code

21601-5441

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 15641142

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Elsa J. Parker

Mailing Address

7315 Tours St.

City

Houston

State

TX

Zip Code

77036-6417

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 15641202

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Reverend Vernon Rabel

Mailing Address

1145 County Road 218

City

Welmar

State

TX

Zip Code

78962-5183

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: 15641722

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

600.00

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 13 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Mr. Frank A. Reed, Jr.

Mailing Address

3400 Wagner Heights Rd. Apt. 162

City State Zip Code
Stockton CA 95209-4874

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: 15641827

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
Mr. George E. Robey

Mailing Address

125 Utah Rd.

City State Zip Code
Stevensville MD 21666-3429

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 15642066

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Melanie Scheremetow

Mailing Address

2542 17th Ave.

City State Zip Code
San Francisco CA 94116-3001

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 229.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 15642532

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional) ▶

440.00

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 14 / 28
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Claudia Shanks

Mailing Address
4215 Harding Rd. Apt. 310

City State Zip Code
Nashville TN 37205-2026

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: 15642765

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Leota Snyder Martin

Mailing Address P.O. Box 198
1555 N Main St.

City State Zip Code
Frankfort IN 46041-1167

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2008

Transaction ID: 15643158

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Mr. John R. Thunell

Mailing Address
560 River Heights Blvd.

City State Zip Code
Logan UT 84321-5693

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2008

Transaction ID: 15643835

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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 15 / 28	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Ms. Esther Welsh		Date of Receipt																					
	Mailing Address 10804 N Teegreen Rd.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		3	0		2	0	0	8														
	City	State	Zip Code	Transaction ID: 15644546																				
	Tampa	FL	33612-6569	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	150.00																					
Name of Employer		Occupation																						
		Retired																						
Receipt For:		Aggregate Year-to-Date ▼																						
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		275.00																						

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	4896.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 / 28	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Bank of America		Date of Receipt
	Mailing Address 730 15th Street, NW DC1-701-02-02, 2nd Floor		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		Transaction ID: 15645102
	C		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text"/> 428.07
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Bank Interest
		<input type="text"/> 2882.44	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 428.07
TOTAL This Period (last page this line number only)	<input type="text"/> 428.07

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Darcy Burner For Congress

Mailing Address PO Box 1090

City State Zip Code
Carnation WA 98014

Purpose of Disbursement
Contribution

Candidate Name
Darcy Burner

Office Sought: House
 Senate
 President
State: WA District: 08

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 15526261
Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Contribution

B.

Full Name (Last, First, Middle Initial)
Kay For Congress

Mailing Address PO Box 14194

City State Zip Code
Parkville MO 64152

Purpose of Disbursement
Contribution

Candidate Name
Kay Barnes

Office Sought: House
 Senate
 President
State: MO District: 06

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 15526334
Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Contribution

C.

Full Name (Last, First, Middle Initial)
Kilroy For Congress

Mailing Address 550 East Walnut Street
Ste 305

City State Zip Code
Columbus OH 43215

Purpose of Disbursement
Contribution

Candidate Name
Mary Kilroy

Office Sought: House
 Senate
 President
State: OH District: 15

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 15526481
Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Pennsylvania for Kanjorski <hr/> Mailing Address 126 South Franklin <hr/> City Wilkes-Barre State PA Zip Code 18701 <hr/> Purpose of Disbursement Contribution Candidate Name Paul Kanjorski Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15542803 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8	
		Amount of Each Disbursement this Period 1000.00	
		Contribution	
B.	Full Name (Last, First, Middle Initial) Hastings For Congress <hr/> Mailing Address P.O. Box 100277 <hr/> City Ft. Lauderdale State FL Zip Code 33310 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Alcee L. Hastings Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 23 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15569921 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 8	
		Amount of Each Disbursement this Period 1000.00	
		Contribution	
C.	Full Name (Last, First, Middle Initial) Carney For Congress <hr/> Mailing Address P.O. Box A <hr/> City Clarks Summit State PA Zip Code 18411 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Christopher Carney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15572738 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 8	
		Amount of Each Disbursement this Period 1000.00	
		Contribution	

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Kendrick Meek Campaign For Congress

Mailing Address 111 Nw 183rd Street
Suite 325

City Miami State FL Zip Code 33169

Purpose of Disbursement
Contribution

Candidate Name
Rep. Kendrick B. Meek

Office Sought: House
 Senate
 President
State: FL District: 17

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 15572740
Date of Disbursement

06 / 06 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Tim Johnson for South Dakota

Mailing Address 420 C Street, NE, Lower Level

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name
Tim Johnson

Office Sought: House
 Senate
 President
State: SD District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 15572741
Date of Disbursement

