



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		158851.65
(b) Cash on Hand at Beginning of Reporting Period.....	191189.21	
(c) Total Receipts (from Line 19) .....	25636.00	59006.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	216825.21	217857.65
7. Total Disbursements (from Line 31).....	5633.19	6665.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	211192.02	211192.02
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

Write or Type Committee Name

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

Report Covering the Period: From: 04 / 01 / 2018 To: 06 / 30 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23481.00	55136.00
(ii) Unitemized .....	2155.00	3870.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	25636.00	59006.00
(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) .....	25636.00	59006.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	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.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	25636.00	59006.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	25636.00	59006.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	633.19	1165.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	633.19	1165.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5633.19	6665.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5633.19	6665.63

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	25636.00	59006.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25636.00	59006.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	633.19	1165.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	633.19	1165.63

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
<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

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)**

**A. Anderson, Edwin, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2924 Tazewell Pike  
 Suite F

City Knoxville State TN Zip Code 37918

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

Name of Employer (for Individual) Self-employed Occupation (for Individual) Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : SA11AI.6579**

Amount of Each Receipt this Period 255.00

Memo Item  
 Political contribution

**B. Camp, David, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Frances Way

City Walnut Creek State CA Zip Code 94597

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

Name of Employer (for Individual) Access Disability, LLC Occupation (for Individual) Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 04 / 25 / 2018  
**Transaction ID : SA11AI.6551**

Amount of Each Receipt this Period 1500.00

Memo Item  
 Political contribution

**C. Cuddigan, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 908 So 181st Ave

City Elkhorn State NE Zip Code 68022

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

Name of Employer (for Individual) Cuddigan Law Occupation (for Individual) Attorney

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : SA11AI.6561**

Amount of Each Receipt this Period 300.00

Memo Item  
 Political contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2055.00

**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: (check only one)	PAGE 7 OF 16
<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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)**

**A. Emery, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 63 Deer Run Rd  
 City North Yarmouth State ME Zip Code 04097  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 04 / 26 / 2018  
**Transaction ID : SA11AI.6589**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Political contribution

**B. Farrell, Clifford, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 167 N High Street  
 City Columbus State OH Zip Code 43215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Manning & Farrell Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 04 / 26 / 2018  
**Transaction ID : SA11AI.6552**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Political contribution

**C. Farrell, Clifford, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 167 N High Street  
 City Columbus State OH Zip Code 43215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Manning & Farrell Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
 06 / 30 / 2018  
**Transaction ID : SA11AI.6580**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 Political contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6300.00
<b>TOTAL</b> 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: (check only one)	PAGE 8 OF 16
<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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)**

**A. Kalagian, Marc, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 211 E. Ocean Blvd  
 Ste. 420

City Long Beach State CA Zip Code 90802

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

Name of Employer (for Individual) Rohlfig & Kalagian Occupation (for Individual) Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : SA11AI.6612**

Amount of Each Receipt this Period 200.00

Memo Item  
 Political contribution

**B. Klint, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3397 Coon Rapids Blvd, NW  
 Suite 100

City Coon Rapids State WI Zip Code 55433

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

Name of Employer (for Individual) Premier Disability Occupation (for Individual) Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 26 / 2018  
**Transaction ID : SA11AI.6613**

Amount of Each Receipt this Period 2500.00

Memo Item  
 Political contribution

**C. Laden, Gilbert, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3929 Airport Blvd  
 Suite 2-509

City Mobile State AL Zip Code 36609

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

Name of Employer (for Individual) Gilbert B. Laden, P.C. Occupation (for Individual) Attorney

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018  
**Transaction ID : SA11AI.6560**

Amount of Each Receipt this Period 250.00

Memo Item  
 Political contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2950.00

**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: (check only one)	PAGE 9 OF 16
<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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)**

**A. Martin, Charles, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 627 Sycamore St  
 City Decatur State GA Zip Code 30030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Martin and Jones Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 23 / 2018**  
**Transaction ID : SA11AI.6553**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Political contribution

**B. McKenzie, Leanna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1704  
 City Spring State TX Zip Code 77393  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Laster & McKenzie Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.00

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : SA11AI.6563**  
 Amount of Each Receipt this Period 126.00  
 Memo Item  
 Political contribution

**C. Piemonte, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 Yarrow Street  
 City Matthews State NC Zip Code 28266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Picmonte Law Firm Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : SA11AI.6574**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Political contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1276.00
<b>TOTAL</b> 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: (check only one)	PAGE 10 OF 16
<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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)**

**A. Pilzer, Don, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 10557

City Greenville	State SC	Zip Code 29603
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Don Pilzer, PC	Occupation (for Individual) Attorney
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2018  
**Transaction ID : SA11AI.6556**

Amount of Each Receipt this Period  
 500.00

Memo Item  
 Political contribution

**B. Polonsky, Alan, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Vanessa Ct

City Cherry Hill	State NJ	Zip Code 08003
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Polonsky & Polonsky Attorneys	Occupation (for Individual) Attorney
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : SA11AI.6562**

Amount of Each Receipt this Period  
 300.00

Memo Item  
 Political contribution

**C. Sapiro, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8925 SW 142 St.  
 Suite 200

City Miami	State FL	Zip Code 33176
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Attorney
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2018  
**Transaction ID : SA11AI.6591**

Amount of Each Receipt this Period  
 250.00

Memo Item  
 Political contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> 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: (check only one)	PAGE 11 OF 16
<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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)**

**A. Shifrin, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 411 Wolf Ledges Pkwy  
 Ste 400

City Akron State OH Zip Code 44311

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

Name of Employer (for Individual) Shifrin Newman Smith Inc Occupation (for Individual) Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2018

