

**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**

CITY

STATE

ZIP CODE

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 (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2010

through

07

31

2010

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

09

15

2010

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 35

Write or Type Committee Name

National Committee to Preserve Social Security & Medicare PAC

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 7D D
3 1Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		253332.43
(b) Cash on Hand at Beginning of Reporting Period	546169.71	
(c) Total Receipts (from Line 19)	131523.20	884387.10
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	677692.91	1137719.53
7. Total Disbursements (from Line 31)	223565.70	683592.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	454127.21	454127.21
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 35

Write or Type Committee Name

National Committee to Preserve Social Security & Medicare PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4200.40	15964.40
(ii) Unitemized	127237.80	864109.75
(iii) TOTAL (add Lines 11(a)(i) and (ii)	131438.20	880074.15
(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)	131438.20	880074.15
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	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	85.00	312.95
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))	131523.20	884387.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	131523.20	884387.10

DETAILED SUMMARY PAGE

of Disbursements

4 / 35

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	165565.70	442670.63	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	165565.70	442670.63	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58000.00	238859.91	
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	2061.78	
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))..	223565.70	683592.32	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	223565.70	683592.32	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 35

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)	131438.20	880074.15
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	131438.20	880074.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	165565.70	442670.63
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	165565.70	442670.63

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

FOR LINE NUMBER: PAGE 6 / 35

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

Mrs Jean Blevins

Mailing Address

305 W Fernhill Rd

City

Oak Ridge

State

TN

Zip Code

37830-5521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	0

Transaction ID: 18488260

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Mr Robert Carey

Mailing Address

2000 Atrium Pkwy Apt 2241

City

Napa

State

CA

Zip Code

94559-4843

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
0	7		0	6		2	0	1	0

Transaction ID: 18488690

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr Francis E Dion, Jr

Mailing Address

1776 Arlin Pl Apt D

City

Fairborn

State

OH

Zip Code

45324-2972

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	0

Transaction ID: 18489401

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

Mr Jerry L Doering

Mailing Address

16708 Goldsborough Ave

City

Laurel

State

MD

Zip Code

20707-2780

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
0 7 / 1 4 / 2 0 1 0

Transaction ID: 18489418

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr & Mrs Marvin Frankel

Mailing Address

4435 El Carro Ln

City

Carpinteria

State

CA

Zip Code

93013-1318

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
0 7 / 0 6 / 2 0 1 0

Transaction ID: 18489887

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mrs Jane Guardascione

Mailing Address

2123 29th St

City

Astoria

State

NY

Zip Code

11105-2918

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
0 7 / 1 4 / 2 0 1 0

Transaction ID: 18490297

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

James L Hassinger, Jr

Mailing Address

2855 Early St Apt A

City

Norfolk

State

VA

Zip Code

23513-3830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 1 0

Transaction ID: 18490473

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ms Ruth Hendershot

Mailing Address

44635 Sunset Rd # 497

City

Caldwell

State

OH

Zip Code

43724-9258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 1 0

Transaction ID: 18490541

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mrs Ona F Lester

Mailing Address

1101 Humphries Rd NW

City

Conyers

State

GA

Zip Code

30012-2015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 1 0

Transaction ID: 18491609

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 / 35

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

John Mannheim

Mailing Address

5 Chestnut St

City

Concord

State

MA

Zip Code

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 1 0

Transaction ID: 18491840

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Ms Jane Martindale

Mailing Address

220 E Pueblo St

City

Santa Barbara

State

CA

Zip Code

93105-3626

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
0 7 / 0 6 / 2 0 1 0

Transaction ID: 18491918

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mr Mario R Martinez

Mailing Address

2702 Pomeroy Ave

City

Los Angeles

State

CA

Zip Code

90033-2037

