

# 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 11 07 2006 in the State of DC

5. Covering Period 10 19 2006 through 11 27 2006

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 12 06 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**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 & Medicare PAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		389481.22
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	790699.11									
(c) Total Receipts (from Line 19) .....	88898.32	1567247.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	879597.43	1956728.47								
7. Total Disbursements (from Line 31) .....	52039.07	1129170.11								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	827558.36	827558.36								
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 Committee to Preserve Social Security & Medicare PAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	8002.00	26023.00
(i) Itemized (use Schedule A) .....	80857.44	1540786.21
(ii) Unitemized .....	88859.44	1566809.21
(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) .....	88859.44	1566809.21
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.) .....	38.88	438.04
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)) .....	88898.32	1567247.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	88898.32	1567247.25

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	16745.34	685270.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	16745.34	685270.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35293.73	437949.96
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	5950.00
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))..	52039.07	1129170.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	52039.07	1129170.11

**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) .....	88859.44	1566809.21
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	88859.44	1566809.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	16745.34	685270.15
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	16745.34	685270.15

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Jane Guardascione		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 2123 29th St.		<b>Transaction ID:</b> 13481644	
City Astoria	State NY	Amount of Each Receipt this Period 75.00	
Zip Code 11105-2918			
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Vincent F. Pellizze		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 61 Udalia Rd.		<b>Transaction ID:</b> 13481655	
City West Islip	State NY	Amount of Each Receipt this Period 100.00	
Zip Code 11795-3920			
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Jane Guardascione		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 2123 29th St.		<b>Transaction ID:</b> 13481679	
City Astoria	State NY	Amount of Each Receipt this Period 100.00	
Zip Code 11105-2918			
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	275.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Vincent F. Pellizze		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 61 Udalia Rd.		<b>Transaction ID:</b> 13481690	
City West Islip	State NY	Amount of Each Receipt this Period 20.00	
Zip Code 11795-3920			
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. James H. Armstrong		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 4183 Bob Sikes Rd.		<b>Transaction ID:</b> 13481813	
City Defuniak Springs	State FL	Amount of Each Receipt this Period 15.00	
Zip Code 32435-0969			
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 338.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Charles B. Brown		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 23442 El Toro Rd. Apt. E344		<b>Transaction ID:</b> 13482143	
City Lake Forest	State CA	Amount of Each Receipt this Period 125.00	
Zip Code 92630-6927			
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	160.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Margaret K. Bruce		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 58 Washburn Road		Transaction ID: 13482168	
City Mount Kisco	State NY	Amount of Each Receipt this Period 50.00	
Zip Code 10549-1314			
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Margaret Buerklein		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 3161 Kennedy Blvd.		Transaction ID: 13482185	
City North Bergen	State NJ	Amount of Each Receipt this Period 100.00	
Zip Code 07047-2303			
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. J. L. Burrack, Sr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 207 Wilson Ct. Apt. 1		Transaction ID: 13482214	
City Anamosa	State IA	Amount of Each Receipt this Period 100.00	
Zip Code 52205-9403			
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Committee to Preserve Social Security & Medicare PAC

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Nannie M. Canady

Mailing Address  
5234 Ponderosa Way

City State Zip Code  
Dallas TX 75227-1544

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  
10 / 24 / 2006

**Transaction ID:** 13482256

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gary D. Caplan

Mailing Address  
3737 Parkfield Rd.

City State Zip Code  
Pikesville MD 21208-2350

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  
MM / DD / YYYY  
11 / 17 / 2006

**Transaction ID:** 13482267

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bill Carter, Sr.

Mailing Address  
627 W Belford Rd.

City State Zip Code  
Imperial CA 92251-9747

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  
MM / DD / YYYY  
10 / 24 / 2006

**Transaction ID:** 13482293

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	175.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 47
	(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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Norman Castor

Mailing Address  
4409 Gaines Ranch Loop Apt. 324

City State Zip Code  
Austin TX 78735-6528

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 6

**Transaction ID:** 13482309

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Geraldine Clausen

Mailing Address  
4795 Oak Crest Hill Rd. SE

City State Zip Code  
Iowa City IA 52240-8977

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 Y  
1 0 / 2 4 / 2 0 0 6

**Transaction ID:** 13482374

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Marion Comeaux

Mailing Address  
425 Westmoreland Dr.

