Image# 14951872351 PAGE 1 / 19

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office Us	e Only	
	NAME OF COMMITTEE (in t		PE OR PRIN	Т▼	Example: If typover the lines.	oing, type	12FE4	:M5		
NA	TIONAL ORGA	ANIZATION	OF SOCI	AL SECURIT	Y CLAIMANT	S' REPRESI	ENTATI	VES PAC (	NOSSC	CR PAC)
ADDI	RESS (number and		60 SYLVAN	AVENUE						
•	,	, 								
	Check if diffe than previous	ds a	ENGLEWOO	D CLIFES			NJ	07632		
	reported. (AC		INGLLWOOI					07032		
2. I	FEC IDENTIFICA	ATION NUME	BER ▼	CITY	<b>\</b>	;	STATE 🛦		ZIP COE	DE 🛦
	C C00521039	)		3. IS TI REP		NEW (N) <b>OR</b>	×	AMENDED (A)		
	TYPE OF REP (Choose One)	ORT	(b) Monthly Report	Feb 20	(M2)	May 20 (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
(	) Quarterly Reports:		Due On: Mar 20					Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15			Apr 20	(M4)	Jul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)
	Quarterly	Report (Q1)	(c) 12-[	Day	Primary (12	2P)	Gen	eral (12G)	П	Runoff (12R)
	July 15 Quarterly	Report (Q2)		E-Election	Communica	(100)	0	-:-! (100)		
	X October		Hep	oort for the:	Convention	(120)	Spec	cial (12S)		
	January :	Report (Q3) 31 Report (YE)		Election o	n M M	/ D D /	Y W Y W Y	Y	in the State of	
	July 31 M	/lid-Year lon-election		ST-Election	General (3	0G)	Rund	off (30R)		Special (30S)
		on Report	Rep	oort for the:						
	(TER)			Election o	n M M M	/ D D /	Y = Y = Y		in the State of	
5. (	Covering Period	07	01	2014	through	09	30	201	4	
I cert	ify that I have ex	amined this R	eport and to	the best of mu	knowledge and	l belief it is tru	ie, correct	t and complet	e.	
	or Print Name of		rim Cuddigan	_						
0.		Tim Cudd	ioan		<i>(37)</i>	.H., E21 - 11 -		M M / D	D /	Y
Signa	ature of Treasurer		.8411		[Electronica	uy Fued]	ate	10 21	_	2014
NOTE	E: Submission of fa	alse, erroneous	, or incomple	ete information m	ay subject the po	erson signing th	nis Report	to the penaltic	es of 2 U	I.S.C. §437g.
	Office							FEC	FOR	 М 3X
	Use Only								ev. 12/20	

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

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

Write or Type Committee Name

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 20	Y	135607.90
(b) Cash on Hand at Beginning of Reporting Period	1355	519.37
(c) Total Receipts (from Line 19)	69	526.00 43713.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1420	045.37 179320.90
Total Disbursements (from Line 31	) 138	335.61 51111.14
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1282	209.76 128209.76
Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)		0.00
Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)		0.00

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

I. Receipts	I. Receipts COLUMN A Total This Period						
. Contributions (other than loans) From:							
(a) Individuals/Persons Other							
Than Political Committees		1					
(i) Itemized (use Schedule A)	5751.00	39786.00					
(ii) Unitemized	775.00	3927.00					
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	6526.00	43713.00					
(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	0500.00	42742.00					
Totals to Line 33, page 5)	6526.00	43713.00					
. Transfers From Affiliated/Other	0.00	0.00					
Party Committees	0.00	0.00					
3. All Loans Received	0.00	0.00					
. Loan Repayments Received	0.00	0.00					
. Offsets To Operating Expenditures	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,					
(Refunds, Rebates, etc.)							
(Carry Totals to Line 37, page 5)	0.00	0.00					
6. Refunds of Contributions Made							
to Federal Candidates and Other	0.00	0.00					
Political Committees	0.00	0.00					
Other Federal Receipts     (Dividends, Interest, etc.)	0.00	0.00					
3. Transfers from Non-Federal and Levin Funds	0.00	0.00					
(a) Non-Federal Account							
(from Schedule H3)	0.00	0.00					
	0.00	0.00					
(b) Levin Funds (from Schedule H5)	0.00	0.00					
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00					
Total Receipts (add Lines 11(d),     12, 13, 14, 15, 16, 17, and 18(c))  ▶	6526.00	43713.00					
. Total Federal Receipts							
(subtract Line 18(c) from Line 19)▶	6526.00	43713.00					