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
0 7 / 1 3 / 2 0 1 0

Transaction ID: 18491925

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 10 / 35

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

Myllin J Misura

Mailing Address

535 57th Ave NE

City

Minneapolis

State

MN

Zip Code

55432-5612

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
0	7	/	0	1	/	2	0	1	0

Transaction ID: 18492314

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Ms Mary Momsen

Mailing Address 8505 Woodfield Crossign Boulevard

Apt 225

City

Indianapolis

State

IN

Zip Code

46240-4316

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
0	7	/	0	8	/	2	0	1	0

Transaction ID: 18492341

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr Gordon F Russell

Mailing Address

2 Rebecca Trl

City

Carroll Valley

State

PA

Zip Code

17320-8184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	1	/	2	0	1	0

Transaction ID: 18493469

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

Claudia Shanks

Mailing Address

4215 Harding Rd

City

Nashville

State

TN

Zip Code

37205-2029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 2 / 2 0 1 0

Transaction ID: 18493716

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr William Smith

Mailing Address

1125 Young St Apt 505

City

Honolulu

State

HI

Zip Code

96814-1931

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
0 7 / 1 3 / 2 0 1 0

Transaction ID: 18493937

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Walter Sokel

Mailing Address

1650 Jackson St Apt 609

City

San Francisco

State

CA

Zip Code

94109-3031

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
0 7 / 0 6 / 2 0 1 0

Transaction ID: 18493960

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

Julia Syrell

Mailing Address

157 City Line Rd

City

Oswego

State

NY

Zip Code

13126-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 18494229

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr Calvin K Upp

Mailing Address

212 N Elm St

City

Wellington

State

KS

Zip Code

67152-2937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 1 0

Transaction ID: 18494511

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr Bobby J Willis

Mailing Address

15201 W Highway 12

City

Gentry

State

AR

Zip Code

72734-9207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 1 0

Transaction ID: 18494958

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 13 / 35

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.Full Name (Last, First, Middle Initial)
NCPSSMMailing Address 10 G Street, NE
Suite 600

City	State	Zip Code
Washington	DC	20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-801.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	0

Transaction ID: 18508221

Amount of Each Receipt this Period

850.40

contribution reconciliati-
on

SUBTOTAL of Receipts This Page (optional)

850.40

TOTAL This Period (last page this line number only)

4200.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

DMH MARKETING PARTNERS

Mailing Address 1720 WATTERSON TRAIL

City State Zip Code
LOUISVILLE KY 40299Purpose of Disbursement
POSTAGE -NO EXPRESS ADVOCACY, JOB #01108005

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 18398235

Date of Disbursement

07 / 06 / 2010

Amount of Each Disbursement this Period

153.56

POSTAGE -NO EXPRESS ADVOCACY, JOB #01108005

B.

Full Name (Last, First, Middle Initial)

IAM Retirees Department

Mailing Address ATTN: Charlie Micallef, PhD, Direc
9000 Machinists PlaceCity State Zip Code
Upper Marlboro MD 20772-2687Purpose of Disbursement
NO EXPRESS ADVOCACY, IAM&AW RETIREES CONFERENCE, COMMEMORATIVE PROGRAM BOOKLET

Candidate Name

004
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 18417743

Date of Disbursement

07 / 08 / 2010

Amount of Each Disbursement this Period

500.00

NO EXPRESS ADVOCACY, IAM&AW RETIREES CONFERENCE, COMMEMORATIVE PROGRAM BOOKLET

C.

Full Name (Last, First, Middle Initial)

MOORE WALLACE RESPONSE MARKETING SERVICES

Mailing Address PO Box 93514

City State Zip Code
CHICAGO IL 60673-3514Purpose of Disbursement
PRINTING -NO EXPRESS ADVOCACY, JOB.#01108002

Candidate Name

006
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 18417745

Date of Disbursement

07 / 08 / 2010

Amount of Each Disbursement this Period

81737.25

PRINTING -NO EXPRESS ADVOCACY, JOB.#01108002

SUBTOTAL of Disbursements This Page (optional)

82390.81

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

DMH MARKETING PARTNERS

Mailing Address 1720 WATTERSON TRAIL

City LOUISVILLE State KY Zip Code 40299

Purpose of Disbursement
POSTAGE JOB # 01108005, NO EXPRESS ADVOCACY

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 18427827

Date of Disbursement

M M / D D / Y Y Y Y
0 7 / 1 4 / 2 0 1 0

Amount of Each Disbursement this Period

163.68

POSTAGE JOB # 01108005,
NO EXPRESS ADVOCACY**B.**

Full Name (Last, First, Middle Initial)

DMH MARKETING PARTNERS

Mailing Address 1720 WATTERSON TRAIL

City LOUISVILLE State KY Zip Code 40299

Purpose of Disbursement
INV. #7264, JOB. #01108005, NO EXPRESS ADVOCACY, POSTAGE

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 18431667

Date of Disbursement

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 1 0

Amount of Each Disbursement this Period

54.12

INV. #7264, JOB. #0110800-
5, NO EXPRESS ADVOCACY,
POSTAGE**C.**

Full Name (Last, First, Middle Initial)

