PAGE 1 / 10

Image# 201607279021939129

**FEC** FORM 3Y

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

TONIN 3X	For Other Than An	Authorized	Committe	ee		Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typin the lines.	ng, type	12FE4M5		
NATIONAL ORGANIZATI	ON OF SOCIAL SEC	CURITY CL	AIMANTS'	REPRESE	NTATIVES	S PAC (NOSS	CR PAC)
ADDRESS (number and street)	560 SYLVAN AVENUE						
Check if different							
than previously reported. (ACC)	ENGLEWOOD CLIFFS	S			NJ L	07632	
2. FEC IDENTIFICATION N	UMBER ▼	CITY ▲		S	STATE 🛦	ZIP CO	DE 🛦
C C00521039		3. IS THIS REPORT	~	IEW N) <b>OR</b>	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)		May 20 (M5)		20 (M8) 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:		, ,		, ,			Year Only)
April 15 Quarterly Report (0	01)	Apr 20 (M4)	J	Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
July 15 Quarterly Report (0	(C) 12-Day		Primary (12P	)	General (	12G)	Runoff (12R)
October 15	Report for the	ne:	Convention (	12C)	Special (	12S)	
Quarterly Report (C  January 31  Year-End Report (Y		lection on	M M /	09	2016	in the State o	of WI
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day		General (30G	i)	Runoff (3	0R)	Special (30S)
Termination Report (TER)		Election on	M = M /	D   D /	Y	in the State o	of
5. Covering Period 07		)16	through	M - M 07_	/ 20 /	2016	
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 Tim Cuddigan							
Signature of Treasurer Time	Cuddigan		[Electronically	Filed] Da	ate 07	/ D D /	2016
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			-	-		FEC FOR	RM 3X
Use Only						Rev. 12/2	004

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

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

01 2016 07 20 2016 Report Covering the Period: 07 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 135571.16 January 1. 2016 (b) Cash on Hand at 143737.10 Beginning of Reporting Period..... 1305.00 38375.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 173946.16 145042.10 6(a) and 6(c) for Column B)..... 5906.14 34810.20 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 139135.96 139135.96 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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)

Write or Type Committee Name

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
. Contributions (other than loans) From:			
(a) Individuals/Persons Other			
Than Political Committees  (i) Itemized (use Schedule A)	1115.00	32255.00	
(i) iterrized (use Scriedule A)			
(ii) Unitemized	190.00	6120.00	
(iii) TOTAL (add			
Lines 11(a)(i) and (ii)▶	1305.00	38375.00	
(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	1205.00	38375.00	
Totals to Line 33, page 5)	1305.00	30373.00	
. Transfers From Affiliated/Other	0.00	0.00	
Party Committees	0.00	0.00	
. All Loans Received	0.00	0.00	
	0.00	0.00	
Loan Repayments Received	0.00	0.00	
. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
(Carry Totals to Line 37, page 5)	0.00	0.00	
Refunds of Contributions Made	7	7 7	
to Federal Candidates and Other			
Political Committees	0.00	0.00	
. Other Federal Receipts			
(Dividends, Interest, etc.)	0.00	0.00	
. Transfers from Non-Federal and Levin Funds			
(a) Non-Federal Account			
(from Schedule H3)	0.00	0.00	
(b) Lovin Funda (from Cabadula IIF)	0.00	0.00	
(b) Levin Funds (from Schedule H5)			
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
<ol> <li>Total Receipts (add Lines 11(d),</li> <li>12, 13, 14, 15, 16, 17, and 18(c))</li> </ol>	1305.00	38375.00	
, , , , , , , , , , , , , , , , , , , ,			
). Total Federal Receipts			