City State Zip Code  
Baton Rouge LA 70806-5164

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 Y  
1 0 / 2 4 / 2 0 0 6

**Transaction ID:** 13482424

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Committee to Preserve Social Security & Medicare PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. George E. Condoyannis

Mailing Address  
5 W 95th St. Apt. 2B

City State Zip Code  
New York NY 10025-6781

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 6

**Transaction ID:** 13482428

Amount of Each Receipt this Period  
160.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary De Marco

Mailing Address  
335 Greenbriar Dr.

City State Zip Code  
Aurora OH 44202-9209

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
370.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

**Transaction ID:** 13482580

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Dixon

Mailing Address  
1401 Elerberry Ln.

City State Zip Code  
Eau Claire WI 54701-9425

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
470.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

**Transaction ID:** 13482661

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>330.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Joseph Drost		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 6 Oakcrest Pl.		Transaction ID: 13482710	
City Santa Rosa	State CA	Amount of Each Receipt this Period 100.00	
Zip Code 95409-6036			
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Francoise N. Dumont		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 70 Hillcrest Ave.		Transaction ID: 13482728	
City West Hartford	State CT	Amount of Each Receipt this Period 200.00	
Zip Code 06110-2212			
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> C. W. Edwards, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 319A Main St. E		Transaction ID: 13482763	
City Marshallville	State GA	Amount of Each Receipt this Period 75.00	
Zip Code 31057-9773			
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	375.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Committee to Preserve Social Security & Medicare PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Theodore H. Elconin

Mailing Address  
4643 Kester Ave. Apt. 9

City State Zip Code  
Sherman Oaks CA 91403-2532

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 Y  
1 0 / 2 3 / 2 0 0 6

**Transaction ID:** 13482780

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Addison Fahsel

Mailing Address  
511 Avery Ave. Apt. 7

City State Zip Code  
Syracuse NY 13204-1857

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 Y  
1 0 / 3 0 / 2 0 0 6

**Transaction ID:** 13482827

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bill Ferris

Mailing Address  
551 Honeypot Rd.

City State Zip Code  
Candor NY 13743-1116

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 6

**Transaction ID:** 13482861

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. William Ferris		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 551 Honeypot Rd.		Transaction ID: 13482862
City Candor	State NY	Zip Code 13743-1116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Nancy C. Flowers		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 279 Pine St.		Transaction ID: 13482891
City Somerset	State KY	Zip Code 42503-4909
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Marvin & Jean Frankel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 4435 El Carro Ln.		Transaction ID: 13482920
City Carpinteria	State CA	Zip Code 93013-1318
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Committee to Preserve Social Security & Medicare PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. & Mrs. John C. Griffin		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 8725 SW 176th Ter.		<b>Transaction ID:</b> 13483127
City Miami	State FL	Zip Code 33157-5852
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Helen Halpern		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 4027 Fairfax Rd.		<b>Transaction ID:</b> 13483199
City Evansville	State IN	Zip Code 47710-3718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. & Mrs. Robert R. Hammond		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 2262 NW Pinehurst Dr.		<b>Transaction ID:</b> 13483215
City Mcminnville	State OR	Zip Code 97128-2428
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Committee to Preserve Social Security & Medicare PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Cora Harrod		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 1215 Walmsley Ave.		<b>Transaction ID:</b> 13483250	
City Dallas	State TX	Amount of Each Receipt this Period 250.00	
Zip Code 75208-1631			
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 875.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. James P. Hoban		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 2800 N Pine Island Rd. Apt. 110		<b>Transaction ID:</b> 13483346	
City Sunrise	State FL	Amount of Each Receipt this Period 100.00	
Zip Code 33322-2371			
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 295.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Charles A. Hutchings		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 2421 College Ave. NE		<b>Transaction ID:</b> 13483436	
City Grand Rapids	State MI	Amount of Each Receipt this Period 300.00	
Zip Code 49505-3638			
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	650.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Committee to Preserve Social Security & Medicare PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Hing Lem

Mailing Address  
5405 90th St.

City State Zip Code  
Elmhurst NY 11373-4551

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  
MM / DD / YYYY  
10 / 19 / 2006

Transaction ID: 13483782

Amount of Each Receipt this Period  
250.00

**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  
10 / 19 / 2006

Transaction ID: 13483805

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert I. Long

Mailing Address  
1073 Austin Way

City State Zip Code  
Napa CA 94558-4223

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  
10 / 24 / 2006

Transaction ID: 13483840

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Committee to Preserve Social Security & Medicare PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Gini Malaspina

Mailing Address  
133 Shipley Ave.

City State Zip Code  
Daly City CA 94015-2719

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  
10 / 24 / 2006

Transaction ID: 13483915

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
John Mannheim

Mailing Address  
5 Chestnut St.