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	335.61	2611.14
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	335.61	2611.14
22.	Transfers to Affiliated/Other Party		
13	CommitteesContributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	13500.00	48500.00
24.	Independent Expenditures (use Schedule E)	0.00	0.00
25.	Coordinated Party Expenditures		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Lagra Mada	0.00	0.00
27.	Loans Made	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(I) P. I'' - I P. I O 'II	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(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	0.00
80.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Lovin" Shara	0.00	0.00
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	13835.61	51111.14
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	42025 04	E4444.4.4
	from Line 31)▶	13835.61	51111.14

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	6526.00	43713.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6526.00	43713.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	335.61	2611.14
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	335.61	2611.14

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

FOF	PAGE	Ξ	6	OF		19				
(check only one)										
X	X 11a 11b						12			
	13 14						16	;		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF SC	OCIAL SECURITY CLAIMANTS' REPRESEN	TATIVES PAC (NOSSCR PAC)
Full Name (Last, First, Middle Initial)  A. Edwin A. Anderson		Date of Receipt
Mailing Address 2924 Tazewell Pike Suite F	Ctoto 7in Co-d-	07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Knoxville	State Zip Code TN 37918	Transaction ID : SA11AI.5022
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	
Self-employed	Attorney	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial)  Edwin A. Anderson	•	Date of Receipt
Mailing Address 2924 Tazewell Pike		M M / D D / Y Y Y Y
Suite F City	State Zip Code	08 15 2014 Transaction ID : SA11Al.5046
Knoxville	TN 37918	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	
Self-employed	Attorney	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  C. Edwin A. Anderson	•	Date of Receipt
Mailing Address 2924 Tazewell Pike Suite F		09 17 2014
City	State Zip Code	Transaction ID : SA11AI.5059
Knoxville	TN 37918	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Self-employed	Attorney	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	450.00	
SUBTOTAL of Receipts This Page (optional	)	150.00
TOTAL This Period (last page this line number	per only)	

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

F	FOR LINE NUMBER:						7	OF	19
(check only one)									
	X 11a 11b				11c	12			
		13		14		15	16		17

NAME OF COMMITTEE (In Full)	social security claimants' represe	
Full Name (Last, First, Middle Initial) Carol Avard  Mailing Address PO Box 101050		Date of Receipt
City	State Zip Code	07 15 2014 Transaction ID : SA11AI.5016
Cape Coral	FL 33910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Avard Law Offices	Attorney	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial)  3. Gary Blumenthal		Date of Receipt
Mailing Address 370 Shadywood Drive		M = M / D = D / Y = Y = Y
City	State Zip Code	07 25 2014 Transaction ID : SA11Al.5036
Dayton	OH 45415	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Horenstein, Nicholson & Blumen	Occupation Attorney	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  Angela Davis-Morris		Date of Receipt
Mailing Address P.O. Box 1553		07 15 _2014
City Hattiesburg	State Zip Code MS 39403-1553	Transaction ID : SA11AI.5019  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	_
Davis-Morris Law Firm, P.A.	Attorney	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (option	nal)	1350.00
	·	
TOTAL This Period (last page this line nu	imber only)	1

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

FOR LINE NUMBER:						PAGE	8	OF	19
(c	he	ck only							
[	X	11a		11b		11c	12		
		13		14		15	16	;	17

/	CIAL SECURITY CLAIMANTS' REPRESEN	
Full Name (Last First M4: 19 1 19: 1)		ITATIVES PAC (NOSSCR PAC)
Full Name (Last, First, Middle Initial)  A. Angela Davis-Morris		Date of Receipt
Mailing Address P.O. Box 1553		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.5048
Hattiesburg	MS 39403-1553	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	-
Davis-Morris Law Firm, P.A.	Attorney	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial)  3. Angela Davis-Morris		Date of Receipt
Mailing Address P.O. Box 1553		09 17 2014
City	State Zip Code	Transaction ID : SA11AI.5062
Hattiesburg	MS 39403-1553	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	-
Davis-Morris Law Firm, P.A.	Attorney	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  C. MaryJean Ellis		Date of Receipt
Mailing Address 235 Woodport Rd Suite H-5		09 17 2014
City	State Zip Code	Transaction ID : SA11AI.5057
Sparta	NJ 07871	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
	Occupation	1
Name of Employer		
Self	Attorney	
Self Receipt For:	Attorney  Aggregate Year-to-Date ▼	_
Self		
Self Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	350.00

