

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

National Committee to Preserve Social Security & Medicare PAC

ADDRESS (number and street) 10 G St. NE
Suite 600
Washington DC 20002-4215

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼** C 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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- Jul 20 (M7)
- May 20 (M5)
- Jun 20 (M6)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST**-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2016 through M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2016

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 Ms. Christine Kim *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Committee to Preserve Social Security & Medicare PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		107346.84
(b) Cash on Hand at Beginning of Reporting Period.....	99731.54	
(c) Total Receipts (from Line 19)	77354.23	316655.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	177085.77	424002.40
7. Total Disbursements (from Line 31).....	25570.03	272486.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	151515.74	151515.74
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)

Write or Type Committee Name

National Committee to Preserve Social Security & Medicare PAC

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

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).....	5509.00	10687.00
(ii) Unitemized	70906.10	305008.23
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	76415.10	315695.23
(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)	76415.10	315695.23
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.....	934.90	934.90
17. Other Federal Receipts (Dividends, Interest, etc.).....	4.23	25.43
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	77354.23	316655.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	77354.23	316655.56

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	10167.69	213234.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	10167.69	213234.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15402.34	59252.04
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
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	0.00
30. 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) "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)) ..	25570.03	272486.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25570.03	272486.66

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	76415.10	315695.23
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	76415.10	315695.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	10167.69	213234.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10167.69	213234.62

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial) A. Mr Frederick Emch		Date of Receipt MM / DD / YYYY 06 / 28 / 2016 Transaction ID : 23279919
Mailing Address 407 State St		Amount of Each Receipt this Period 188.00 <input type="checkbox"/> Memo Item
City Wadsworth	State OH	
Zip Code 44281-1036		Aggregate Year-to-Date ▼ 338.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 338.00		

Full Name (Last, First, Middle Initial) B. Mr Frederick Emch		Date of Receipt MM / DD / YYYY 06 / 29 / 2016 Transaction ID : 23279927
Mailing Address 407 State St		Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Memo Item
City Wadsworth	State OH	
Zip Code 44281-1036		Aggregate Year-to-Date ▼ 438.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 438.00		

Full Name (Last, First, Middle Initial) C. Mrs Margaret T Wright		Date of Receipt MM / DD / YYYY 06 / 15 / 2016 Transaction ID : 23279935
Mailing Address 347 N Pifer Rd		Amount of Each Receipt this Period 219.00 <input type="checkbox"/> Memo Item
City Star Tannery	State VA	
Zip Code 22654-1914		Aggregate Year-to-Date ▼ 219.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 219.00		

SUBTOTAL of Receipts This Page (optional).....▶	507.00
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 OF 22
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)
A. Mr Arnie Chapman

Mailing Address
671 Pinyon Dr

City State Zip Code
Fruita CO 81521-6405

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
06 / 29 / 2016
Transaction ID : 23279956

Amount of Each Receipt this Period
125.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Ms Mary Barden

Mailing Address
1022 Tacoma Ave NE

City State Zip Code
Renton WA 98056-3541

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
06 / 30 / 2016
Transaction ID : 23281808

Amount of Each Receipt this Period
117.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Mrs Marie Lamm

Mailing Address
PO Box 186

City State Zip Code
Philip SD 57567-0186

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
06 / 29 / 2016
Transaction ID : 23281877

Amount of Each Receipt this Period
180.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	422.00
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 OF 22
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)
A. Mr Cuthbert L Holder

Mailing Address
5146 Renaissance Ln

City State Zip Code
Tobyhanna PA 18466-8329

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
282.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2016

Transaction ID : 23281897

Amount of Each Receipt this Period
141.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr Leroy McGee

Mailing Address
529 N LeClaire Ave

City State Zip Code
Chicago IL 60644-1617

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2016

Transaction ID : 23281900

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Dorothy Parkander

Mailing Address
3909 8th Ave

City State Zip Code
Rock Island IL 61201-2205

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2016

Transaction ID : 23281906

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 541.00

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 9 OF 22
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)
A. Ms Anne G Hess

Mailing Address
1382 Monaco Ct

City Virginia Beach State VA Zip Code 23454-7301

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

Name of Employer Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.00

Date of Receipt
06 / 29 / 2016
Transaction ID : 23281910

Amount of Each Receipt this Period
204.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr Denton V Holmes

Mailing Address Apt 310
2975 Terrace Dr

City Las Cruces State NM Zip Code 88011-5018

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

Name of Employer Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
06 / 29 / 2016
Transaction ID : 23281912

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Mr Gerald J Leland

Mailing Address
6356 Sierra Elena Rd

City Irvine State CA Zip Code 92603-3927

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
06 / 30 / 2016
Transaction ID : 23281922

Amount of Each Receipt this Period
204.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 658.00

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 10 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security & Medicare PAC

A. Mr Martin Ehmke
Full Name (Last, First, Middle Initial)

Mailing Address
301 27th Dr NW

City Austin State MN Zip Code 55912-1115

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

Name of Employer Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt
06 / 29 / 2016
Transaction ID : 23281928