NCPSSM

Mailing Address 10 G Street, NE
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement
Advance for Future In-Kind

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 18442153

Date of Disbursement

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Amount of Each Disbursement this Period

10000.00

Advance for Future In-Kind

SUBTOTAL of Disbursements This Page (optional)

10217.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

DMH MARKETING PARTNERS

Mailing Address 1720 WATTERSON TRAIL

City LOUISVILLE State KY Zip Code 40299

Purpose of Disbursement
NO EXPRESS ADVOCACY, INV. #7278, JOB #01108005, POSTAGE

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 18449241

Date of Disbursement

07 / 28 / 2010

Amount of Each Disbursement this Period

42.24

NO EXPRESS ADVOCACY, INV.
#7278, JOB #01108005, POS-
TAGE

B.

Full Name (Last, First, Middle Initial)

NCPSSM

Mailing Address 10 G Street, NE
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement
REIMBURSEMENT OF TRAVEL EXPENSES

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 18450376

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

40.70

REIMBURSEMENT OF TRAVEL
EXPENSES

C.

Full Name (Last, First, Middle Initial)

NCPSSM

Mailing Address 10 G Street, NE
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement
POSTAGE EXPENSES - NO EXPRESS ADVOCACY

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 18450377

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

63210.38

POSTAGE EXPENSES - NO EXP-
RESS ADVOCACY

SUBTOTAL of Disbursements This Page (optional)

63293.32

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) NCPSSM</p> <p>Mailing Address 10 G Street, NE Suite 600</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement REIMBURSEMENT OF PHOTOCOPY EXPENSES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18450378 Date of Disbursement <div>07 / 29 / 2010</div></p> <p>Amount of Each Disbursement this Period <div>72.80</div></p> <p>REIMBURSEMENT OF PHOTOCOPY EXPENSES</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) NCPSSM</p> <p>Mailing Address 10 G Street, NE Suite 600</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement CAGING EXPENSES - NO EXPRESS ADVOCACY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18450379 Date of Disbursement <div>07 / 29 / 2010</div></p> <p>Amount of Each Disbursement this Period <div>8725.58</div></p> <p>CAGING EXPENSES - NO EXPRESS ADVOCACY</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) BANK OF AMERICA</p> <p>Mailing Address P.O.BOX 5665</p> <p>City ORANGE State CA Zip Code 92613</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18506112 Date of Disbursement <div>07 / 15 / 2010</div></p> <p>Amount of Each Disbursement this Period <div>642.38</div></p> <p>Bank Fee</p>

SUBTOTAL of Disbursements This Page (optional)

9440.76

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

BANK OF AMERICA

Mailing Address P.O.BOX 5665

City
ORANGE

State
CA

Zip Code
92613

Purpose of Disbursement

Check Order Fee

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 18506170

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2010

Amount of Each Disbursement this Period

43.50

Check Order Fee

SUBTOTAL of Disbursements This Page (optional)

43.50

TOTAL This Period (last page this line number only)

165386.19

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 35

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

Connolly For Congress

Mailing Address PO Box 563

City
Merrifield

State
VA

Zip Code
22116

Purpose of Disbursement
Contribution

Candidate Name
Rep. Gerald E. Connolly

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 11

Transaction ID: 18414869

Date of Disbursement

07 / 07 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Kosmas For Congress

Mailing Address PO Box 1547

City
New Smyrna Beach

State
FL

Zip Code
32170

Purpose of Disbursement
Contribution

Candidate Name
Ms. Suzanne Kosmas

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 24

Transaction ID: 18414870

Date of Disbursement

07 / 07 / 2010

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Melissa Bean For Congress

Mailing Address PO Box 3068

City
Barrington

State
IL

Zip Code
60010

Purpose of Disbursement
Contribution

Candidate Name
Rep. Melissa L. Bean

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 08

Transaction ID: 18414871

Date of Disbursement

07 / 07 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

Friends of Barbara Boxer

Mailing Address PO Box 64151

City
Los AngelesState
CAZip Code
90064Purpose of Disbursement
ContributionCandidate Name
BARBARA BOXER011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District:

