Image# 201601299004717399			_		PAGE 1 / 42
	EPORT OF R ND DISBURS Other Than An Author	EMENT	s		
	PE OR PRINT V	Example: If tweir		Office U	lse Only
1. NAME OF TYP COMMITTEE (in full)		Example: If typir over the lines.	ng, type 1	2FE4M5	
		CLAIMANTS			
ADDRESS (number and street)	60 SYLVAN AVENUE				
Check if different than previously reported. (ACC)				NJ 0763	2
2. FEC IDENTIFICATION NUMB	ER V CITY		ST	ATE 🔺	ZIP CODE
C C00521039	3. IS TI REP		NEW N) OR	AMENDED (A)	
 (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 	(b) Monthly Report Due On: (c) 12-Day PRE-Election Report for the: Election o	(M3) (M4) Primary (12P Convention (12C)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S)	Nov 20 (M1 ⁻ (Non-Election Year Only) Dec 20 (M1; (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(d) 30-Day POST-Election Report for the: Election o	General (30G		Runoff (30R)	State of Special (30S
5. Covering Period	/ D D / Y Y Y Y 01 2015	through	12 /		Y Y 15
I certify that I have examined this R	eport and to the best of my Fim Cuddigan	knowledge and b	pelief it is true,	correct and comple	ete.
Signature of Treasurer	igan	[Electronically	v Filed] Date) / Y Y Y Y 2016
NOTE: Submission of false, erroneous	, or incomplete information m	ay subject the pers	son signing this	Report to the penalt	ies of 2 U.S.C. §437g.
Office Use Only					FORM 3X Rev. 12/2004

01/29/2016 10 : 36

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)		Page 2
IN/-	ATIONAL ORGANIZATION OF SOCIA	AL SECURITY CLAIMANTS' REPRESEN	MATIVES PAC (NOSSUR PAC)
Rep	port Covering the Period: From:	7 / 01 / Y Y Y Y 2015 To:	12 / D D / Y Y Y Y 12 31 2015
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (;	a) Cash on Hand January 1, 2015		147891.72
(b) Cash on Hand at Beginning of Reporting Period 	144679.37	
(c) Total Receipts (from Line 19)	29584.00	52615.32
((d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	174263.37	200507.04
7. T	otal Disbursements (from Line 31)	38692.21	64935.88
F	Cash on Hand at Close of Reporting Period subtract Line 7 from Line 6(d))	135571.16	135571.16
tł	Debts and Obligations Owed TO he Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
tł	Debts and Obligations Owed BY he 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

 $\mathsf{Page}~\mathbf{3}$

Write or Type Committee Name

FEC Form 3X (Rev. 06/2004)

NATIONAL ORGANIZATION OF SOCIAL S		
Report Covering the Period: From: 07	01 2015 To	12 31 2015
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	20337.00	39472.00
(ii) Unitemized (iii) TOTAL (add	3995.00	7891.32
Lines 11(a)(i) and (ii)	24332.00	47363.32
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs) (d) Total Contributions (add Lines	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	24332.00	47363.32
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.0
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	5252.00	5252.00
(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
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))►	29584.00	52615.32
. Total Federal Receipts (subtract Line 18(c) from Line 19)	29584.00	52615.32

I

DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	COLUMN A	Page 4
	II. Disbursements	Total This Period	COLUMN B Calendar Year-to-Date
1. (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	1165.21	1908.88
((c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))►	1165.21	1908.88
	Transfers to Affiliated/Other Party		
(Committees Contributions to Ecdoral Candidates/Committees	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	32000.00	57500.00
(Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.00
((2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
L	Loan Repayments Made	0.00	0.00
L	Loans Made	0.00	0.00
F	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	275.00	275.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
((d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 	275.00	275.00
			5050 OC
(Other Disbursements	5252.00	5252.00
	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
`	(from Schedule H6)	0.00	0.00
	(i) Federal Share	7 7 7	
	(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
٦	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	38692.21	64935.8
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)►	38692.21	64935.88
32. T	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		