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

FO	PAGE		9	OF		19				
(check only one)										
×	11a	11c		12	!					
	13		14		15		16	;		17

Full Name (Last, First, Middle Initial) Rodney Forbes  Mailing Address 106 North 9th Street		Date of Receipt
City	State Zip Code	07 08 2014 Transaction ID : SA11Al.5013
Lafayette	IN 47901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	
Seeger & Forbes	Attorney	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Rodney Forbes		Date of Receipt
Mailing Address 106 North 9th Street		M = M / D = D / Y = Y = Y
City	State Zip Code	08 06 2014 Transaction ID - \$4444 F043
Lafayette	IN 47901	Transaction ID : SA11AI.5042  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Seeger & Forbes	Occupation Attorney	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  350.00	
Full Name (Last, First, Middle Initial)		D. (D. )
Rodney Forbes  Mailing Address 406 North 9th Street		Date of Receipt
Mailing Address 106 North 9th Street		09 05 _2014 _
City	State Zip Code	Transaction ID : SA11AI.5054
Lafayette	IN 47901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Seeger & Forbes	Attorney	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	400.00	

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

F	OR	LINE	NU	MBER	:	PAGE	. 1	10	OF	19
(c	he	ck only	or	ne)						
	×	11a		11b		11c		12		
		13		14		15		16	;	17

Full Name (Last, First, Middle Initial) Stephan J. Freeman Mailing Address 685 1st Ave North		Date of Receipt
C:h.	Chata Zin Ca-la	07 09 2014
City St. Petersburg	State Zip Code FL 33701	Transaction ID : SA11AI.5012
FEC ID number of contributing federal political committee.	C 33701	Amount of Each Receipt this Period  1000.00
Name of Employer	Occupation	
Freeman & Freeman	Attorney	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Michael Hartup	,	Date of Receipt
Mailing Address PO Box 1386		M = M / D = D / Y = Y = Y
City Jackson	State Zip Code TN 38302	7 15 2014 Transaction ID : SA11AI.5021 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	167.00
Name of Employer Self-employed	Occupation Attorney	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1169.00	
Full Name (Last, First, Middle Initial) Michael Hartup		Date of Receipt
Mailing Address PO Box 1386		08 15 _ 2014 _
City Jackson	State Zip Code TN 38302	Transaction ID : SA11AI.5045  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	167.00
Name of Employer	Occupation	
Self-employed	Attorney	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1336.00	

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

FOR	FOR LINE NUMBER:						11	OF	19
(chec	k only	or	ne)						
X	11a		11b		11c		12		
	13 14						16	;	17

Full Name (Last, First, Middle Initial)  Michael Hartup  Mailing Address PO Box 1386		Date of Receipt
City	State Zip Code	09 17 2014 Transaction ID : SA11AI.5058
Jackson	TN 38302	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Self-employed	Attorney	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1503.00	
Full Name (Last, First, Middle Initial) George Picmonte	•	Date of Receipt
Mailing Address 1001 Yarrow Street		M = M / D = D / Y = Y = Y
City	State Zip Code	09 17 2014
Matthews	NC 28266	Transaction ID : SA11AI.5061  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Picmonte Law Firm	Occupation Attorney	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)		5. (5
Michael Quatrini  Mailing Address 454 S. Dallas Ave.		Date of Receipt
		07 24 2014
City Pittsburgh	State Zip Code PA 15208	Transaction ID : SA11AI.5033  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Quatrini Rafferty	Attorney	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	

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

FOR	LINE N	IUMBER:	:	PAGE	1	12 OF	-	19
(chec	k only	one)						
X	11a	11b		11c		12		
	13	14		15		16		17