# **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	
	Operating Expenditures:  a) Allocated Federal/Non-Federal Activity (from Schedule H4)	5755		
	(i) Federal Share	0.00	0.00	
	(ii) Non-Federal Share	0.00	0.00	
(	b) Other Federal Operating			
,	Expenditures	1406.14	3310.20	
(	c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1406.14	3310.20	
22. 1	Fransfers to Affiliated/Other Party	0.00	0.00	
	CommitteesContributions to	0.00	0.00	
F a	Federal Candidates/Committees and Other Political Committees	4500.00	31500.00	
	ndependent Expenditures	0.00	0.00	
<u>2</u> 5. (	use Schedule E) Coordinated Party Expenditures		0.00	
{	2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00	
26. L	oan Repayments Made	0.00	0.00	
7 1	come Mada	0.00	0.00	
8. F	Loans Made	0.00		
(	(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(	b) Political Party Committees	0.00	0.00	
`	c) Other Political Committees	000	0.00	
	(such as PACs)	0.00	0.00	
(	d) Total Contribution Refunds	000		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00	
29. (	Other Disbursements	0.00	0.00	
20 E	Federal Election Activity (2 U.S.C. §431(20))			
	a) Allocated Federal Election Activity			
	(from Schedule H6)	0.00	2.00	
	(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	
1. T	Total Disbursements (add Lines 21(c), 22,			
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5906.14	34810.20	
32. 1	Fotal Federal Disbursements			
	subtract Line 21(a)(ii) and Line 30(a)(ii)			
f	rom Line 31)▶	5906.14	34810.20	

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1305.00	38375.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
Net Contributions (other than loans)     (subtract Line 34 from Line 33)	1305.00	38375.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1406.14	3310.20
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	1406.14	3310.20

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF 10 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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 (Last, First, Middle Initial) Peter Antonowicz Date of Receipt Mailing Address 148 W Dominick St 2016 18 City Zip Code State Transaction ID: SA11AI.5930 NY Rome 13440 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer Occupation Self Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Tim Cuddigan Date of Receipt Mailing Address 908 So 181st Ave 07 18 2016 City State Zip Code Transaction ID: SA11AI.5928 NE Elkhorn 68022 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Cuddigan Law Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1750.00 Full Name (Last, First, Middle Initial) Jess Leventhal Date of Receipt Mailing Address 1201 Kingsley Court 07 18 2016 City State Zip Code Transaction ID: SA11AI.5937 PΑ Lower Gwynedd 19002 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer Occupation Self Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 OF 10 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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 (Last, First, Middle Initial) George Picmonte Date of Receipt Mailing Address 1001 Yarrow Street 2016 18 City Zip Code State Transaction ID: SA11AI.5938 NC Matthews 28266 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer Occupation Picmonte Law Firm Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Debra Shifrin Date of Receipt Mailing Address 411 Wolf Ledges Pkwy Ste 400 07 18 2016 City State Zip Code Transaction ID: SA11AI.5929 OH Akron 44311 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer Occupation Shifrin Newman Smith Inc Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2800.00 Full Name (Last, First, Middle Initial) c. Scott F. Smith Date of Receipt Mailing Address 481 Regalstone Lane M = M 07 18 2016 City State Zip Code Transaction ID: SA11AI.5935 OH Copley 44321 Amount of Each Receipt this Period FEC ID number of contributing С 75.00 federal political committee. Memo Item Name of Employer Occupation Shifrin Newman Smith Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) 525.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 9

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 8 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

10

for each category of the 12 Detailed Summary Page 13 14 15 16 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 (Last, First, Middle Initial) Constance R. Somers Date of Receipt Mailing Address 11122 Wurzbach #100 2016 07 18 City Zip Code State Transaction ID: SA11AI.5934 TX 78230 San Antonio Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer Occupation Self-employed Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. George Wall Date of Receipt Mailing Address 1336 E. Burnside #130 07 18 2016 City State Zip Code Transaction ID: SA11AI.5931 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 Occupation Self Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 700,00 Full Name (Last, First, Middle Initial) **c.** Robertson Wendt Date of Receipt Mailing Address 3875 Faber Place Drive 07 18 2016 Suite 204 City State Zip Code Transaction ID: SA11AI.5933 SC North Charleston 29405 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer Occupation Law Office of Robertson Wendt Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... 1115.00 TOTAL This Period (last page this line number only).....