FE6AN026

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures		
 Total Contributions (other than loans) (from Line 11(d), page 3) 	24332.00	47363.32
 Total Contribution Refunds (from Line 28(d)) 	275.00	275.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	24057.00	47088.32
add Line 21(a)(i) and Line 21(b))	1165.21	1908.88
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	1165.21	1908.88

FE6AN026

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F3XN Transaction ID :

In July and August, funds from the online store of the connected organization (NOSSCR) were inadvertently and accidentally deposited into the PAC's account. When reconciling the account in August, NOSSCR noticed the deposits and the PAC immediately transferred out the full amount (\$5,252) of the accidentally transferred funds. There were sufficient funds in the PAC account at all times during July and August so that the NOSSCR funds were not used by NOSSCR PAC.

Form/Schedule: Transaction ID:

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14		11c 15		12 16	17	
	y information copied from such Reports and S for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF SOCI	AL SECURI	TY CLAIMANTS' REPRESE	ΝΤΑΊ	IVES	S PA	\C (N	105	SSCR	PAC	C)		
Α.					Date o		· ·						
	Mailing Address 7960 S. Ireland Way	State	Zip Code		07		2	27 27	/ Y	20		Y	
	Aurora	CO	80016				-		ceipt th				
	FEC ID number of contributing federal political committee.	С					,		7		1250.	.00	
	Name of Employer	Occupation											
	Self-employed Receipt For:	Attorney		_									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00										
B	Full Name (Last, First, Middle Initial) Ann J. Atkinson						Date of Receipt						
	Mailing Address 7960 S. Ireland Way												
	City Aurora	D number of contributing							A11AI. ceipt th				
	FEC ID number of contributing federal political committee.								- 7	ł	1250.	00	
	Name of Employer Self-employed	Occupation Attorney											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3750.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) Ann J. Atkinson				Date o	of Re	ceipt						
	Mailing Address 7960 S. Ireland Way				^M ■ ^N 12	/		D 05	/ Y	201	ү 15	Y	
	City Aurora	State CO	Zip Code 80016						SA11AL				
	FEC ID number of contributing federal political committee.	number of contributing							ceipt th		1250	.00	
	Name of Employer	Occupation											
	Self-employed	Attorney											
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 5000.00										
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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			Detailed Summary Page		< 11a		11b	11c		12	<u> </u>			
			ay not be sold or used by any p						g con					
	TTEE (In Full)		ddress of any political committee								e.			
A. Carol Avard Mailing Address PC	·				Date of	_								
City	5 B0X 101050	State	Zip Code	10 19 2015 Transaction ID : SA11AI.5483										
Cape Coral		FL	33910	_				h Receipt this Period						
FEC ID number of federal political con	0	С					л. I.	7		250.	00			
Name of Employer Avard Law Offices Receipt For:		Occupation Attorney												
Primary Other (specify	General y) ▼	Aggregate	Year-to-Date ▼ 250.00											
Full Name (Last, Fi					Date of	f Re	eceipt							
	25 West Granada Road				м м 10	1	23		۲ 201	15	Y			
City Phoenix		State AZ	Zip Code 85003	-				SA11AI. Receipt th						
FEC ID number of federal political con	0	С		1000							00			
Name of Employer Bendalin & Smelkins		Occupation Lawyer												
Receipt For: Primary Other (specify	General y) ▼	Aggregate	Year-to-Date ▼ 1000.00											
Full Name (Last, Fi					Date of	f Re	eceipt							
Mailing Address 42	22 Tulsa				11	/	10		20 [°]	15	Y			
City Manchester		State MO	Zip Code 63021					: SA11AI . Receipt th			_			
FEC ID number of federal political con	0	С		Amount of Each Receipt this Pe							00			
Name of Employer		Occupation												
Jeffrey & Bunten LL Receipt For:	.C	Attorney		_										
Other (specify	General y) ▼	Aggregate	Year-to-Date ▼ 250.00											
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF SOCIA	AL SECURIT	Y CLAIMANTS' REPRESE	NTATIVES PAC (NOSSCR PAC)
Full Name (Last, First, Middle Initial) Brian Clymer Mailing Address 1132 W. San Martin Dr City Tucson FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	State AZ Occupation Attorney Aggregate Y	Zip Code 85704 /ear-to-Date ▼ 250.00	Date of Receipt
Full Name (Last, First, Middle Initial) Kenneth J. Collins Mailing Address 627 16th St City Arcata FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	State CA Occupation Attorney Aggregate Y	Zip Code 95521 //ear-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) Tim Cuddigan Mailing Address 908 So 181st Ave City Elkhorn FEC ID number of contributing federal political committee. Name of Employer Cuddigan Law Receipt For: Primary General Other (specify) ▼	State NE C Occupation Attorney Aggregate Y	Zip Code 68022 //ear-to-Date ▼ 1500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		•••••	1000.00