Full Name (Last, First, Middle Initial) Denise A. Sarnoff Mailing Address 163 W Nicklaus Ave		Date of Receipt
City	Ctoto 7:- Ondo	09 05 2014
City Kalispell	State Zip Code MT 59901	Transaction ID : SA11AI.5055
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer	Occupation	
Martin & Jones	Attorney	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial) Debra Shifrin	'	Date of Receipt
Mailing Address 411 Wolf Ledges Pkwy		M = M / D = D / Y = Y = Y
Ste 400	State Zip Code	07 08 2014
City Akron	State Zip Code OH 44311	Transaction ID : SA11AI.5015
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	
Shifrin Newman Smith Inc	Attorney	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2800.00	
Full Name (Last, First, Middle Initial) Debra Shifrin		Date of Receipt
Mailing Address 411 Wolf Ledges Pkwy Ste 400		08 06 2014
City Akron	State Zip Code OH 44311	Transaction ID : SA11AI.5044
	44011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	
Shifrin Newman Smith Inc	Attorney	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3200.00	

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

F	OR	LINE	NU	MBER	:	PAGE	•	13	OF	19
(check only one)										
	X	11a	11c		12					
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF SO	CIAL SECURITY CLAIMANTS' REPRESEN	TATIVES PAC (NOSSCR PAC)
Full Name (Last, First, Middle Initial)  A. Debra Shifrin		Date of Receipt
Mailing Address 411 Wolf Ledges Pkwy Ste 400		09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5056
Akron	OH 44311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	
Shifrin Newman Smith Inc	Attorney	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  3600.00	
Full Name (Last, First, Middle Initial)  3. Scott F. Smith		Date of Receipt
Mailing Address 481 Regalstone Lane	07 15 2014	
City	State Zip Code OH 44321	Transaction ID : SA11AI.5020
Copley	OH 44321	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	75.00
Name of Employer	Occupation	
Shifrin Newman Smith	Attorney	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial)  Scott F. Smith		Date of Receipt
Mailing Address 481 Regalstone Lane		08 15 2014
City Copley	State Zip Code OH 44321	Transaction ID : SA11AI.5074  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	75.00
Name of Employer	Occupation	
Shifrin Newman Smith	Attorney	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	550.00
TOTAL This Period (last page this line numb	er only)	

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

FOF	PAGE	•	14	OF	19					
(che	ck only	or	ne)							
×	11a		11b		11c		12			
	13		14		15		16		17	

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Scott F. Smith Mailing Address 481 Regalstone Lane  City Copley  FEC ID number of contributing federal political committee.  Name of Employer Shifrin Newman Smith Receipt For:  Primary General Other (specify)	State Zip Code OH 44321  C  Occupation Attorney  Aggregate Year-to-Date ▼  375.00	Date of Receipt  17 2014  Transaction ID: SA11AI.5063  Amount of Each Receipt this Period  75.00
Full Name (Last, First, Middle Initial)  Gregory E. Tuite  Mailing Address 119 N. Church St.  #407  City  Rockford  FEC ID number of contributing federal political committee.  Name of Employer  Self-employed  Receipt For:  Primary  General  Other (specify)	State Zip Code IL 61101  C  Occupation Attorney  Aggregate Year-to-Date ▼  500.00	Date of Receipt  08 21 2014  Transaction ID : SA11AI.5050  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  General  Other (specify)	State Zip Code  C Occupation  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	575.00
TOTAL This Period (last page this line num	ber only)	5751.00