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of oblibility contributions 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 (Last, First, Middle Initial)  National Organization of Social Security Claimants' Representatives  Mailing Address 560 Sylvan Avenue  City  State  Purpose of Disbursement  Reimbursement of travel expense  Candidate Name  Category/ Vest Grange  NJ 07052  Purpose of Disbursement  Full Name (Last, First, Middle Initial)  Platinum Choice Bancard  Mailing Address 31 White St  Candidate Name  Category  Office Sought: House  Primary General  President  Primary General  President  Office Sought: House  President  State: Disbursement for:  Primary General  President  Office Sought: House  Pr	SCHEDULE B (FEC Form 3X)	Hee concrete selectivity	FOR LINE NUMBER: PAGE 9 OF 10			
Amount of Each Disbursement (Prince Sought:   House   Disbursement (Prince Sought:   House   Disbursement (Credit card processing fees   Candidate Name (Last, First, Middle Initial)	TEMIZED DISBURSEMENTS	for each category of the	X 21b	22 23		
NAME OF COMMITTEE (in Full) NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)  Full Name (Last, First, Middle Initial) National Organization of Social Security Claimants' Representatives  Mailing Address 560 Sylvan Avenue  City State Zip Code Englewood Cliffs NJ 07632  Furpose of Disbursement Reminursement of travel expense  Candidato Name  Category' Type  Office Sought: House State Disbursement Chert (specify)   West Orange NJ 07052  Furpose of Disbursement Credit card processing fees  Candidato Name  Cardidato Name  Disbursement For: Orange NJ 07052  Category' Type  Date of Disbursement  Transaction ID : \$8218.5922  Amount of Each Disbursement  Office Sought: House Orange NJ 07052  Transaction ID : \$8218.5922  Amount of Each Disbursement  Office Sought: House Orange NJ 07052  Transaction ID : \$8218.5944  Amount of Each Disbursement  Office Sought: House Orange Or						
National Organization of Social Security Claimants' Representatives  Mailing Address 560 Sylvan Avenue  City State Zip Code NJ 07632  Purpose of Disbursement Reimbursement of travel expense  Candidate Name  Cardidate Name  President Disfrict  State: Disfrict  City State Zip Code Purpose of Disbursement this Period  Category/ Type  Date of Disbursement  Transaction ID : SB21B.5922  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Transaction ID : SB21B.5922  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB21B.5922  Amount of Each Disbursement  Category/ Type  Transaction ID : SB21B.5924  Amount of Each Disbursement  Category/ Type  Transaction ID : SB21B.5924  Amount of Each Disbursement  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  C	NAME OF COMMITTEE (In Full)					
City State Zip Code Englewood Cliffs NJ 07632 Purpose of Disbursement Rembursement of travel expense Candidate Name Category/ Office Sought: House President Other (specify) ▼  City State Zip Code Disbursement For: Senate President Other (specify) ▼  City West Orange NJ 07682  Category/ Disbursement For: Disbursement For: Senate President Cother (specify) ▼  City West Orange NJ 07682  Candidate Name Candidate Name Candidate Name Candidate Name Candidate Name Category/ Credit card processing fees Candidate Name Category/ Type  Memo Item  Transaction ID : SB21B.5922  Amount of Each Disbursement Date of Disbursement Transaction ID : SB21B.5924  Amount of Each Disbursement Ithis Period  Transaction ID : SB21B.5944  Amount of Each Disbursement Ithis Period  Category/ Type  Memo Item  Date of Disbursement Ithis Period  Category/ Type  Amount of Each Disbursement Ithis Period  Category/ Type  Memo Item  Date of Disbursement Ithis Period  Category/ Type  Memo Item  Amount of Each Disbursement Ithis Period  Category/ Type  Memo Item  Date of Disbursement  Category/ Type  Memo Item  Senate President Disbursement Tor: Category/ Type  Office Sought: House Primary General Disbursement  Candidate Name  Category/ Type  Memo Item  Date of Disbursement Ithis Period  Category/ Type  Memo Item  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Memo Item  Memo Item  Amount of Each Disbursement Ithis Period  Memo Item  Tates Clore  Memo Item  Memo Item  1406.14	,	ity Claimants' Repres	entatives	Date of Disburseme	ent	
Englewood Cliffs Purpose of Disbursement State:  Disbursement Credit card processing fees Candidate Name  Disbursement For: Senate Primary Office Sought: House President State Disbursement Credit card processing fees Candidate Name  Disbursement NJ 07052  Transaction ID: SB21B.5922  Amount of Each Disbursement this Period  Gategory/ Type  Date of Disbursement  Transaction ID: SB21B.5922  Amount of Each Disbursement  Date of Disbursement  Date of Disbursement  O7 03 2016  Transaction ID: SB21B.5944  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Transaction ID: SB21B.5944  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Category/ Type  Amount of Each Disbursement  Category/ Type  Office Sought: House District  Full Name (Last, First, Middle Initial)  Category/ Type  Date of Disbursement  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Date of Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  1406.14	Mailing Address 560 Sylvan Avenue					