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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Any information copied from such Reports a or for commercial purposes, other than using												
NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF S	OCIAL SECUR	ITY CLAIMANTS' REPRESE	ΕΝΤΑ	TIVES	S PA	C (NC	DSSCR	PAC)				
Full Name (Last, First, Middle Initial) A. Tim Cuddigan				Date of	f Red	ceipt						
Mailing Address 908 So 181st Ave				м – м 08	/	07	D / Y	у у 2015	Y			
City	State	Zip Code	Transaction ID : SA11AI.5460									
Elkhorn	NE	68022		Amoun	t of E	Each F	Receipt th	nis Perio	d			
FEC ID number of contributing federal political committee.	C					,	7	25	0.00			
Name of Employer	Occupation	1										
Cuddigan Law Receipt For:	Attorney											
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1750.00										
Full Name (Last, First, Middle Initial) B. Tim Cuddigan				Date of	f Rec	ceint						
Mailing Address 908 So 181st Ave				09	/	08		2015	Y			
City	State	Zip Code		Trans	actio	on ID :	SA11AI.					
Elkhorn	NE	68022		Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C											
Name of Employer Cuddigan Law	Occupatior Attorney	1										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General	1.99.094.0		11.									
Other (specify)		2000.00	4									
Full Name (Last, First, Middle Initial) C. Tim Cuddigan				Date of	f Red	ceipt						
Mailing Address 908 So 181st Ave				10	1	06		y y 2015	Y			
City	State	Zip Code		Trans	sacti	on ID :	SA11AI	.5476				
Elkhorn	NE	68022		Amoun	t of E	Each F	Receipt th	nis Perioo	d			
FEC ID number of contributing federal political committee.	C					,	7	25	0.00			
Name of Employer	Occupation	1										
Cuddigan Law	Attorney											
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		2250.00										
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF S	OCIAL SECUR	ITY CLAIMANTS' REPRESE	ΕΝΤΑ	TIVES	S PA	C (N0	DSSCR	PAC)				
Full Name (Last, First, Middle Initial) A. Tim Cuddigan				Date of	f Red	ceipt						
Mailing Address 908 So 181st Ave				M M	/	10		2015	Y			
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Elkhorn	NE	68022		Amoun	t of I	Each F	Receipt th	is Perioc	t			
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Name of Employer	Occupation Attorney	1										
Cuddigan Law Receipt For:		Veente Dete 🗮										
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00]									
Full Name (Last, First, Middle Initial) B. Tim Cuddigan				Date of	f Red	ceipt						
Mailing Address 908 So 181st Ave				M M 12	/	10		2015	Y			
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Elkhorn	NE	68022		Amoun	nis Perioc	ł						
FEC ID number of contributing federal political committee.	C			250.00								
Name of Employer Cuddigan Law	Occupation Attorney	1										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		2750.00										
Full Name (Last, First, Middle Initial) C. Angela Davis-Morris	l			Date of	f Red	ceipt						
Mailing Address P.O. Box 1553				07	/	15		2015	Y			
City	State	Zip Code		Trans	sacti	on ID :	SA11AI	.5454				
Hattiesburg	MS	39403-1553		Amoun	t of I	Each F	Receipt th	nis Perioc	ł			
FEC ID number of contributing federal political committee.	С					,	7	5(0.00			
Name of Employer	Occupation	1	-									
Davis-Morris Law Firm, P.A.	Attorney											
Receipt For:		Year-to-Date ▼										
Primary General Other (specify) ▼		350.00										
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a	11b	11c	12	17				
	y information copied from such Reports and St for commercial purposes, other than using the				for the	purpose	of soliciting	g contribut	tions				
\rangle	NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF SOCIA	AL SECURI	ITY CLAIMANTS' REPRES	SENT/	ATIVES	S PAC (N	IOSSCR	PAC)					
Α.	Full Name (Last, First, Middle Initial) Angela Davis-Morris				Date of	f Receipt							
	Mailing Address P.O. Box 1553				м м 08	/ D	D / Y 7	үчү 2015	Y				
	City	State	Zip Code		Transaction ID : SA11AI.5465								
	Hattiesburg	MS	39403-1553		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С				7	- 7	50	.00				
	Name of Employer	Occupation	1										
	Davis-Morris Law Firm, P.A.	Attorney											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General												
	Other (specify)		400.00										
	Full Name (Last, First, Middle Initial) Angela Davis-Morris				Data a								
в.						f Receipt							
	Mailing Address P.O. Box 1553				09	/ D	р / ү 6	2015	Y				
	City	State	Zip Code		Transaction ID : SA11AI.5547								
	Hattiesburg	MS	39403-1553				Receipt th						
	FEC ID number of contributing federal political committee.	С				7	- 7	50.	.00				
	Name of Employer	Occupation	1										
	Davis-Morris Law Firm, P.A.	Attorney											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General	33 - 3											
	Other (specify)		450.00										
c.	Full Name (Last, First, Middle Initial) Charles DeAngelo				Date of	f Receipt							
	Mailing Address 81 Forest Ave				м м 07	/ D	D / Y 3	2015	Y				
	City	State	Zip Code		Trans	action ID) : SA11AI	.5603					
	Jamestown	NY	14701		Amount	t of Each	Receipt th	nis Period					
	FEC ID number of contributing	С						100	.00				
	federal political committee.	U											
	Name of Employer	Occupation	1		Partners	ship attribu	ition						
	Fessenden Laumer & DeAngelo	Attorney											
	Receipt For:	Aggregate	Year-to-Date V		[MEMO	ITEM]							
	Primary General												
	Other (specify)		/yh. I. I. /yh. I. I. /#h. I.										
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s	UBTOTAL of Receipts This Page (optional)				<u> </u>			100.	00				