City State Zip Code  
Concord MA 01742-2608

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  
MM / DD / YYYY  
11 / 06 / 2006

Transaction ID: 13483931

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Maria T. Markley

Mailing Address  
6513 Callander Dr.

City State Zip Code  
Bethesda MD 20817-5437

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
207.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2006

Transaction ID: 13483946

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Committee to Preserve Social Security & Medicare PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Hugh L. Maxville

Mailing Address  
P.O. Box 08773

City Cleveland State OH Zip Code 44108

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  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

Transaction ID: 13484001

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Frances B. McAllister

Mailing Address Ste. 319  
3150 N Winding Brook Rd.

City Flagstaff State AZ Zip Code 86001-0982

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 Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 13484054

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Bernice O. Mitchell Nelson

Mailing Address  
3701 Parkwood Dr.

City Houston State TX Zip Code 77021-1509

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13484334

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	325.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Committee to Preserve Social Security & Medicare PAC

**A.** Full Name (Last, First, Middle Initial)  
Lavadell Lewis Murphy

Mailing Address  
4322 Jarbet Dr.

City State Zip Code  
San Antonio TX 78220-1649

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  
10 / 19 / 2006

**Transaction ID:** 13484557

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Herbert Neil

Mailing Address  
1700 SE Johnson Ave.

City State Zip Code  
Pullman WA 99163-5541

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  
10 / 27 / 2006

**Transaction ID:** 13484670

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Otto B. Norman

Mailing Address  
3309 Bending Oaks Trl

City State Zip Code  
Garland TX 75044-7321

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
209.00

Date of Receipt  
MM / DD / YYYY  
10 / 23 / 2006

**Transaction ID:** 13484790

Amount of Each Receipt this Period  
57.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	232.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Committee to Preserve Social Security & Medicare PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Meredith C. O'Donnell

Mailing Address  
48 Stable Dr.

City State Zip Code  
Elverson PA 19520-9237

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  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

**Transaction ID:** 13484846

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Phyllis J. Palmer

Mailing Address  
P.O. Box 2051

City State Zip Code  
Windham ME 04062-2051

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

**Transaction ID:** 13485024

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. George Peacock

Mailing Address  
940 Landmark Dr. NE

City State Zip Code  
Atlanta GA 30342-2454

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

**Transaction ID:** 13485108

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 47
	(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

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

Full Name (Last, First, Middle Initial) <b>A. Maynard Reish</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 51625 Knight Rd.		<b>Transaction ID: 13485601</b>	
City Marcellus	State MI	Amount of Each Receipt this Period 60.00	
Zip Code 49067-9404		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00	
Name of Employer Occupation Retired		Amount of Each Receipt this Period 60.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) <b>B. Robert and Mary Resnik</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 5508 Hoover St.		<b>Transaction ID: 13485606</b>	
City West Bethesda	State MD	Amount of Each Receipt this Period 20.00	
Zip Code 20817-3716		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00	
Name of Employer Occupation Retired		Amount of Each Receipt this Period 20.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Stanley Scepkowski</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 5538 W 550 N		<b>Transaction ID: 13486036</b>	
City Rensselaer	State IN	Amount of Each Receipt this Period 200.00	
Zip Code 47978-7512		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer Occupation Retired		Amount of Each Receipt this Period 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 410.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	280.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	280.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial) <b>A. Mrs. Melanie Scheremetow</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 2542 17th Ave.		<b>Transaction ID: 13486066</b>	
City San Francisco	State CA	Amount of Each Receipt this Period 50.00	
Zip Code 94116-3001			
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Roy D. Sears</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 2646 Merry Oaks Tr		<b>Transaction ID: 13486167</b>	
City Winston Salem	State NC	Amount of Each Receipt this Period 100.00	
Zip Code 27103-6555			
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Claudia C. Shanks</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address Apt. 310 4215 Harding Pike		<b>Transaction ID: 13486238</b>	
City Nashville	State TN	Amount of Each Receipt this Period 125.00	
Zip Code 37205-2026			
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	275.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Committee to Preserve Social Security & Medicare PAC

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Marion Strack

Mailing Address  
7406 Spring Village Dr. Apt. 111

City State Zip Code  
Springfield VA 22150-4481

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 Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 13486854

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ray Taylor

Mailing Address  
102 Woodcliff Cir.