Transaction ID: 18426044

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	0

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Friends Of Tarryl Clark

Mailing Address PO Box 489

City
St CloudState
MNZip Code
56302Purpose of Disbursement
ContributionCandidate Name
Tarryl Clark011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: 18431672

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	0

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mark Critz For Congress Committee

Mailing Address 551 Main Street Suite 120

City
JohnstownState
PAZip Code
15901Purpose of Disbursement
ContributionCandidate Name
Mr. Mark Critz011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 12

Transaction ID: 18431673

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	0

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 35

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A. Full Name (Last, First, Middle Initial)
Zack Space For Congress Committee

Mailing Address 726 Sixteenth Street Ne

City State Zip Code
Massillon OH 44646

Purpose of Disbursement
Contribution

Candidate Name
Mr. Zachary Space

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 18

Transaction ID: 18431674

Date of Disbursement

07 / 16 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Friends of Jim Clyburn

Mailing Address 499 South Capitol Street, SW
Suite 604

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Contribution

Candidate Name
James Clyburn

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: SC District: 06

Transaction ID: 18431675

Date of Disbursement

07 / 16 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Wasserman-Schultz For Congress

Mailing Address 1071 Twin Branch Ln

City State Zip Code
Weston FL 33326

Purpose of Disbursement
Contribution

Candidate Name
Wasserman Schultz Debbie

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 20

Transaction ID: 18431677

Date of Disbursement

07 / 16 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

Woolsey for Congress

Mailing Address Po Box 750176

City
Petaluma

State
CA

Zip Code
94975-0176

Purpose of Disbursement
Contribution

Candidate Name
Lynn Woolsey

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 06

Transaction ID: 18431679

Date of Disbursement

07 / 16 / 2010

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Bera For Congress

Mailing Address Post Office Box 582496

City
Elk Grove

State
CA

Zip Code
95758

Purpose of Disbursement
Contribution

Candidate Name
Amerish Bera

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 03

Transaction ID: 18431681

Date of Disbursement

07 / 16 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dan Seals For Congress

Mailing Address P.O. Box 584

City
Wilmette

State
IL

Zip Code
60091

Purpose of Disbursement
Contribution

Candidate Name
Mr. Daniel Seals

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 10

Transaction ID: 18431683

Date of Disbursement

07 / 16 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

Joe Garcia For Congress

Mailing Address P.O. Box 0595
Suite 102

City State Zip Code
Miami FL 33196

Purpose of Disbursement
Contribution

Candidate Name
Mr. Joe Garcia

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 25

Transaction ID: 18431684

Date of Disbursement

07 / 16 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

John Carney For Congress

Mailing Address PO Box 2162

City State Zip Code
Wilmington DE 19899

Purpose of Disbursement
Contribution

Candidate Name
Mr. John Carney

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: DE District: 01

Transaction ID: 18431685

Date of Disbursement

07 / 16 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Herron For Congress

Mailing Address 142 West Main Street

City State Zip Code
Dresden TN 38225

Purpose of Disbursement
Contribution

Candidate Name
Mr. Roy Herron

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 08

Transaction ID: 18431686

Date of Disbursement

07 / 16 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 35

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A. Full Name (Last, First, Middle Initial) Citizens For Altmire Mailing Address P.O. Box 1776	Transaction ID: 18431687 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 1 0</div> </div>
City State Zip Code Freedom PA 15042 Purpose of Disbursement Contribution Candidate Name Mr. Jason Altmire Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 04	Amount of Each Disbursement this Period <div>1000.00</div> Contribution
B. Full Name (Last, First, Middle Initial) Ted Deutch for Congress Mailing Address 20423 State Road 7 Suite F6-3383 City State Zip Code Boca Raton FL 33498 Purpose of Disbursement Contribution Candidate Name Ted Deutch Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 19	Transaction ID: 18431688 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> Contribution
C. Full Name (Last, First, Middle Initial) Friends Of Stephene Moore Mailing Address PO Box 19550 City State Zip Code Lenexa KS 66285 Purpose of Disbursement Contribution Candidate Name Stephene Moore Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KS District: 03	Transaction ID: 18435151 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 9 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

Pallone for Congress

Mailing Address PO Box 3176

City
Long Branch

State
NJ

Zip Code
07740

Purpose of Disbursement
Void - Pallone for Congress

Candidate Name
Frank Pallone

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: 18437016

Date of Disbursement

07 / 20 / 2010

Amount of Each Disbursement this Period

-1000.00

Void - Pallone for Congress

B.