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	MIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12	17
	information copied from such Reports and Sta r commercial purposes, other than using the									
	AME OF COMMITTEE (In Full) IATIONAL ORGANIZATION OF SOCIA	L SECURI	TY CLAIMANTS' REPRESE	NTAT	TIVES	S P/	AC (N	IOSSCR	PAC)	
A(ull Name (Last, First, Middle Initial) Clifford M. Farrell lailing Address 167 N High Street				Date o	f Re	eceipt		Y Y	V
	ity	State	Zip Code		1 <u>1</u> Trans	sact	ion ID	0 : SA11AI	2015	_
0	Columbus	OH	43215	A	Amoun	t of	Each	Receipt t	his Perio	d
	EC ID number of contributing deral political committee.	С					7		50	0.00
	ame of Employer Ianring & Farrell	Occupation Attorney								
R	eceipt For:	Aggregate	Year-to-Date ▼	-						
	Primary General Other (specify) ▼		500.00							
	ull Name (Last, First, Middle Initial) Rodney Forbes				Date o	f Re	ceipt			
M	lailing Address 106 North 9th Street				м м 07	/	D 0	D / Y 9	2015	Y
	ity afayette	State IN	Zip Code 47901					: SA11AI Receipt t		d
	EC ID number of contributing deral political committee.	С					,		5	0.00
	ame of Employer eeger & Forbes	Occupation Attorney								
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00							
	ull Name (Last, First, Middle Initial) Rodney Forbes				Date o	f Re	eceipt			
_	lailing Address 106 North 9th Street				M M 08	/	D 0	7 / Y	ү ү 2015	Y
	ity .afayette	State IN	Zip Code 47901	A				: SA11AI Receipt t		d
	EC ID number of contributing deral political committee.	С					,	7	5	0.00
N	ame of Employer	Occupation		-						
	eeger & Forbes	Attorney								
R	eceipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		400.00							
SU	BTOTAL of Receipts This Page (optional)						,	- 7	600	0.00
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