City State Zip Code  
Signal Mountain TN 37377-3143

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 Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 13487020

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Sarah Thornton

Mailing Address  
6454 Main St. Apt. 503

City State Zip Code  
Trumbull CT 06611-2088

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 Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 13487108

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	525.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 26 / 47</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<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 Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Alex Toledo		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 2907 Barcelona Rd. SW		Transaction ID: 13487147	
City Albuquerque	State NM	Zip Code 87105-5549	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Keith Torkelson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 3710 40th Ave. W		Transaction ID: 13487163	
City Bradenton	State FL	Zip Code 34205-2354	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Keiko K. Wada		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 1850 Alice St. Apt. 1105		Transaction ID: 13487375	
City Oakland	State CA	Zip Code 94612-4134	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	325.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial) <b>A. Mrs. Jean C. Walker</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 411 N Middletown Rd. 302 Lima Estates		<b>Transaction ID: 13487409</b>	
City State Zip Code Media PA 19063	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Kenneth H. Webb</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 3061 Crater Dr.		<b>Transaction ID: 13487534</b>	
City State Zip Code Lake Havasu City AZ 86404-1487	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Douglas R. West</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 10630 Thomas Ave. S		<b>Transaction ID: 13487608</b>	
City State Zip Code Minneapolis MN 55431-3722	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 550.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	425.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 47
	(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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Nathaniel C. Wright

Mailing Address  
8540 Elwyu Ave.

City State Zip Code  
Elverta CA 95626-9552

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

**Transaction ID:** 13487959

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Nathaniel C. Wright

Mailing Address  
8540 Elwyn Ave.

City State Zip Code  
Elverta CA 95626-9552

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  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

**Transaction ID:** 13487960

Amount of Each Receipt this Period  
70.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	270.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	8002.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 29 / 47	
	(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

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

**A.** Full Name (Last, First, Middle Initial)  
SUNTRUST BANK

Mailing Address 1445 NEW YORK AVENUE, NW

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 ▼  
438.04

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	6

Transaction ID: 13492859

Amount of Each Receipt this Period  
38.88

Bank Interest

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	38.88
<b>TOTAL</b> This Period (last page this line number only) .....	▶	38.88

# 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 30 / 47

<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

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

Full Name (Last, First, Middle Initial) <b>A. SUNTRUST BANK</b>		<b>Transaction ID:</b> 13492866 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 1445 NEW YORK AVENUE, NW		Amount of Each Disbursement this Period 52.00
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement Check Printing	
Candidate Name		001 Category/Type
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) ▼	Check Printing

Full Name (Last, First, Middle Initial) <b>B. NCPSSM</b>		<b>Transaction ID:</b> 13324016 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 10 G Street, NE Suite 600		Amount of Each Disbursement this Period 2763.15
City Washington State DC Zip Code 20002	Purpose of Disbursement Travel Reimbursement	
Candidate Name		002 Category/Type
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) ▼	Travel Reimbursement

Full Name (Last, First, Middle Initial) <b>C. SMS Direct</b>		<b>Transaction ID:</b> 13324021 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 7540 Mason King Court		Amount of Each Disbursement this Period 1445.00
City Manassas State VA Zip Code 20109	Purpose of Disbursement Printing for Direct Mail Solicitation (N)	
Candidate Name		003 Category/Type
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) ▼	Printing for Direct Mail Solicitation (No Express Advocacy)

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4260.15
<b>TOTAL</b> 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 31 / 47

<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

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

Full Name (Last, First, Middle Initial) <b>A. SUNTRUST BANK</b>		<b>Transaction ID:</b> 13492861 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 1445 NEW YORK AVENUE, NW		Amount of Each Disbursement this Period 1799.82
City WASHINGTON State DC Zip Code 20005	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
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) ▼

Full Name (Last, First, Middle Initial) <b>B. U.S. POSTMASTER</b>		<b>Transaction ID:</b> 13365480 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address ATTN: SMS DIRECT 7540 MASON KING COURT		Amount of Each Disbursement this Period 2262.65
City MANASSAS State VA Zip Code 20109	Postage for Fundraising (No Express Advocacy)	
Purpose of Disbursement Postage for Fundraising (No Express Advo) Candidate Name		001 Category/Type
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) ▼

Full Name (Last, First, Middle Initial) <b>C. U.S. POSTMASTER</b>		<b>Transaction ID:</b> 13365481 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address ATTN: SMS DIRECT 7540 MASON KING COURT		Amount of Each Disbursement this Period 1217.40
City MANASSAS State VA Zip Code 20109	Postage for Fundraising (No Express Advocacy)	
Purpose of Disbursement Postage for Fundraising (No Express Advo) Candidate Name		001 Category/Type
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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5279.87
<b>TOTAL</b> 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 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