Amount of Each Receipt this Period
189.00

Memo Item

B. Ms Louise O Beck
Full Name (Last, First, Middle Initial)

Mailing Address
1679 Glenbrook Ct

City Mobile State AL Zip Code 36695-4552

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
06 / 30 / 2016
Transaction ID : 23281929

Amount of Each Receipt this Period
125.00

Memo Item

C. Mr Joseph Lafleur
Full Name (Last, First, Middle Initial)

Mailing Address
200 Newlands St

City Lafayette State LA Zip Code 70506-7929

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

Name of Employer Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
214.00

Date of Receipt
06 / 29 / 2016
Transaction ID : 23281932

Amount of Each Receipt this Period
114.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	428.00
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 OF 22
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)
A. Ms Donna Like

Mailing Address
9830 Murray Dr

City State Zip Code
La Mesa CA 91942-4124

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
06 / 29 / 2016
Transaction ID : 23281934

Amount of Each Receipt this Period
165.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr Clayton Boggs

Mailing Address
2314 Etzler Rd

City State Zip Code
Troutville VA 24175-6219

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
203.00

Date of Receipt
06 / 29 / 2016
Transaction ID : 23281938

Amount of Each Receipt this Period
168.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Mr Richard Millage

Mailing Address
PO Box 152

City State Zip Code
Philip SD 57567-0152

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.00

Date of Receipt
06 / 29 / 2016
Transaction ID : 23281941

Amount of Each Receipt this Period
162.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 495.00

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 12 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security & Medicare PAC

A. Mrs Nancy Allen
Full Name (Last, First, Middle Initial)

Mailing Address
1411 Morningside Dr

City State Zip Code
Lebanon IN 46052-1966

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2016
Transaction ID : 23281945

Amount of Each Receipt this Period
125.00

Memo Item

B. Mr Carl F Boyer
Full Name (Last, First, Middle Initial)

Mailing Address
5436 Park Cir

City State Zip Code
Stone Mtn GA 30083-2220

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2016
Transaction ID : 23281946

Amount of Each Receipt this Period
108.00

Memo Item

C. Father Alfred J Bebel
Full Name (Last, First, Middle Initial)

Mailing Address
PO Box 636

City State Zip Code
Binghamton NY 13902-0636

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2016
Transaction ID : 23281952

Amount of Each Receipt this Period
450.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	683.00
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 13 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security & Medicare PAC

A. Mr Robert Hallsted
 Full Name (Last, First, Middle Initial)
 Mailing Address Apt 207
 3723 Shipley Rd
 City Wilmington State DE Zip Code 19810-3200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2016
Transaction ID : 23281954
 Amount of Each Receipt this Period
900.00
 Memo Item

B. Mr David Dillon
 Full Name (Last, First, Middle Initial)
 Mailing Address
 60 Pleasant St Apt 302
 City Arlington State MA Zip Code 02476-6519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2016
Transaction ID : 23281956
 Amount of Each Receipt this Period
375.00
 Memo Item

C. Ms Eileen Adams
 Full Name (Last, First, Middle Initial)
 Mailing Address
 963 Edgewater Ave
 City Saint Paul State MN Zip Code 55126-3807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 28 / 2016
Transaction ID : 23283989
 Amount of Each Receipt this Period
500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1775.00
TOTAL This Period (last page this line number only).....	5509.00

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

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

FOR LINE NUMBER: PAGE 14 OF 22
(check only one)
 11a 11b 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.

NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security & Medicare PAC

A. Schneider For Congress
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1318
 City State Zip Code
 Deerfield IL 60015
 FEC ID number of contributing federal political committee. **C** C00495952
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 934.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016
Transaction ID : 23247216
 Amount of Each Receipt this Period
 934.90
 Memo Item
 Contribution itemized in July monthly

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	934.90
TOTAL This Period (last page this line number only).....	934.90

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. NCPSSM

Mailing Address 10 G Street, NE
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement
REIMB. OF PAC SALARY AND BENEFITS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2016

Transaction ID : 23240914

Amount of Each Disbursement this Period

11482.88

Memo Item
REIMB. OF PAC SALARY AND BENEFITS

Full Name (Last, First, Middle Initial)

B. NCPSSM

Mailing Address 10 G Street, NE
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement
ADVANCE FOR FUTURE IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2016

Transaction ID : 23246838

Amount of Each Disbursement this Period

-934.90

Memo Item
ADVANCE FOR FUTURE IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. NCPSSM

Mailing Address 10 G Street, NE
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement
ADVANCE FOR FUTURE IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2016

Transaction ID : 23246841

Amount of Each Disbursement this Period

-467.44

Memo Item
ADVANCE FOR FUTURE IN-KIND CONTRIBUTION

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

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

10080.54

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 730 15th Street, NW
DC1-701-02-02, 2nd Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 23284152

Amount of Each Disbursement this Period

Memo Item
Bank Fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. Friends of Jim Clyburn

Mailing Address 499 South Capitol Street, SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