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	ny information copied from such Reports and St for commercial purposes, other than using the													;
	NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF SOCIA	AL SECUR	ITY CLAIMANTS' REPRESE	INTA	TIV	ES	PA	AC (I	NC	SSCF	۲P	۹C)		
Α.	Full Name (Last, First, Middle Initial) Barbara Furutani				Date	e of	Re	ceipt	t					
	Mailing Address 1732 Race Street				M 1	™ 1	/		10	/		y y 2015	Y	
	City Denver	State CO	Zip Code 80206	-						SA11A				
	FEC ID number of contributing federal political committee.	C			Amo	ount	of	Each	ı R	eceipt	this		.00	
	Name of Employer Self	Occupation Attorney	1											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
В.	Full Name (Last, First, Middle Initial) Gail C. Harriss			+	Date	e of	Re	ceipt	 t					
	Mailing Address 450 S Camino del Rio Suite 201				M 1	™ 1	/		D 10	1		2015	Y	
	City	State	Zip Code		Tra	ans	acti	on IE):	SA11A	1.555	53		
	Durango	CO	81301		Amo	unt	of	Each	۱R	eceipt	this	Period		
	FEC ID number of contributing federal political committee.	С						7	_		_	300	.00	
	Name of Employer Harriss & Marting, LLC	Occupation Attorney	1											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00											
<u>с.</u>	Full Name (Last, First, Middle Initial) Michael Hartup				Date	e of	Re	ceipt						
	Mailing Address PO Box 1386				м 0	™ 7	1		D 15	/		y y 2015	Y	
	City Jackson	State TN	Zip Code 38302							SA11A eceipt				
	FEC ID number of contributing federal political committee.	С						7	_		_	167	.00	
	Name of Employer	Occupation	1	\neg										
	Self-employed	Attorney												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1169.00											
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	y information copied from such Reports and Sta for commercial purposes, other than using the					for the		oose of	f soliciting	g contribu	itions
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Α.	Full Name (Last, First, Middle Initial) Adrienne Jarvis Mailing Address 800 N Kings Highway					Date o	_	ceipt	D / Y	Y Y	Y
	Suite 304	State	Zip Code			11 Trans	sacti	04 i on ID :	SA11AI.	2015 5568	
	Cherry Hill	NJ	08034			Amoun	t of	Each F	Receipt th	nis Period	I
	FEC ID number of contributing federal political committee.	С						,	7	3	5.00
	Name of Employer Self-employed	Occupation Attorney									
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	Primary General Other (specify) ▼		7 7	235.00							
В.	Full Name (Last, First, Middle Initial) Adrienne Jarvis					Date o	f Re	ceipt			
	Mailing Address 800 N Kings Highway Suite 304					^M M	1	D 10		y y 2015	Y
	City Cherry Hill	State NJ	Zip Code 08034						SA11AI. Receipt th		1
	FEC ID number of contributing federal political committee.	С						,	7	35	5.00
	Name of Employer Self-employed	Occupation Attorney									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	270.00							
с.	Full Name (Last, First, Middle Initial) Mark Keller					Date o	f Re	ceipt			
	Mailing Address 84-02 51st Ave					м м 10		D 06		2015	Y
	City Elmhurst	State NY	Zip Code 11373						: SA11AI. Receipt th		1
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	Self	Attorney									
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Α.	Full Name (Last, First, Middle Initial) Mark Keller					Date of	f Re	eceipt					
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	Elmhurst	NY	11373		A				Receipt th				
	FEC ID number of contributing federal political committee.	С						7		_	25.0	00	
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	federal political committee.	С						7	7	-	25.0	00	
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C.	Full Name (Last, First, Middle Initial) Raymond J. Kelly					Date of	f Re	eceipt					
	Mailing Address 108 Bay St					M M 1_1	/	D 10) 15	Y	