Reimbursement of travel expense  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) V  State: District: Other (specify) V  Date of Disbursement bis Period  Amount of Each Disbursement this Period  Date of Disbursement  Date of Disbursement  Date of Disbursement  Transaction ID: SB21B.5944  Amount of Each Disbursement  Category/ Type  Transaction ID: SB21B.5944  Amount of Each Disbursement  Category/ Type  Date of Disbursement  Transaction ID: SB21B.5944  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement  Date of Disbursement  Category/ Type  Memo Item  Date of Disbursement this Period  Category/ Type  Memo Item  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Memo Item  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Memo Item  Date of Disbursement this Period  Category/ Type  Memo Item  Date of Disbursement this Period  Category/ Type  Memo Item  Date of Disbursement this Period  Category/ Type  Memo Item  Date of Disbursement this Period  Category/ Type	Englewood Cliffs			Transaction ID:	SB21B.5922	
Office Sought:			002	Amount of Each Di	sbursement this Period	
Office Sought:	Candidate Name				954.77	
Full Name (Last, First, Middle Initial)  Platinum Choice Bancard  Mailing Address 31 White St  City West Orange NJ 07052  Purpose of Disbursement Credit card processing fees Candidate Name Candidate Name Disbursement For: Senate President State: District:  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  Category/ Type  Office Sought:  Category/ Type  Office Sought: District:  Candidate Name  Category/ Type  Office Sought: District:  Candidate Name  Category/ Type  Office Sought: District:  Category/ Type  Office Sought: Disbursement For: Senate Primary General Other (specify)   Memo Item  Amount of Each Disbursement this Period  Memo Item  Memo Item  1406.14	Senate	Primary General	31	Memo Item	,	
Date of Disbursement    Date of Disbursement						
City West Orange NJ 07052  Purpose of Disbursement Credit card processing fees  Candidate Name  Office Sought: House Senate Primary General  City State Zip Code  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Date of Disbursement  Category/ Type  Office Sought: House Senate Primary General  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement  Candidate Name  Date of Disbursement this Period  Amount of Each Disbursement  Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  Office Sought: House Disbursement For:  Senate Primary General Other (specify) ▼  State: District:  Substracts Transaction ID : SB21B.5944  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Memo Item  1406.14						
West Orange Purpose of Disbursement Credit card processing fees  Candidate Name  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  City  State  Candidate Name  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought:  Full Name  Category/ City  State  City  State  City  State  Disbursement  Candidate Name  Category/ Type  Office Sought:  House  Disbursement  Category/ Type  Office Sought:  Senate  President  Other (specify)  Other (specify)  State:  Disbursement For:  Senate  President  Other (specify)  Other (specify)  State:  Disbursement For:  Senate  President  State:  Disbursement For:  Senate  President  Other (specify)  Type  Memo Item  Manunt of Each Disbursement this Period  Memo Item  Memo Item	Mailing Address 31 White St			07 03	2016	
Credit card processing fees  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Amount of Each Disbursement this Period Category/ Type  Memo Item  Amount of Each Disbursement this Period Memo Item  Amount of Each Disbursement this Period Memo Item  State: District:  Substortal of Disbursements This Page (optional)	West Orange			Transaction ID :	SB21B.5944	
Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify)   Date of Disbursement  Amount of Each Disbursement this Period  Office Sought: House Senate Primary General Other (specify)   Office Sought: House Office Senate Primary General Other (specify)   State: District:   Substitute Other (specify)   Substitute Other (specify)   Substitute Other (specify)   Substitute Other (specify)   1406.14			003	Amount of Each Di	sbursement this Period	
Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Senate Primary General Other (specify)   Office Sought: House Senate Primary General Other (specify)   State: District:  Substract Disbursement For: Memo Item  Memo Item  Memo Item  Memo Item  Memo Item  Memo Item  Substract Disbursement Inis Period  Category/ Type  Memo Item  Memo Item  Memo Item	Candidate Name				451.37	
Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)	Senate	Primary General	71	Memo Item		
Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  Substruct: District: Memo Item  Date of Disbursement  Amount of Each Disbursement this Period  Memo Item  1406.14						
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  Substitute Substitute State St	<b>).</b>		_			
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify)  State: District:  Substotal of Disbursements This Page (optional)	Mailing Address					
Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify)  State: District:  Substruct  Amount of Each Disbursement this Period  Memo Item  1406.14	City	State Zip Code				
Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Subtotal of Disbursements This Page (optional)	Purpose of Disbursement					
Office Sought: House Senate Primary General President State: District: Memo Item  Substruct: Substruct: Memo Item  Memo Item  1406.14	Candidate Name					
SOBTOTAL OF DISDUISEMENTS THIS Tage (Optional)	Senate President	Primary General				
SOBTOTAL OF DISDUISEMENTS THIS Tage (Optional)			<u> </u>		1406 14	
	SUBICIAL of Disbursements This Page (optional)		<u> </u>		1406.14	