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

Full Name (Last, First, Middle Initial) <b>A. Lauren Scheurer</b>		<b>Transaction ID: 13376094</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 24 East Shore Avenue		Amount of Each Disbursement this Period 800.00
City Groton Long Point State CT Zip Code 06340	Purpose of Disbursement Stipend Candidate Name Category/Type 001	
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) ▼	Stipend

Full Name (Last, First, Middle Initial) <b>B. SMS Direct</b>		<b>Transaction ID: 13394355</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 7540 Mason King Court		Amount of Each Disbursement this Period 29.50
City Manassas State VA Zip Code 20109	Purpose of Disbursement Printing for Direct Mail Solicitation (N) Candidate Name Category/Type 003	
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) ▼	Printing for Direct Mail Solicitation (No Express Advocacy)

Full Name (Last, First, Middle Initial) <b>C. NCPSSM</b>		<b>Transaction ID: 13399133</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 10 G Street, NE Suite 600		Amount of Each Disbursement this Period 5142.21
City Washington State DC Zip Code 20002	Purpose of Disbursement Salary & Benefit Reimbursement Candidate Name Category/Type 001	
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) ▼	Salary & Benefit Reimbursement

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5971.71
<b>TOTAL</b> 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)

PAGE 33 / 47

<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

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

Full Name (Last, First, Middle Initial) <b>A. Lauren Scheurer</b>		<b>Transaction ID:</b> 13402993 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 24 East Shore Avenue		Amount of Each Disbursement this Period 560.00
City Groton Long Point State CT Zip Code 06340	Stipend	
Purpose of Disbursement Stipend		001 Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. U.S. POSTMASTER</b>		<b>Transaction ID:</b> 13404856 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address ATTN: SMS DIRECT 7540 MASON KING COURT		Amount of Each Disbursement this Period 72.75
City MANASSAS State VA Zip Code 20109	POSTAGE FOR DIRECT MAIL SOLICITATION (NO EXPRESS ADVOCACY)	
Purpose of Disbursement POSTAGE FOR DIRECT MAIL SOLICITATION (NO		003 Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. U.S. POSTMASTER</b>		<b>Transaction ID:</b> 13404867 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address ATTN: SMS DIRECT 7540 MASON KING COURT		Amount of Each Disbursement this Period 143.03
City MANASSAS State VA Zip Code 20109	POSTAGE FOR DIRECT MAIL SOLICITATION (NO EXPRESS ADVOCACY)	
Purpose of Disbursement POSTAGE FOR DIRECT MAIL SOLICITATION (NO		003 Category/ Type
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	775.78
<b>TOTAL</b> 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 34 / 47

<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

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

Full Name (Last, First, Middle Initial) <b>A. SUNTRUST BANK</b>		Transaction ID: 13489375 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6
Mailing Address 1445 NEW YORK AVENUE, NW		Amount of Each Disbursement this Period 457.83
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement Bank Fees Candidate Name Category/Type 001	
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) ▼	Bank Fees

Full Name (Last, First, Middle Initial) <b>B. DM Group</b>		Transaction ID: 13430783 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 201 Skipjack Road		Amount of Each Disbursement this Period 6715.83
City Prince Frederick State MD Zip Code 20678	Purpose of Disbursement Printing for Direct Mail Solicitation (N) Candidate Name Category/Type 003	
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) ▼	Printing for Direct Mail Solicitation (No Express Advocacy)

Full Name (Last, First, Middle Initial) <b>C. DM Group</b>		Transaction ID: 13430786 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 201 Skipjack Road		Amount of Each Disbursement this Period -6715.83
City Prince Frederick State MD Zip Code 20678	Purpose of Disbursement Void - DM Group Candidate Name Category/Type 003	
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) ▼	Void - DM Group

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	457.83
<b>TOTAL</b> 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 35 / 47

<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

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

<b>A. DM Group</b> Full Name (Last, First, Middle Initial) Mailing Address 201 Skipjack Road City Prince Frederick State MD Zip Code 20678 Purpose of Disbursement Printing for Direct Mail Solicitation (N) 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) ▼		<b>Transaction ID: 13430791</b> Date of Disbursement 11 / 22 / 2006 Amount of Each Disbursement this Period 6715.83 Printing for Direct Mail Solicitation (No Express Advocacy)
--	--	--

<b>B. DM Group</b> Full Name (Last, First, Middle Initial) Mailing Address 201 Skipjack Road City Prince Frederick State MD Zip Code 20678 Purpose of Disbursement Void - DM Group 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) ▼		<b>Transaction ID: 13430792</b> Date of Disbursement 11 / 22 / 2006 Amount of Each Disbursement this Period -6715.83 Void - DM Group
--	--	---