### S ľ

S	CHEDULE B (FEC Form 3X)			FOR LIN	NE N	UMBER:			PAGE	15	OF 19		
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check c	only o	one)							
-			Summary Page	X 21	L	22	23		24	25	26		
_				27		28a	28b		28c	29	30		
	ly information copied from such Reports and Staten for commercial purposes, other than using the nam												
	NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF SOCIAL S	SECURITY	Y CLAIMANTS	' REPRESE	ENT	ATIVES	PAC (I	NOSS	SCR P	AC)			
	Full Name (Last, First, Middle Initial)												
Α.	Platinum Choice Bancard					Date of	Disburs	ement		Y	Υ		
	Mailing Address 31 White St					07 02 2014							
	City S West Orange	State NJ	Zip Code 07052			Trans	action II	) : SB2	21B.50	25			
	Purpose of Disbursement Bank processing fees		0.002	201	1			D: 1					
	Candidate Name			001	ч	Amount	of Each	Disbu	ırseme	nt this	Period		
				Category/ Type			7		7	10	0.50		
		nent For: Primary Other (spe	General										
	State: District:		•										
В.	Full Name (Last, First, Middle Initial)  Platinum Choice Bancard					Date of	Disburs	ement					
	Mailing Address 31 White St					07		03		2014	Y		
	City	State	Zip Code			Trans	action II	) · SR	21R 50	24			
	West Orange	NJ	07052			mans	action	. OD.	210.00				
	Purpose of Disbursement Credit card processing fees			003	1	Amount	of Each	Disbu	ırseme	nt this	Period		
	Candidate Name			Category/ Type			,		,	8	4.03		
		nent For: Primary Other (spe	General cify) ▼										
<del>С</del> .	Full Name (Last, First, Middle Initial) Platinum Choice Bancard					Date of	Disburs	ement					
	Mailing Address 31 White St					08		04		2014	Y		
	,	State NJ	Zip Code 07052			Trans	action II	) : SB	21B.50	72			
	Purpose of Disbursement Bank processing fees			201	1								
	Candidate Name		Category/ Type  Amount of Each Disbursem							Period ).55			
		nent For: Primary Other (spe	General cify) ▼	.,,,,			,		7				
г	Diotion .												
H	UBTOTAL of Disbursements This Page (optional)  OTAL This Period (last page this line number only)				_	H	1	-	7	105	5.08		
1 '	( page and mic named only)				-				7				

### S ľ

SCHE	OULE B (FEC Form 3X)	FOR		NE NUMBER: PAGE 16 OF 19		
ITEMIZ	ED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
		Detailed Summary Page	X 21b	22 23	24 25 26	
			27	28a 28b	28c 29 30b	
	mation copied from such Reports and Stater nmercial purposes, other than using the nan					
	OF COMMITTEE (In Full) ONAL ORGANIZATION OF SOCIAL S	SECURITY CLAIMANTS	' REPRESENT	TATIVES PAC (NOS	SSCR PAC)	
Full Na	ame (Last, First, Middle Initial)					
A. Plati	Platinum Choice Bancard			Date of Disbursement		
Mailing	Address 31 White St			08 04	2014	
City		State Zip Code		Transaction ID : SI	321R 5073	
West C	•	NJ 07052		Transaction ib . Si	3210.3073	
Credi	se of Disbursement t card processing fees		003	Amount of Each Dis	bursement this Period	
Candio	date Name		Category/ Type		135.62	
	Senate President	ment For: Primary General Other (specify)				
State:	District:					
	ame (Last, First, Middle Initial) inum Choice Bancard			Date of Disbursemen	nt	
Mailing	g Address 31 White St			09 / 03	2014	
City West (	Orange	State Zip Code NJ 07052		Transaction ID : S	B21B.5108	
	se of Disbursement t card processing fees		003	Amount of Each Dis	oursement this Period	
Candio	date Name		Category/ Type		10.55	
Office State:	Sought: House Disburser  Senate President District:	ment For: Primary General Other (specify)	31			
	Full Name (Last, First, Middle Initial) Platinum Choice Bancard			Date of Disbursemen	nt	
Mailing	Mailing Address 31 White St			09 / 03	2014	
City West C		State Zip Code NJ 07052		Transaction ID : S	B21B.5133	
Purpos	se of Disbursement	0.002				
	t card processing fees date Name		003 Category/	Amount of Each Dis	oursement this Period	
			Type		84.36	
	Senate President	ment For:  Primary General  Other (specify)				
State:	District:					
	TAL of Disbursements This Page (optional)			7	230.53 335.61	
TOTAL 7	This Period (last page this line number only)	)	·····		333.01	