Full Name (Last, First, Middle Initial)

Klein For Congress

Mailing Address 21301 Powerline Road, Suite 204

City
Boca Raton

State
FL

Zip Code
33431

Purpose of Disbursement
Contribution

Candidate Name
Mr. Ron Klein

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: 18442128

Date of Disbursement

07 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Tim Bishop For Congress

Mailing Address PO Box 437

City
Farmingville

State
NY

Zip Code
11738

Purpose of Disbursement
Contribution

Candidate Name
Mr. Tim Bishop

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 01

Transaction ID: 18442129

Date of Disbursement

07 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A. Full Name (Last, First, Middle Initial) Tim Bishop For Congress	Transaction ID: 18442130 Date of Disbursement																				
Mailing Address PO Box 437	<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>0</td><td>7</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	3		2	0	1	0
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0	7		2	3		2	0	1	0												
City Farmingville State NY Zip Code 11738	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mr. Tim Bishop	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
B. Full Name (Last, First, Middle Initial) Friends of Lois Capps	Transaction ID: 18442131 Date of Disbursement																				
Mailing Address 38 Ivy Street SE	<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>0</td><td>7</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	3		2	0	1	0												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Lois Capps	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
C. Full Name (Last, First, Middle Initial) Arcuri For Congress	Transaction ID: 18442132 Date of Disbursement																				
Mailing Address P.O. Box 8508	<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>0</td><td>7</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	3		2	0	1	0												
City Utica State NY Zip Code 13505	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mr. Michael Arcuri	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A. Full Name (Last, First, Middle Initial) Richardson For Congress	Transaction ID: 18442133 Date of Disbursement																				
Mailing Address 1212 S Victory Blvd	<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>0</td><td>7</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	3		2	0	1	0												
City Burbank State CA Zip Code 91502	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Ms. Laura Richardson	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	Contribution																				
B. Full Name (Last, First, Middle Initial) Kaptur For Congress	Transaction ID: 18442139 Date of Disbursement																				
Mailing Address P.O. Box 899	<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>0</td><td>7</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	3		2	0	1	0												
City Toledo State OH Zip Code 43697	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Marcy Kaptur	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	Contribution																				
C. Full Name (Last, First, Middle Initial) Committee to Re-Elect Nydia Velazquez	Transaction ID: 18442140 Date of Disbursement																				
Mailing Address 315 Inspiration Lane	<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>0</td><td>7</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	3		2	0	1	0												
City Gaithersburg State MD Zip Code 20878	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Nydia Velazquez	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	Contribution																				

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 35

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A. Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln	Transaction ID: 18442141 Date of Disbursement
Mailing Address 301 Fourth Street, NE 2nd Floor	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 3 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>2500.00</div>
Candidate Name Blanche Lincoln	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District:	Contribution
B. Full Name (Last, First, Middle Initial) Markey For Congress	Transaction ID: 18442142 Date of Disbursement
Mailing Address PO Box 1333	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 3 / 2 0 1 0</div> </div>
City Fort Collins State CO Zip Code 80521	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Ms. Betsy Markey	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 04	Contribution
C. Full Name (Last, First, Middle Initial) Halvorson For Congress	Transaction ID: 18442143 Date of Disbursement
Mailing Address PO Box 176	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 3 / 2 0 1 0</div> </div>
City Crete State IL Zip Code 60417	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Ms. Deborah Halvorson	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

Citizens for Harkin

Mailing Address 700 13 Street, NW #400

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
ContributionCandidate Name
Tom Harkin011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District:

Transaction ID: 18442144

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	0

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Pallone for Congress

Mailing Address PO Box 3176

City
Long BranchState
NJZip Code
07740Purpose of Disbursement
ContributionCandidate Name
Frank Pallone011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: 18442145

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	0

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Tim Bishop For Congress

Mailing Address PO Box 437

City
FarmingvilleState
NYZip Code
11738Purpose of Disbursement
Void - Tim Bishop For CongressCandidate Name
Mr. Tim Bishop011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 01