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

0.00

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

16745.34

# 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

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

Full Name (Last, First, Middle Initial) <b>A. Patrick Murphy For Congress</b>		<b>Transaction ID: 13357928</b> Date of Disbursement 10 / 20 / 2006
Mailing Address PO Box 868		Amount of Each Disbursement this Period 1000.00 Contribution
City Levittown State PA Zip Code 19058	Purpose of Disbursement Contribution Candidate Name Mr. Patrick Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 8 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Purpose of Disbursement Contribution		
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Friends of Sherrod Brown</b>		<b>Transaction ID: 13360851</b> Date of Disbursement 10 / 23 / 2006
Mailing Address 38 Ivy Street, SE		Amount of Each Disbursement this Period 1000.00 Contribution
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution Candidate Name Sherrod Brown Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Purpose of Disbursement Contribution		
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Chet Edwards for Congress</b>		<b>Transaction ID: 13360826</b> Date of Disbursement 10 / 23 / 2006
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 1000.00 Contribution
City Washington State DC Zip Code 20013-5214	Purpose of Disbursement Contribution Candidate Name Chet Edwards Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Purpose of Disbursement Contribution		
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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

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

<b>A. Harold Ford Jr For Tennessee</b> Full Name (Last, First, Middle Initial) Harold Ford Jr For Tennessee Mailing Address 5120 Barry Road Suite 1300 City Memphis State TN Zip Code 38117 Purpose of Disbursement Contribution Candidate Name Mr. Harold Ford Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 2 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 13360823</b> Date of Disbursement 10 / 23 / 2006 Amount of Each Disbursement this Period 1000.00 Contribution
--	--	---

<b>B. Darlene Hooley for Congress</b> Full Name (Last, First, Middle Initial) Darlene Hooley for Congress Mailing Address 19363 Willamette Drive #114 City West Linn State OR Zip Code 97068 Purpose of Disbursement Contribution Candidate Name Darlene Hooley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 5 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 13360847</b> Date of Disbursement 10 / 23 / 2006 Amount of Each Disbursement this Period 2000.00 Contribution
--	--	---

<b>C. Lampson for Congress</b> Full Name (Last, First, Middle Initial) Lampson for Congress Mailing Address P.O. Box 58606 City Houston State TX Zip Code 77258 Purpose of Disbursement Contribution Candidate Name Nick Lampson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 13360828</b> Date of Disbursement 10 / 23 / 2006 Amount of Each Disbursement this Period 1000.00 Contribution
---	--	---

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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 38 / 47

<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

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

Full Name (Last, First, Middle Initial) <b>A. Friends Of Jim Marshall</b>		<b>Transaction ID:</b> 13360834 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address PO Box 125		Amount of Each Disbursement this Period 1000.00 Contribution
City Macon State GA Zip Code 31201	Amount of Each Disbursement this Period 1028.71 Contribution	
Purpose of Disbursement Contribution Candidate Name Mr. Jame Marshall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 8		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Courtney For Congress</b>		<b>Transaction ID:</b> 13360833 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 1372		Amount of Each Disbursement this Period 2500.00 Contribution
City Vernon State CT Zip Code 06066	Amount of Each Disbursement this Period 2500.00 Contribution	
Purpose of Disbursement Contribution Candidate Name Mr. Joseph Courtney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. PAC to the Future</b>		<b>Transaction ID:</b> 13360831 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 430 South Capitol Street, SE 1st Floor		Amount of Each Disbursement this Period 4528.71 Contribution
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 4528.71 Contribution	
Purpose of Disbursement Contribution 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) ▼		

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

4528.71

**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

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><b>A.</b> Full Name (Last, First, Middle Initial) Lois Murphy For Congress</p>		<p><b>Transaction ID:</b> 13360848 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	3		2	0	0	6														
<p>Mailing Address P.O. Box 312</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>1000.00</td> </tr> </table> </p>		1000.00																			
1000.00																							
<p>City Narberth State PA Zip Code 19072</p>	<p>Purpose of Disbursement Contribution</p>	<p>011 Category/Type</p>																					
<p>Candidate Name Lois Murphy</p>	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                  State: PA District: 6</p>																						
		<p>Contribution</p>																					