06 / 06 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Powers For Congress

Mailing Address PO Box 46

City Williamsville State NY Zip Code 14231

Purpose of Disbursement
Contribution

Candidate Name
Mr. Jonathan Powers

Office Sought: House
 Senate
 President
State: NY District: 26

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 15590915
Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Building A Majority PAC</p> <p>Mailing Address 10 G Street, NE Suite 470</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution Candidate Name Building A Majority PAC Category/Type 011</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: 15590917 Date of Disbursement: 06 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Gordon Smith</p> <p>Mailing Address 228 South Washington Street Suite 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Contribution Candidate Name Gordon Smith Category/Type 011</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District:</p>	<p>Transaction ID: 15590918 Date of Disbursement: 06 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Moore for Congress</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013-5214</p> <p>Purpose of Disbursement Contribution Candidate Name Dennis Moore Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KS District: 03</p>	<p>Transaction ID: 15590919 Date of Disbursement: 06 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Levin for Congress</p> <p>Mailing Address P.O. Box 37</p> <p>City Roseville State MI Zip Code 48066-0037</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sander Levin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15590921 Date of Disbursement 06 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Steve Israel for Congress Committee</p> <p>Mailing Address P.O. Box 777</p> <p>City Deer Park State NY Zip Code 11729</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Steve Israel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15599944 Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Patrick Murphy For Congress</p> <p>Mailing Address P.O. Box 868</p> <p>City Levittown State PA Zip Code 19058</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Patrick Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15603957 Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Hoosiers for Hill

Mailing Address P.O. Box 1071

City Seymour State IN Zip Code 47274

Purpose of Disbursement
Contribution

Candidate Name
Baron Hill

Office Sought: House
 Senate
 President

State: IN District: 09

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 15603960
Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Contribution

B.

Full Name (Last, First, Middle Initial)
Schauer For Congress

Mailing Address PO Box 100

City Battle Creek State MI Zip Code 49016

Purpose of Disbursement
Contribution

Candidate Name
Mr. Mark Schauer

Office Sought: House
 Senate
 President

State: MI District: 07

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 15603964
Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Contribution

C.

Full Name (Last, First, Middle Initial)
Ellsworth For Congress Committee

Mailing Address P.O. Box 62

City Evansville State IN Zip Code 47701

Purpose of Disbursement
Contribution

Candidate Name
Mr. Brad Ellsworth

Office Sought: House
 Senate
 President

State: IN District: 08

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 15603968
Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Tim Bishop For Congress

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement
Contribution

Candidate Name
Rep. Timothy Bishop

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 15603970
Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Friends Of Dan Maffei

Mailing Address PO Box 74

City Syracuse State NY Zip Code 13214

Purpose of Disbursement
Contribution

Candidate Name
Mr. Daniel Maffei

Office Sought: House
 Senate
 President
State: NY District: 25

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 15603971
Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Dan Seals For Congress

Mailing Address P.O. Box 584

City Wilmette State IL Zip Code 60091

Purpose of Disbursement
Contribution

Candidate Name
Mr. Daniel Seals

Office Sought: House
 Senate
 President
State: IL District: 10

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 15603980
Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Halvorson For Congress</p> <p>Mailing Address PO Box 176</p> <p>City State Zip Code Crete IL 60417</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Deborah Halvorson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 11</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15603984</p> <p>Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Cummings for Congress</p> <p>Mailing Address 2901 Druid Park Drive</p> <p>City State Zip Code Baltimore MD 21215</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Elijah E. Cummings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15603987</p> <p>Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) John Lewis For Congress Committee</p> <p>Mailing Address 219 3rd Street SE</p> <p>City State Zip Code Washington DC 20003</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JOHN LEWIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15603989</p> <p>Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Anne Barth For Congress <hr/> Mailing Address Post Office Box 2151 <hr/> City Charleston State WV Zip Code 25328 <hr/> Purpose of Disbursement Contribution Candidate Name Anne Barth Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15617281 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011
B. Full Name (Last, First, Middle Initial) Peters For Congress <hr/> Mailing Address PO Box 226 <hr/> City Bloomfield Hills State MI Zip Code 48303 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Gary Peters Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15617283 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011
C. Full Name (Last, First, Middle Initial) Joan Fitz-Gerald For Congress Committee <hr/> Mailing Address Box 401 9975 Wadsworth Parkway Unit K-2 <hr/> City Westminster State CO Zip Code 80021 <hr/> Purpose of Disbursement Contribution Candidate Name Joan Fitz-Gerald Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15617284 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Martin Heinrich Mailing Address 2118 Central Avenue Se #71 City Albuquerque State NM Zip Code 87106 Purpose of Disbursement Contribution Candidate Name Mr. Martin Heinrich Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15617285 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Contribution
B. Full Name (Last, First, Middle Initial) Pingree For Congress Mailing Address PO Box 17613 City Portland State ME Zip Code 04112 Purpose of Disbursement Contributions Candidate Name Chellie Pingree Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15617344 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00 Contributions

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

35000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Susan Miller Mailing Address 1807 Sherwood Road City Silver Spring State MD Zip Code 20902 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15569923 Date of Disbursement 06 / 05 / 2008	Amount of Each Disbursement this Period 270.00 Salary
B.	Full Name (Last, First, Middle Initial) Susan Miller Mailing Address 1807 Sherwood Road City Silver Spring State MD Zip Code 20902 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15603944 Date of Disbursement 06 / 19 / 2008	Amount of Each Disbursement this Period 900.00 Salary
C.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address 730 15th Street, NW DC1-701-02-02, 2nd Floor City Washington State DC Zip Code 20005 Purpose of Disbursement Bank Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15645101 Date of Disbursement 06 / 30 / 2008	Amount of Each Disbursement this Period 256.22 Bank Fees

SUBTOTAL of Disbursements This Page (optional) ▶	1426.22
TOTAL This Period (last page this line number only) ▶	1426.22