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Α.	Full Name (Last, First, Middle Initial) Carol Lewis					Date o	f Re	eceipt			
	Mailing Address 14 N 7th Ave					м м 11	/	09		у у 2015	Y
	City Saint Cloud	State MN	Zip Code 56303						SA11AI Receipt th		d
	FEC ID number of contributing federal political committee.	С						7		25	0.00
	Name of Employer Self employed	Occupation Attorney									
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B.	Full Name (Last, First, Middle Initial) Jeffrey S. Lichtman					Date o	f Re	eceipt			
	Mailing Address 1118 Rodman St.					M M	1	05		2015	Y
	City Philadelphia	State PA	Zip Code 19147						SA11AI. Receipt th		d
	FEC ID number of contributing federal political committee.	С						7	7	25	0.00
	Name of Employer The DLO of JSL, LLC	Occupation Attorney									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	250.00							
c.	Full Name (Last, First, Middle Initial) Jean Mauss					Date o	f Re	eceipt			
	Mailing Address 2750 Cottage Grove Ave					м м 10	/	27		2015	Y
	City Des Moines	State IA	Zip Code 50311						: SA11AI Receipt th		d
	FEC ID number of contributing federal political committee.	С						,	7	50	0.00
	Name of Employer	Occupation			-						
	Schott Mauss & Assoc.	Attorney									
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Α.	Full Name (Last, First, Middle Initial) Andrew McKenna					Date o	f Re	eceipt						
	Mailing Address 245 W. Laurel Dr.					м м 07	/	24		/ Y) 215	Y	
	City	State	Zip Code		1 '		act	ion ID		11AI.				
	Salinas	CA	93906			Amoun								
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	Name of Employer	Occupation												
	Rucka, O'Boyle, Lombardo & McK	Attorney												
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B.	Full Name (Last, First, Middle Initial)					Date o	f Re	ceint						
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	Other (specify)	L	, 625.00	00										
c.	Full Name (Last, First, Middle Initial) Diane R. Newman					Date o	f Re	eceipt						
	Mailing Address 411 Wolf Ledges Pkwy Ste 400					м м 08	/	07		/ Y) 15	Y	
	City	State	Zip Code		Ľ	Trans	sact	ion ID	: SA	11AI.	546	2		
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	Shifrin Newman Smith Inc	Attorney												
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	y information copied from such Reports and for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF SOC	IAL SECUR	ITY CLAIMANTS' REPRESE	NTA	TIVES	S P/	AC (N	OSSCR	PA	NC)	
Α.	Full Name (Last, First, Middle Initial) Diane R. Newman				Date of	f Re	eceipt				
	Mailing Address 411 Wolf Ledges Pkwy Ste 400				м – м 09	/	08			2015	Y
	City Akron	State OH	Zip Code 44311					: SA11A Receipt t			_
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	Name of Employer Shifrin Newman Smith Inc	Occupation Attorney	1								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 775.00								
	Full Name (Last, First, Middle Initial) Diane R. Newman	I			Date of	f Re	eceipt				
	Mailing Address 411 Wolf Ledges Pkwy Ste 400				M M	/	06			015	Y
	City Akron	State OH	Zip Code 44311					: SA11AI Receipt t			
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	Name of Employer Shifrin Newman Smith Inc	Occupation Attorney									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00								
с.	Full Name (Last, First, Middle Initial) Diane R. Newman	I			Date of	f Re	eceipt				
	Mailing Address 411 Wolf Ledges Pkwy Ste 400				M M 11	/	10			015	Y
	City Akron	State OH	Zip Code 44311					: SA11A Receipt t			
	FEC ID number of contributing federal political committee.	C					7	7		75	.00
	Name of Employer	Occupation	1								
	Shifrin Newman Smith Inc	Attorney									
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SCHEDULE A (FEC Form 3X)