<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of John Barrow</p>		<p><b>Transaction ID:</b> 13360835 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	3		2	0	0	6														
<p>Mailing Address PO Box 8166</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>500.00</td> </tr> </table> </p>		500.00																			
500.00																							
<p>City Savannah State GA Zip Code 31412</p>	<p>Purpose of Disbursement Contribution</p>	<p>011 Category/Type</p>																					
<p>Candidate Name Mr. John Barrow</p>	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                  State: GA District: 12</p>																						
		<p>Contribution</p>																					

<p><b>C.</b> Full Name (Last, First, Middle Initial) Melissa Bean For Congress</p>		<p><b>Transaction ID:</b> 13360837 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	3		2	0	0	6														
<p>Mailing Address Post Office Box 3068</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>1000.00</td> </tr> </table> </p>		1000.00																			
1000.00																							
<p>City Barrington State IL Zip Code 60010</p>	<p>Purpose of Disbursement Contribution</p>	<p>011 Category/Type</p>																					
<p>Candidate Name Rep. Melissa L. Bean</p>	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                  State: IL District: 8</p>																						
		<p>Contribution</p>																					

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>2500.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p></p>

**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 40 / 47

<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

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

Full Name (Last, First, Middle Initial) <b>A. Kilroy For Congress</b>		<b>Transaction ID:</b> 13360845 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 3391 N. High Street Ste 305		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43202	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Mary Kilroy		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Judy Feder For Congress</b>		<b>Transaction ID:</b> 13360830 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 1514 Hardwood Lane		Amount of Each Disbursement this Period 2000.00
City Mclean State VA Zip Code 22101	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Judith Feder		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Montanans For Tester</b>		<b>Transaction ID:</b> 13360839 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address PO Box 1248		Amount of Each Disbursement this Period 552.73
City Big Sandy State MT Zip Code 59520	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Mr. Jon Tester		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 2
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3552.73
<b>TOTAL</b> 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

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

Full Name (Last, First, Middle Initial) <b>A. Friends Of Tammy Duckworth</b>		<b>Transaction ID:</b> 13360836 Date of Disbursement 10 / 23 / 2006
Mailing Address 416 W. 22nd St.		Amount of Each Disbursement this Period 1000.00  Contribution
City Lombard State IL Zip Code 60148	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name L. Tammy Duckworth		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends Of Dan Maffei</b>		<b>Transaction ID:</b> 13360844 Date of Disbursement 10 / 23 / 2006
Mailing Address PO Box 74		Amount of Each Disbursement this Period 2000.00  Contribution
City Syracuse State NY Zip Code 13214	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mr. Daniel Maffei		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. NCPSSM</b>		<b>Transaction ID:</b> 13368527 Date of Disbursement 10 / 23 / 2006
Mailing Address 10 G Street, NE Suite 600		Amount of Each Disbursement this Period 192.29  In-Kind Contribution
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement In-Kind Contribution		
Candidate Name Mr. Patrick Murphy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3192.29
<b>TOTAL</b> 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

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

Full Name (Last, First, Middle Initial) <b>A. Sestak For Congress</b>		<b>Transaction ID:</b> 13360849 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 16		Amount of Each Disbursement this Period 1000.00 Contribution
City Media State PA Zip Code 19063	Purpose of Disbursement Contribution Contribution Category/Type 011	
Candidate Name Mr. Joseph Sestak		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 7		

Full Name (Last, First, Middle Initial) <b>B. Heath Shuler For Congress</b>		<b>Transaction ID:</b> 13360840 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address PO Box 97		Amount of Each Disbursement this Period 1000.00 Contribution
City Hazelwood State NC Zip Code 28738	Purpose of Disbursement Contribution Contribution Category/Type 011	
Candidate Name Mr. Joseph Shuler		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 11		

Full Name (Last, First, Middle Initial) <b>C. Arcuri For Congress</b>		<b>Transaction ID:</b> 13360841 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 8508		Amount of Each Disbursement this Period 1000.00 Contribution
City Utica State NY Zip Code 13505	Purpose of Disbursement Contribution Contribution Category/Type 011	
Candidate Name Mr. Michael Arcuri		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 24		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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

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

Full Name (Last, First, Middle Initial) <b>A. Carney For Congress</b>		<b>Transaction ID:</b> 13360850 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address PO Box 38		Amount of Each Disbursement this Period 1000.00 Contribution
City Dimock State PA Zip Code 18816	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Mr. Christopher Carney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 10		

Full Name (Last, First, Middle Initial) <b>B. Joe Donnelly For Congress</b>		<b>Transaction ID:</b> 13360838 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 1961 Century Building		Amount of Each Disbursement this Period 1000.00 Contribution
City South Bend State IN Zip Code 46634	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Mr. Joseph Donnelly		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 2		