Transaction ID: 18442470

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	0

Amount of Each Disbursement this Period

-1000.00

Void - Tim Bishop For Con-
gress

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 35

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

Peters For Congress

Mailing Address PO Box 226

City Bloomfield Hills State MI Zip Code 48303

Purpose of Disbursement
Contribution

Candidate Name
Mr. Gary Peters

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 09

Transaction ID: 18474366

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

John D. Dingell for Congress Committee

Mailing Address PO Box 75214

City Washington State DC Zip Code 20013

Purpose of Disbursement
Contribution

Candidate Name
John Dingell

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 15

Transaction ID: 18474368

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Schauer For Congress

Mailing Address PO Box 100

City Battle Creek State MI Zip Code 49016

Purpose of Disbursement
Contribution

Candidate Name
Mr. Mark Schauer

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 07

Transaction ID: 18474369

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 31 / 35

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

Richmond For Congress

Mailing Address 1631 Elysian Fields Suite 150

City State Zip Code
New Orleans LA 70126

Purpose of Disbursement
Contribution

Candidate Name
Mr. Cedric Richmond

Office Sought: ☒ House
☐ Senate
☐ President

State: LA District: 02

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 18474371

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Friends Of Stephene Moore

Mailing Address PO Box 19550

City State Zip Code
Lenexa KS 66285

Purpose of Disbursement
Contribution

Candidate Name
Stephene Moore

Office Sought: ☒ House
☐ Senate
☐ President

State: KS District: 03

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 18474374

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

1500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

PA Victory 2010 Federal

Mailing Address c/o PA Democratic Party
300 North 2nd Street, 8th Floor

City State Zip Code
Harrisburg PA 17101

Purpose of Disbursement
2010 calendar year

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

011
Category/
Type

Transaction ID: 18474375

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

2500.00

2010 calendar year

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

Hodes For Senate

Mailing Address 379 Elm Street

City
Manchester

State
NH

Zip Code
03101

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Mr. Paul Hodes

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District:

Transaction ID: 18474377

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Hodes For Senate

Mailing Address 379 Elm Street

City
Manchester

State
NH

Zip Code
03101

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Mr. Paul Hodes

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District:

Transaction ID: 18474379

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Blumenthal For Senate

Mailing Address 777 Summer Street

City
Stamford

State
CT

Zip Code
06901

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Mr. Richard Blumenthal

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District:

Transaction ID: 18474381

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 35

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

Robin Carnahan For Senate

Mailing Address PO Box 50378

City
St Louis

State
MO

Zip Code
63105

Purpose of Disbursement
Contribution

Candidate Name
Robin Carnahan

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District:

Transaction ID: 18474382

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Bennet for Colorado

Mailing Address 1900 GRANT STREET
Suite 1170

City
Denver

State
CO

Zip Code
80203

Purpose of Disbursement
Contribution

Candidate Name
Michael Bennet

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District:

Transaction ID: 18474384

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

People for Patty Murray

Mailing Address 122 Maryland Avenue, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Contribution

Candidate Name
Patty Murray

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District:

Transaction ID: 18474385

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 34 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

Feingold Senate Committee

Mailing Address PO Box 620062

City
Middleton

State
WI

Zip Code
53562

Purpose of Disbursement
Contribution

Candidate Name
Russ Feingold

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District:

Transaction ID: 18474387

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

1111.18

Contribution

B.

Full Name (Last, First, Middle Initial)

Friends of Barbara Boxer

Mailing Address PO Box 64151

City
Los Angeles

State
CA

Zip Code
90064

Purpose of Disbursement
Contribution

Candidate Name
BARBARA BOXER

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District:

Transaction ID: 18474391

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

People for Patty Murray

Mailing Address 122 Maryland Avenue, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Void - People for Patty Murray

Candidate Name
Patty Murray

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District:

Transaction ID: 18474415

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

-1000.00

Void - People for Patty
Murray

SUBTOTAL of Disbursements This Page (optional)

2111.18

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 35

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

People for Patty Murray

Mailing Address 122 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name
Patty Murray

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: WA District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 18474422

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

3000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Feingold Senate Committee

Mailing Address PO Box 620062

City Middleton State WI Zip Code 53562

Purpose of Disbursement
Contribution

Candidate Name
Russ Feingold

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: WI District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 18564736

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

888.82

Contribution

SUBTOTAL of Disbursements This Page (optional)

3888.82

TOTAL This Period (last page this line number only)

58000.00