**Transaction ID : SA11AI.6586**

Amount of Each Receipt this Period  
 200.00

Memo Item  
 Political contribution

**B. Shifrin, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 411 Wolf Ledges Pkwy  
 Ste 400

City Akron State OH Zip Code 44311

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

Name of Employer (for Individual) Shifrin Newman Smith Inc Occupation (for Individual) Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018

**Transaction ID : SA11AI.6577**

Amount of Each Receipt this Period  
 1200.00

Memo Item  
 Political contribution

**C. Siegel, Lisa, Smith, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5555 Glenridge Connector  
 Suite 200

City Atlanta State GA Zip Code 30324

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

Name of Employer (for Individual) Lisa Smith Siegel Atty at Law Occupation (for Individual) Attorney

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2018

**Transaction ID : SA11AI.6594**

Amount of Each Receipt this Period  
 500.00

Memo Item  
 Political contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1900.00
<b>TOTAL</b> 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: (check only one)	PAGE 12 OF 16
<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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)**

**A. Slotnick, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 4778

City Valley Village	State CA	Zip Code 91617
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Law Offices of George Slotnick	Occupation (for Individual) Attorney
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 04 / 01 / 2018  
**Transaction ID : SA11AI.6550**

Amount of Each Receipt this Period  
 5000.00

Memo Item  
 Political contribution

**B. Sly, Richard, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 610 SW Broadway Suite 405

City Portland	State OR	Zip Code 97205
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-employed	Occupation (for Individual) Attorney
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 06 / 14 / 2018  
**Transaction ID : SA11AI.6559**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 Political contribution

**C. Tillinghast, D. Lance, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 561 Central Ave

City Dover	State NH	Zip Code 03820
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Wyskiel, Boc, Tillinghast & Bo	Occupation (for Individual) Attorney
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 04 / 26 / 2018  
**Transaction ID : SA11AI.6593**

Amount of Each Receipt this Period  
 500.00

Memo Item  
 Political contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5600.00
<b>TOTAL</b> 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: (check only one)	PAGE 13 OF 16
<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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)**

**A. Tuite, Gregory, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 N. Church St.  
 #407  
 City Rockford State IL Zip Code 61101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 26 / 2018**  
**Transaction ID : SA11AI.6595**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Political contribution

**B. Wall, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1336 E. Burnside  
 #130  
 City Portland State OR Zip Code 97214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : SA11AI.6565**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 Political contribution

**C. Wendt, Robertson, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3875 Faber Place Drive  
 Suite 204  
 City North Charleston State SC Zip Code 29405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Law Office of Robertson Wendt Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : SA11AI.6578**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 Political contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<b>TOTAL</b> 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: (check only one)	PAGE 14 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)**

**A. White, Sarah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 Trojan Trail

City Macon	State GA	Zip Code 31210
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Westmorland, Patterson Moseby	Occupation (for Individual) Attorney
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2018

**Transaction ID : SA11AI.6599**

Amount of Each Receipt this Period  
 500.00

Memo Item  
 Political contribution

**B. White, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7906 E 55th Street

City Tulsa	State OK	Zip Code 74145
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AAA Disability Advocates	Occupation (for Individual) Attorney
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2018

**Transaction ID : SA11AI.6617**

Amount of Each Receipt this Period  
 250.00

Memo Item  
 Political contribution

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	23481.00

**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"/> 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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

Full Name (Last, First, Middle Initial) <b>A. Platinum Choice Bancard</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018	
Mailing Address 31 White St		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6618</b> Amount of Each Disbursement this Period 419.28	
City West Orange	State NJ	Zip Code 07052	Category/ Type 001
Purpose of Disbursement Merchant fees		Candidate Name	
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Platinum Choice Bancard</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2018	
Mailing Address 31 White St		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6619</b> Amount of Each Disbursement this Period 110.47	
City West Orange	State NJ	Zip Code 07052	Category/ Type 001
Purpose of Disbursement Merchant fees		Candidate Name	
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Platinum Choice Bancard</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2018	
Mailing Address 31 White St		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6620</b> Amount of Each Disbursement this Period 103.44	
City West Orange	State NJ	Zip Code 07052	Category/ Type 001
Purpose of Disbursement Merchant fees		Candidate Name	
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:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	633.19
<b>TOTAL</b> This Period (last page this line number only).....▶	633.19

**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"/> 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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)**

Full Name (Last, First, Middle Initial) <b>A. BILL NELSON FOR U S SENATE</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2018
Mailing Address 972 W WHITMIRE DRIVE		FEC Identification Number C C00344051 <b>Transaction ID : SB23.6603</b>
City MELBOURNE	State FL	Zip Code 32935
Purpose of Disbursement Political contribution		Category/Type 011
Candidate Name <b>BILL NELSON FOR U S SENATE</b>		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL	District: 00	

Full Name (Last, First, Middle Initial) <b>B. CROWLEY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2018
Mailing Address 84-56 GRAND AVENUE		FEC Identification Number C C00338954 <b>Transaction ID : SB23.6601</b>
City ELMHURST	State NY	Zip Code 11373
Purpose of Disbursement Political contribution		Category/Type 011
Candidate Name <b>CROWLEY FOR CONGRESS</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 14	

Full Name (Last, First, Middle Initial) <b>C. LARSON FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2018
Mailing Address PO BOX 479		FEC Identification Number C C00330142 <b>Transaction ID : SB23.6602</b>
City GLASTONBURY	State CT	Zip Code 06033
Purpose of Disbursement Political contribution		Category/Type 011
Candidate Name <b>LARSON FOR CONGRESS</b>		Amount of Each Disbursement this Period 1500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CT	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00