SCHEDULE B (FEC Form 3X)	Llos congreta cabadula/a\	FOR LINE NUMBER: PAGE 10 OF 10		
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 💢 23 🔲 24 📗 25 📉 26	
	Detailed Summary Page	27	28a 28b 28c 29 30b	
Any information copied from such Reports and Statem				
or for commercial purposes, other than using the name	ne and address of any politic	al committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF SOCIAL S	SECURITY CLAIMANTS'	REPRESEN <sup>-</sup>	TATIVES PAC (NOSSCR PAC)	
Full Name (Last, First, Middle Initial)			Date of Dishumannant	
A. COLLINS FOR SENATOR			Date of Disbursement	
Mailing Address PO BOX 1096			07 06 2016	
	State Zip Code		Transaction ID : SB23.5920	
BANGOR Purpose of Disbursement	ME 04402			
Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	
SUSAN M COLLINS  Office Sought: House Disbursen	nent For: 2020	Туре		
	Primary General		Memo Item	
	Other (specify) ▼			
State: ME District: 00				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
3. KIND FOR CONGRESS COMMIT	IEE		M M / D D / Y Y Y Y	
Mailing Address 205 5TH AVENUE SOUTH			07 11 2016	
City S LA CROSSE	State Zip Code WI 54601		Transaction ID : SB23.5921	
Purpose of Disbursement Contribution		1		
Candidate Name		011	Amount of Each Disbursement this Period	
RONALD JAMES KIND		Category/ Type	1000.00	
	nent For: 2016	71	Memo Item	
	Primary General		_	
State: WI District: 03	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
PEOPLE FOR PATTY MURRAY			Date of Disbursement	
Matter Address DO DOV 2000	M M / D D / Y Y Y Y Y			
Mailing Address PO BOX 3662			07 14 2016	
	State Zip Code		Transaction ID : SB23.5926	
SEATTLE Purpose of Disbursement	WA 98124			
Contribution		011	Amount of Each Disbursement this Period	
Candidate Name	Category/	2500.00		
PATTY MURRAY	Туре	2500.00		
	nent For: 2016 Primary		Memo Item	
	Other (specify) ▼			
State: WA District: 00				
CURTOTAL of Dishuran sate This Days (as ii )			4500.00	
SUBTOTAL of Disbursements This Page (optional)		······	1000.00	
TOTAL This Period (last nage this line number only)			4500.00	