### ľ

SCHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 17 OF 19		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	v one)		
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b		
Any information copied from such Deports and Cta	tomonto mou not be cold as				
Any information copied from such Reports and Sta or for commercial purposes, other than using the n					
NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF SOCIAL	SECURITY CLAIMANTS	S' REPRESEN	TATIVES PAC (NOSSCR PAC)		
Full Name (Last, First, Middle Initial)					
A. ALASKANS FOR BEGICH 2014			Date of Disbursement		
Mailing Address 1231 W NORTHERN LTS #605			09 29 2014		
City ANCHORAGE	State Zip Code AK 99503		Transaction ID : SB23.5069		
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	2000.00		
MARK BEGICH Office Sought: House Disburs	coment For: 0044	Туре	2000.00		
Senate President	ement For: 2014  Primary				
State: AK District: 00					
Full Name (Last, First, Middle Initial)  B. BRALEY FOR IOWA			Date of Disbursement		
Mailing Address PO BOX 856			09 29 7 2014		
City DES MOINES	State Zip Code IA 50304		Transaction ID : SB23.5070		
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period		
Candidate Name BRUCE L BRALEY		Category/ Type	2000.00		
	sement For: 2014	71			
Senate President	Primary				
State: IA District: 00					
Full Name (Last, First, Middle Initial)  C. ENYART FOR CONGRESS	ENYART FOR CONGRESS				
Mailing Address PO BOX 308					
City BELLEVILLE	State Zip Code IL 62222		Transaction ID : SB23.5041		
Purpose of Disbursement Contribution 011					
Candidate Name		Category/	Amount of Each Disbursement this Period 2000.00		
WILLIAM L JR ENYART  Office Sought:	sement For: 2014	Туре	1		
Senate President	Primary ∑ General  Other (specify) ▼				
State: IL District: 12					
SUBTOTAL of Disbursements This Page (optional	)	·····	6000.00		
I	ly)				