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Α.	Full Name (Last, First, Middle Initial) Diane R. Newman				Date of	Recei	ipt				
	Mailing Address 411 Wolf Ledges Pkwy Ste 400				M M	/	10	/ Y	2015		
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	Shifrin Newman Smith Inc	Attorney									
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	Other (specify)		1000.00	I.							
в.	Full Name (Last, First, Middle Initial) Robert Petruzzelli				Date of	Recei	ipt				
	Mailing Address 15 Lamson Lane				M M	/	09	/ Y	2015		
	City	State			action		A11AI.	2015 5589)		
	Sewell	NJ	08080		Amoun					iod	
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	Name of Employer Jacobs, Schwalbe & Petruzelli	Occupation	l								
	Receipt For:	Attorney									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1							
<u>с</u> .	Full Name (Last, First, Middle Initial) Michel Phillips				Date of	Recei	ipt				
	Mailing Address 577 Donna Dr				^M M	/	29	/ Y	y 2015		
	City Smyrna	State GA	Zip Code 30082	-				A11AI.			
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	Name of Employer	Occupation									
	Martin & Jones Receipt For:	Attorney									
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A .	Full Name (Last, First, Middle Initial) Jeffrey Rabin			[Date of	Re	eceipt			
	Mailing Address 14 Whitby Ct				M M	1	09		у у 2015	Y
	City Lincolnshire	State IL	Zip Code 60069					: SA11AI Receipt th		d
	FEC ID number of contributing federal political committee.	С					7		200	0.00
	Name of Employer Jeffrey A Rabin & Associates,	Occupation Attorney								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00							
в.	Full Name (Last, First, Middle Initial)				Date of	Re	eceipt			
	Mailing Address 12631 E. Imperial Hwy Suite C115				M M 11	1	09		2015	Y
	City Santa Fe Springs	State CA	Zip Code 90670					: SA11AI. Receipt th		d
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	Name of Employer Self-employed	Occupation Attorney								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
с.	Full Name (Last, First, Middle Initial) Annette Rutkowski			[Date of	Re	eceipt			
	Mailing Address 450 East 96th St Suite 500				^M M 11	1	09		2015	Y
	City Indianapolis	State IN	Zip Code 46240					: SA11AI Receipt th		d
	FEC ID number of contributing federal political committee.	С					7		25	0.00
	Name of Employer	Occupation	1							
	Self-employed	Attorney								
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Α.	Full Name (Last, First, Middle Initial) Tom Scully				Date of	Rece	eipt					
	Mailing Address 506 Ridge Road				M M	1	04) / Y	Y 20) 015	Y	
	City Munster	State IN	Zip Code 46321					SA11AI.				
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	Name of Employer Thomas J. Scully and Associate	Occupation Attorney	1									
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В.	Full Name (Last, First, Middle Initial) Debra Shifrin		3		Date of	Rece	eipt					
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	Name of Employer Shifrin Newman Smith Inc	Occupation Attorney	1									
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<u></u> с.	Full Name (Last, First, Middle Initial) Debra Shifrin				Date of	Rece	eipt					
	Mailing Address 411 Wolf Ledges Pkwy Ste 400				м м 08	/	07) / Y)15	Y	
	City Akron	State OH	Zip Code 44311					SA11AI.			_	
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	Name of Employer	Occupation	1									
	Shifrin Newman Smith Inc	Attorney										
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<u> </u>	Full Name (Last, First, Middle Initial) Debra Shifrin				Date c	f Re	eceipt				
<i>,</i>	Mailing Address 411 Wolf Ledges Pkwy				M N		D	D / Y	Y	<u> </u>	Y
	Ste 400				09		08		2015		
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	Full Name (Last, First, Middle Initial) Debra Shifrin				Date c	f Re	acoint				
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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or for commercial purposes, other than usir NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF S	-									litte	e.
Full Name (Last, First, Middle Initial) Debra Shifrin Mailing Address 411 Wolf Ledges Pkwy Ste 400 City Akron FEC ID number of contributing federal political committee. Name of Employer Shifrin Newman Smith Inc Receipt For: Primary General Other (specify) ▼	State OH C Occupation Attorney Aggregate	Zip Code 44311 Year-to-Date ▼ 4800.00]	Date of 12 Trans Amount	/ act	10 ion ID) : SA1	1AI.5	s Peri	5)0
Full Name (Last, First, Middle Initial) B. Scott F. Smith Mailing Address 481 Regalstone Lane City Copley FEC ID number of contributing federal political committee. Name of Employer Shifrin Newman Smith Receipt For: Primary General Other (specify) ▼	State OH C Occupation Attorney Aggregate	Zip Code 44321 Year-to-Date ▼ 525.00]	Date of 07 Trans Amount	/ act	15 ion ID :	5 : SA1		s Peri		/0
Full Name (Last, First, Middle Initial) C. Scott F. Smith Mailing Address 481 Regalstone Lane City Copley FEC ID number of contributing federal political committee. Name of Employer Shifrin Newman Smith Receipt For: Primary General Other (specify)	State OH C Occupation Attorney Aggregate	Zip Code 44321 Year-to-Date ▼ 600.00		Date of 11 Trans Amount	act	ion ID	9 : SA1	1AI.5	s Peri		00
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

