

**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 &amp; Medicare PAC

ADDRESS (number and street)

10 G St. NE

Suite 600

Check if different  
than previously  
reported. (ACC)

Washington

DC

20002

4215

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00172296

3. IS THIS  
REPORTNEW  
(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

05

01

2008

through

05

31

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

06

20

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Committee to Preserve Social Security &amp; Medicare PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		450668.17
(b) Cash on Hand at Beginning of Reporting Period .....	572377.65	
(c) Total Receipts (from Line 19) .....	39828.94	503317.32
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	612206.59	953985.49
7. Total Disbursements (from Line 31) .....	20778.24	362557.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	591428.35	591428.35
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Committee to Preserve Social Security &amp; Medicare PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	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	500.00	4800.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	38950.46	496062.95
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	39450.46	500862.95
(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) ..... ➡	39450.46	500862.95
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.) .....	378.48	2454.37
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)) .....	39828.94	503317.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	39828.94	503317.32

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2278.24	183057.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	2278.24	183057.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	178500.00
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))..	20778.24	362557.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20778.24	362557.14

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	39450.46	500862.95
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39450.46	500862.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2278.24	183057.14
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2278.24	183057.14

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

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

FOR LINE NUMBER: PAGE 6 / 15

(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. Kenneth C. Daly

Mailing Address

701 Essex Ct.

City

Brewster

State

NY

Zip Code

10509-6537

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

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

Transaction ID: 15600443

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Norma Z. Thimot

Mailing Address

4185 E Brokern Rock Loop

City

Flagstaff

State

AZ

Zip Code

86004-8918

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

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 8

Transaction ID: 15602187

Amount of Each Receipt this Period

250.00

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

500.00

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

500.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 15

(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"/> 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 &amp; Medicare PAC

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW  
DC1-701-02-02, 2nd Floor

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2454.37

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	8

Transaction ID: 15603845

Amount of Each Receipt this Period

378.48

Bank Interest

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

378.48

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

378.48

# **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)

PAGE 8 / 15

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

Stupak for Congress

Mailing Address PO Box 143

City  
Menominee

State  
MI

Zip Code  
49858

Purpose of Disbursement  
Contribution

Candidate Name  
Bart Stupak

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 01

Transaction ID: 15396052

Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Friends Of Charlie Wilson

Mailing Address P.O. Box 61

City  
St. Clairsville

State  
OH

Zip Code  
43950

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Charles Wilson

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 06

Transaction ID: 15441567

Date of Disbursement

05 / 07 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Carnahan In Congress

Mailing Address 7370 Manchester Rd Ste 20

City  
St. Louis

State  
MO

Zip Code  
63143

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Russ Carnahan

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 03

Transaction ID: 15441568

Date of Disbursement

05 / 07 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

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)

PAGE 9 / 15

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Maloney for Congress	<b>Transaction ID:</b> 15445130 <b>Date of Disbursement</b>
Mailing Address 24 East 93rd Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 8 / 2 0 0 8</div> </div>
City New York State NY Zip Code 10128	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Carolyn Maloney	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	<b>Contribution</b>
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Jim Marshall	<b>Transaction ID:</b> 15445131 <b>Date of Disbursement</b>
Mailing Address 586 Orange Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 8 / 2 0 0 8</div> </div>
City Macon State GA Zip Code 31201	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Mr. Jame Marshall	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	<b>Contribution</b>
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Mike Thompson for Congress	<b>Transaction ID:</b> 15445132 <b>Date of Disbursement</b>
Mailing Address 236 Massachusetts Avenue, NE Suite 508	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 8 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1500.00</div>
Candidate Name Mike Thompson	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	<b>Contribution</b>
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**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)

PAGE 10 / 15

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

Judy Feder For Congress

Mailing Address 1514 Hardwood Lane

City Mclean State VA Zip Code 22101

Purpose of Disbursement  
Contribution

Candidate Name  
Judy Feder

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 10

Transaction ID: 15487464

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Loebsack For Congress

Mailing Address PO Box 1457

City Iowa City State IA Zip Code 52244

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Dave Loebsack

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 02

Transaction ID: 15487472

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Cazayoux For Congress

Mailing Address Pob 156

City New Roads State LA Zip Code 70760

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Donald Cazayoux

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 06

Transaction ID: 15487473

Date of Disbursement

05 / 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)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 15

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

John Hall For Congress

Mailing Address PO Box 469

City  
Beacon

State  
NY

Zip Code  
12508

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John Hall

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: 15487479

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Linda Stender For Congress

Mailing Address P.O. Box 730

City  
Scotch Plains

State  
NJ

Zip Code  
07076

Purpose of Disbursement  
Contribution

Candidate Name  
Linda Stender

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 07

Transaction ID: 15487481

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

John Spratt for Congress

Mailing Address PO Box 636

City  
Annandale

State  
VA

Zip Code  
22003

Purpose of Disbursement  
Contribution

Candidate Name  
John Spratt

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 05

Transaction ID: 15487486

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

1500.00

Contribution

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)

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

Citizens for Harkin

Mailing Address 700 13 Street, NW #400

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name  
Tom Harkin

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District:

Transaction ID: 15487493

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mark Udall for Colorado

Mailing Address 236 Massachusetts Avenue, NE  
Suite 508

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Candidate Name  
Mark Udall

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District:

Transaction ID: 15487535

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Minnick For Congress

Mailing Address 7964 W Fairview Avenue

City Boise State ID Zip Code 83704

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Walter Minnick

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ID District: 01

Transaction ID: 15490741

Date of Disbursement

05 / 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)

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

**A.**

Full Name (Last, First, Middle Initial)

Larocco For Senate

Mailing Address PO Box 1187

City  
Boise

State  
ID

Zip Code  
83701

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Larry Larocco

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ID District:

Transaction ID: 15490742

Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

JOHN TIERNEY FOR CONGRESS

Mailing Address 38 Ivy Street, SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contribution

Candidate Name  
JOHN TIERNEY

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 06

Transaction ID: 15490743

Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Larson for Congress

Mailing Address 6282 Occquan Forest Drive

City  
Manassas

State  
VA

Zip Code  
20112

Purpose of Disbursement  
Void - Larson for Congress

Candidate Name  
John Larson

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 01

Transaction ID: 15490745

Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

-1000.00

Void - Larson for Congress

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 14 / 15

<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 &amp; Medicare PAC

**A.**

Full Name (Last, First, Middle Initial)

SLATTERY FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 1978

City  
TOPEKAState  
KSZip Code  
66601Purpose of Disbursement  
ContributionCandidate Name  
JIM SLATTERY011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 02

Transaction ID: 15496743

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John Hall For Congress

Mailing Address PO Box 469

City  
BeaconState  
NYZip Code  
12508Purpose of Disbursement  
Void - John Hall For CongressCandidate Name  
Rep. John Hall011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: 15578860

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	0	8

Amount of Each Disbursement this Period

-1000.00

Void - John Hall For Congress

SUBTOTAL of Disbursements This Page (optional) .....

0.00

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

18500.00

# **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)

PAGE 15 / 15

<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)

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

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 15603844

Date of Disbursement

05 / 31 / 2008

Amount of Each Disbursement this Period

2278.24

Bank Fees

SUBTOTAL of Disbursements This Page (optional) .....

2278.24

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

2278.24