SCHEDULE B (FEC Form 3X)	FOR LINE NUMBER: PAGE 18 OF 19				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30l	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF SOCIAL S					
Full Name (Last, First, Middle Initial)  A. FRIENDS OF JOHN BARROW			Date of Disbursement		
Mailing Address PO BOX 1001			07 30 7 2014		
,	State Zip Code		Transaction ID : S	B23.5040	
AUGUSTA Purpose of Disbursement	GA 30903		1141104041011 12 1 0	220.00 10	
Contribution		011	Amount of Each Dis	bursement this Period	
Candidate Name		Category/		1000.00	
JOHN J. BARROW  Office Sought:  House Disbursem	nent For: 2014	Туре	7	1000.00	
Senate President	Primary ☐ General  Other (specify) ▼				
State: GA District: 12					
Full Name (Last, First, Middle Initial)  3. JACKIE SPEIER FOR CONGRESS			Date of Disburseme	nt	
Mailing Address PO BOX 112			07 22	2014	
BURLINGAME	State Zip Code CA 94011		Transaction ID : S	B23.5109	
Purpose of Disbursement Contribution		011	Amount of Each Dis	sbursement this Period	
Candidate Name  JACKIE SPEIER		Category/ Type		2500.00	
Office Sought: House Disbursem	nent For: 2014 Primary General Other (specify)	.,,,,,	,	,	
Full Name (Last, First, Middle Initial)  LAVALLEE FOR CONGRESS  Mailing Address PO BOX 1801			Date of Disburseme	nt	
			09		
•	State Zip Code PA 16066		Transaction ID : S	B23.5053	
Purpose of Disbursement	Contribution				
Candidate Name  DANIEL LAVALLEE		011 Category/ Type	Amount of Each Disbursement this Period 1000.00		
Office Sought: House Disbursem	nent For: 2014  Primary General  Other (specify)	туре			
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).				4500.00	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full) NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)  Full Name (Last, First, Middle Initial)  A. MATSUI FOR CONGRESS  Mailing Address PO BOX 1738  City State Zip Code SACRAMENTO CA 95812  Purpose of Disbursement Contribution Candidate Name DORIS MATSUI  Office Sought: House Senate Primary General Other (specify) Type  Mailing Address 105 N STATE STREET  City State Zip Code Other (specify) Transaction ID: SB23.5068  Full Name (Last, First, Middle Initial)  3. SHAHEEN FOR SENATE  Mailing Address 105 N STATE STREET  City State Zip Code Other (specify) General Other (specify) Type  Date of Disbursement  Category' Type  Date of Disbursement  Office Sought: Other (specify) General Other (specify) General Other (specify) Type  Date of Disbursement this Period Category' Type  Date of Disbursement  Office Sought: Other (specify) General Other (specify) General Other (specify) Type  Disbursement Dother (specify) General Other (specify) Type  Date of Disbursement this Period Category' Type  Date of Disbursement Uses Disbursement For: 2014  Amount of Each Disbursement this Period Category' Type  Date of Disbursement Uses Disbursement For: 2014  Category' Type  Date of Disbursement Uses Disbursement For: 2014  Date of Disbursement Uses Disbursement Uses Disbursement For: 2014  Date of Disbursement Uses Disbursement Uses Disbursement For: 2014  Date of Disbursement Uses Disb	SCHEDULE B (FEC Form 3X)	Han appearate colorated (	FOR LINE		PAGE 19 OF 19	
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 Ful)  NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)  Full Name (Last, First, Middle Initial)  AMASUI FOR CONGRESS  Mailing Address PO BOX 1738  City State Zip Code SACRAMENTO CAA 95812  Purpose of Disbursement Contribution  Candidate Name  DORIS MATSUI  Office Sought: House President President State: NH District: 00  Full Name (Last, First, Middle Initial)  3. SHAHEEN FOR SENATE  Mailing Address 105 N STATE STREET  City State Zip Code Other (specify) ▼  State: NH District: 00  Full Name (Last, First, Middle Initial)  Candidate Name  JEANNE SHAHEEN  Office Sought: President Senate President State: NH District: 00  Full Name (Last, First, Middle Initial)  State: NH District: 00  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Office Sought: President Senate President Senate President State: NH District: 00  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Office Sought: House President Senate Presi	ITEMIZED DISBURSEMENTS	for each category of the	21b	22 🗙 23		
NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)  Full Name (Last, First, Middle Initial)  MATSUI FOR CONGRESS  Mailing Address PO BOX 1738  City SACRAMENTO Candidate Name DORIS MATSUI Office Sought: House NH District: CONCORD NH 03301  Condidate Name District: Condidate Name District: Office Sought: House Purpose of Disbursement Condidate Name District: Office Sought: House President State: NH District: Office Sought: Office						
MATSUI FOR CONGRESS  Mailing Address PO BOX 1738  City SACRAMENTO CA 95812  Purpose of Disbursement Contribution Candidate Name DORIS MATSUI  Office Sought: Senate President State Zip Code Prurpose of Disbursement To: 2014  Shalling Address 105 N STATE STREET  City State Zip Code NH 03301  Purpose of Disbursement Concord NH 03301  Transaction ID : SB23.5071  Amount of Each Disbursement this Period Category/ Type  Date of Disbursement this Period Category/ Type  Transaction ID : SB23.5071  Date of Disbursement this Period Category/ Type  Date of Disbursement Type  Date of Disbursement Type  Date of Disbursement Type  Transaction ID : SB23.5068  Amount of Each Disbursement Type  Category/ Type  Disbursement Type  Disbursement Type  Disbursement Type  Disbursement Type  Date of Disbursement Type  Transaction ID : SB23.5068  Amount of Each Disbursement Type  Date of Disbursem	NAME OF COMMITTEE (In Full)	•				
Mailing Address PO BOX 1738  City State Zip Code CA 95812  Purpose of Disbursement Contribution Candidate Name  DORIS MATSU  Office Sought:	_					
City State Size Size Size Size Size Size Size Siz	A. MATSUI FOR CONGRESS					