James Clyburn

Office Sought: House
 Senate
 President
State: SC District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 23200321

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Catherine Cortez Masto For Senate

Mailing Address 8020 South Rainbow Blvd #100-112

City Las Vegas State NV Zip Code 89139

Purpose of Disbursement
Contribution

Candidate Name

Catherine Masto

Office Sought: House
 Senate
 President
State: NV District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 23200322

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. The Bill Keating Committee

Mailing Address P.O. Box 3065

City Buzzards Bay State MA Zip Code 02532

Purpose of Disbursement
Contribution

Candidate Name

Rep. William R. Keating

Office Sought: House
 Senate
 President
State: MA District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 23229153

Amount of Each Disbursement this Period

Memo Item
Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. Cartwright For Congress

Mailing Address PO Box 414

City State Zip Code
Scranton PA 18501

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Matt A. Cartwright

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 17

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : 23229155

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Louise Slaughter Re-Election Committee

Mailing Address P.O. Box 730

City State Zip Code
Honeoye NY 14471

Purpose of Disbursement
Contribution

011

Candidate Name
Louise M. Slaughter

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 28

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : 23229156

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Richard E. Neal for Congress

Mailing Address 410 First Street, SE
Suite 310

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Contribution

011

Candidate Name
Richard E. Neal

Category/
Type

Office Sought: House
 Senate
 President
State: MA District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : 23234695

Amount of Each Disbursement this Period

1000.00

Memo Item
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)

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

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

NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. Schatz For Senate

Mailing Address PO Box 3828

City Honolulu State HI Zip Code 96812

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Brian E. Schatz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: HI District:

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2016

Transaction ID : 23234696

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Cicilline Committee

Mailing Address One Park Row, Fifth Floor

City Providence State RI Zip Code 02903

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. David N. Cicilline

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: RI District: 01

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2016

Transaction ID : 23234697

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Loeb sack For Congress

Mailing Address PO Box 3013

City Iowa City State IA Zip Code 52244

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. David Wayne Loeb sack

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2016

Transaction ID : 23234698

Amount of Each Disbursement this Period

1000.00

Memo Item
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)

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

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

NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. DEFAZIO FOR CONGRESS

Mailing Address 3701 Porter Street, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement Contribution

Candidate Name

PETER DEFAZIO

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: OR District: 04

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2016

Transaction ID : 23234699

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Searchlight Leadership Fund

Mailing Address 700 Thirteenth Street, NW Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2016

Transaction ID : 23238917

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Tom O'Halleran For Congress

Mailing Address PO Box 20375

City Sedona State AZ Zip Code 86341

Purpose of Disbursement Contribution

Candidate Name

Tom O'Halleran

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: AZ District: 01

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2016

Transaction ID : 23240943

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

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

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

3000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)				PAGE 21 OF 22	
<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	23	<input type="checkbox"/>	24
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c
						<input type="checkbox"/>	25
						<input type="checkbox"/>	26
						<input type="checkbox"/>	29
						<input type="checkbox"/>	30b

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

NAME OF COMMITTEE (In Full)
National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial) A. Van Hollen For Congress		Date of Disbursement MM / DD / YYYY 06 / 22 / 2016	
Mailing Address 10605 Concord Street Suite 202		Transaction ID : 23240944	
City Kensington	State MD	Zip Code 20895	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution	Category/ Type 011		Memo Item Contribution <input type="checkbox"/>
Candidate Name Chris Gross Van Hollen	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MD District:		

Full Name (Last, First, Middle Initial) B. Mceachin For Congress		Date of Disbursement MM / DD / YYYY 06 / 22 / 2016	
Mailing Address PO Box 8092		Transaction ID : 23240945	
City Richmond	State VA	Zip Code 23223	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution	Category/ Type 011		Memo Item Contribution <input type="checkbox"/>
Candidate Name Aston McEachin	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: 04		

Full Name (Last, First, Middle Initial) C. Schneider For Congress		Date of Disbursement MM / DD / YYYY 06 / 20 / 2016	
Mailing Address PO Box 1318		Transaction ID : 23246839	
City Deerfield	State IL	Zip Code 60015	Amount of Each Disbursement this Period 934.90
Purpose of Disbursement IN-KIND CONTRIBUTION	Category/ Type 011		Memo Item IN-KIND CONTRIBUTION <input type="checkbox"/>
Candidate Name Bradley Schneider	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 10		

SUBTOTAL of Disbursements This Page (optional).....	2934.90
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Raja For Congress

Mailing Address PO Box 681202

City State Zip Code
Schaumburg IL 60168

Purpose of Disbursement
IN-KIND CONTRIBUTION

011

Category/
Type

Candidate Name

S. Raja Krishnamoorthi

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

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

Transaction ID : 23246843

Amount of Each Disbursement this Period

4	6	7	.	4	4
---	---	---	---	---	---

Memo Item
IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--

Memo Item

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

4	6	7	.	4	4
---	---	---	---	---	---

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

1	5	4	0	2	.	3	4
---	---	---	---	---	---	---	---