Full Name (Last, First, Middle Initial) <b>C. Montanans For Tester</b>		<b>Transaction ID:</b> 13364042 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address PO Box 1248		Amount of Each Disbursement this Period -552.73 Void - Montanans For Tester
City Big Sandy State MT Zip Code 59520	Purpose of Disbursement Void - Montanans For Tester Category/Type 011	
Candidate Name Mr. Jon Tester		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MT District: 2		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1447.27
<b>TOTAL</b> 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)

PAGE 44 / 47

<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

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

Full Name (Last, First, Middle Initial) <b>A. Darlene Hooley for Congress</b>		<b>Transaction ID: 13368011</b> Date of Disbursement 10 / 25 / 2006
Mailing Address 19363 Willamette Drive #114		Amount of Each Disbursement this Period 1000.00
City West Linn State OR Zip Code 97068	Contribution	
Purpose of Disbursement Contribution Candidate Name Darlene Hooley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 5		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. BEN NELSON FOR U.S. SENATE</b>		<b>Transaction ID: 13371565</b> Date of Disbursement 10 / 25 / 2006
Mailing Address 420 C STREET, N.E.		Amount of Each Disbursement this Period 1717.81
City WASHINGTON State DC Zip Code 20002	Contribution	
Purpose of Disbursement Contribution Candidate Name BEN NELSON Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 0		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. To Organize a Majority PAC</b>		<b>Transaction ID: 13368012</b> Date of Disbursement 10 / 25 / 2006
Mailing Address 426 C Street, NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Contribution	
Purpose of Disbursement Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3717.81
<b>TOTAL</b> 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

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><b>A. Montanans For Tester</b></p> <p>Full Name (Last, First, Middle Initial) Montanans For Tester</p> <p>Mailing Address PO Box 1248</p> <p>City Big Sandy State MT Zip Code 59520</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mr. Jon Tester</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MT District: 2</p>		<p><b>Transaction ID: 13376096</b></p> <p>Date of Disbursement 10 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 468.20</p> <p>Contribution</p>
---	--	---

<p><b>B. Hafen For Congress</b></p> <p>Full Name (Last, First, Middle Initial) Hafen For Congress</p> <p>Mailing Address PO Box 530996</p> <p>City Henderson State NV Zip Code 89053</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Tessa Hafen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 3</p>		<p><b>Transaction ID: 13376097</b></p> <p>Date of Disbursement 10 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 368.72</p> <p>Contribution</p>
--	--	---

<p><b>C. Hafen For Congress</b></p> <p>Full Name (Last, First, Middle Initial) Hafen For Congress</p> <p>Mailing Address PO Box 530996</p> <p>City Henderson State NV Zip Code 89053</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Tessa Hafen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 3</p>		<p><b>Transaction ID: 13380129</b></p> <p>Date of Disbursement 10 / 27 / 2006</p> <p>Amount of Each Disbursement this Period 18.00</p> <p>Contribution</p>
--	--	--

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>854.92</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# 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 46 / 47

<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

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

Full Name (Last, First, Middle Initial) <b>A. Zack Space For Congress Committee</b>		<b>Transaction ID:</b> 13394348 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 714 N Wooster Avenue		Amount of Each Disbursement this Period 1500.00
City Dover State OH Zip Code 44622	Contribution	
Purpose of Disbursement Contribution Candidate Name Mr. Zachary Space Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Dan Maffei</b>		<b>Transaction ID:</b> 13398517 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address PO Box 74		Amount of Each Disbursement this Period 1000.00
City Syracuse State NY Zip Code 13214	Contribution	
Purpose of Disbursement Contribution Candidate Name Mr. Daniel Maffei Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Kleeb For Congress</b>		<b>Transaction ID:</b> 13399142 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address PO Box 638		Amount of Each Disbursement this Period 1000.00
City Kearney State NE Zip Code 68848	Contribution	
Purpose of Disbursement Contribution Candidate Name Mr. Scott Kleeb Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 3		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> 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)

PAGE 47 / 47

<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

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

**A.** Full Name (Last, First, Middle Initial)  
Engel for Congress

Mailing Address 38 Ivy Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution  
Candidate Name Eliot Engel  
Category/Type 011

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: NY District: 17

Transaction ID: 13400768  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Contribution

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF CHRIS DODD

Mailing Address PO Box 270701

City West Hartford State CT Zip Code 06127

Purpose of Disbursement Contribution  
Candidate Name CHRISTOPHER DODD  
Category/Type 011

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: CT District: 1

Transaction ID: 13405834  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Contribution

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

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