SACRAMENTO Cardidate Name DORIS MATSUI Office Sought: State: Name   Disbursement   Disbursement	Mailing Address PO BOX 1738			1 1 1 1 1 1 1		
Contribution Candidate Name DORIS MATSUI Office Sought: State: CA District: 06 Full Name (Last, First, Middle Initial) SHAHEEN FOR SENATE  Candidate Name JEANNE SHAHEEN Office Sought: House Office Sought: Mailing Address City State: NH District: 00  Full Name (Last, First, Middle Initial) Category/ Type  Date of Disbursement  Transaction ID: SB23.5068  Amount of Each Disbursement  Transaction ID: SB23.5068  Amount of Each Disbursement  Date of Disbursement  Transaction ID: SB23.5068  Amount of Each Disbursement  Date of Disbursement  Date of Disbursement  Transaction ID: SB23.5068  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Office Sought: House Office Sought: Disbursement  Category/ Type  Date of Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify)  Other (specify)  Other (specify)  Tansaction ID: SB23.5068  Amount of Each Disbursement this Period  Category/ Type  Office Sought: Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Office Sought: Date of Disbursement  Other (specify)  Total Remain this Period  Category/ Type  Office Sought: Date of Disbursement this Period  Category/ Type  Office Sought: Date of Disbursement this Period  Category/ Type  Office Sought: Date of Disbursement this Period  Category/ Type				Transaction ID : S	SB23.5071	
Candidate Name  DORIS MATSUI  Office Sought:			011	Amount of Each Dis	sbursement this Period	
Office Sought:						
Senate					1000.00	
Full Name (Last, First, Middle Initial)  3. SHAHEEN FOR SENATE  Mailing Address 105 N STATE STREET  City State Zip Code ON NH 03301  Purpose of Disbursement  Candidate Name  JEANNE SHAHEEN  Office Sought: House President  State: NH District: 00  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House Other (specify)  Furpose of Disbursement For: 2014  Propose of Disbursement For: 2014  Primary General Other (specify)  Category/ Type  Office Sought: House Other (specify)  Office Sought: House Other (specify)  Furpose of Disbursement  Candidate Name  Office Sought: House Other (specify)  Office Sought: House Other (specify)  Office Sought: House Other (specify)  Office Sought: Other (specify)  Office Sought: Disbursement For: Other (specify)  State: District: District: Other (specify)	Senate President	Primary Seneral				
Date of Disbursement  Mailing Address 105 N STATE STREET  City State Zip Code NH 03301  Purpose of Disbursement  Candidate Name  JEANNE SHAHEEN  Office Sought: House President  State: NH District: 00  Full Name (Last, First, Middle Initial)  Category/ Type  Disbursement For: 2014  Primary General  Other (specify)  Transaction ID: SB23.5068  Amount of Each Disbursement this Period  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate President  Category/ Type  Office Sought: House Disbursement For: Senate President  State: District: Other (specify)   Office Sought: Other (specify)   Office Sought: House Disbursement For: Senate President  Other (specify)   Other (						
Mailing Address 105 N STATE STREET   09 29 2014						
CONCORD Purpose of Disbursement  Candidate Name  JEANNE SHAHEEN  Office Sought: House Primary General  City State Zip Code  Purpose of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Amount of Each Disbursement this Period  Date of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Amount of Each Disbursement  Date of Disbursement  Category/ Type  Disbursement  Category/ Type  Office Sought: House Primary General President Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:	Mailing Address 105 N STATE STREET					
Candidate Name  JEANNE SHAHEEN  Office Sought:  House President State: NH District: 00  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Candidate Name  Office Sought:  House State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  House Senate Primary General Other (specify)  State:  District:				Transaction ID : \$	6B23.5068	
JEANNE SHAHEEN  Office Sought: House Senate Primary General Other (specify) ▼  State: NH District: 00  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District: Other (specify) ▼  Amount of Each Disbursement this Period Other (specify) ▼  State: District: Other (specify) ▼	Purpose of Disbursement		011	Amount of Each Dis	sbursement this Period	
Office Sought: House Senate Primary General Other (specify) ▼  State: NH District: 00  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Amount of Each Disbursement this Period Other (specify) ▼  State: District:					2000.00	
State: NH District: 00  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Candidate Name  Disbursement For:  Senate Primary  General  Other (specify)  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:		nent For: 2014	туре			
State: NH District: 00  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:	X Senate	Primary				
Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  State: District:						
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  State: District:	Full Name (Last, First, Middle Initial)  C.	Il Name (Last, First, Middle Initial)				
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  State: District:  Amount of Each Disbursement this Period	Mailing Address			M = M / D = D	/	
Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Amount of Each Disbursement this Period	City	State Zip Code				
Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:	Purpose of Disbursement					
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  State: District:	Candidate Name					
SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary General				
SOBTOTAL OF Disputsements This Page (optional)					3000.00	
	ODITINE OF DISDUISEMENTS THIS FAGE (OPHONAI)		<u> </u>	7	7	