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NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF SC	DCIAL SECUR	ITY CLAIMANTS' REPRESE	ENTA	TIVES	S PA	C (N(DSSCR	PAC)				
Full Name (Last, First, Middle Initial)				Date o	f Rec	eint						
Mailing Address 481 Regalstone Lane				12 M		10		2015				
City	State	Zip Code			sactio		SA11AI.					
Copley	OH	44321		Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С					,			75.0	0		
Name of Employer	Occupation	1										
Shifrin Newman Smith Receipt For:	Attorney		_									
Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 675.00]									
Full Name (Last, First, Middle Initial) B. Roger Stanfield				Date o	f Rec	eipt						
Mailing Address PO Box 1547	Mailing Address PO Box 1547					10		_ 2015		ſ		
City	State	Zip Code		11 Trans	actio		SA11AL					
Jackson	TN	38302					Receipt th		bc			
FEC ID number of contributing federal political committee.	С					7		2!	50.0	0		
Name of Employer	Occupation	1	_									
Self	Attorney											
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General	33 13 11		11									
Other (specify)		500.00	4									
Full Name (Last, First, Middle Initial) C. Michael Sullivan				Date o	f Rec	ceipt						
Mailing Address 5200 Blakely Ridge Ln				M M	/	04		2015				
City Louis	State KY	Zip Code 40222					: SA11AI . Receipt th		od	_		
FEC ID number of contributing federal political committee.	С					,	7	3	00.0)0		
Name of Employer	Name of Employer Occupation											
Self	Self Attorney											
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		375.00										
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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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42

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NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF SOC	IAL SECUR	ITY CLAIMANTS	S' REPRESEI	NTA	λTI\	/ES	PA	٩C	(NO	SSCF	R PA	C)	
Full Name (Last, First, Middle Initial) Gregory E. Tuite Mailing Address 119 N. Church St. #407 City Rockford FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	State IL C Occupation Attorney Aggregate	Zip Code 61101		_	M Tr	08 ans		ion	13 1D:5	SA11A eccipt 1	2 1. 559		У 00
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Carl Weisbrod Mailing Address 5909 Woodland Dr. City Dallas FEC ID number of contributing federal political committee. Name of Employer Morgan & Weisbrod LLP Receipt For: Primary General Other (specify) ▼	State TX C Occupation Attorney Aggregate	Zip Code 75225	1000.00		 Tr	11 ans		ion	05 ID:S	SA11A eceipt 1	.557		Ŷ 00
Full Name (Last, First, Middle Initial) Robertson Wendt Mailing Address 3875 Faber Place Drive Suite 204 City North Charleston FEC ID number of contributing federal political committee. Name of Employer Law office of Robertson Wendt Receipt For: Primary General Other (specify) ▼	State SC C Occupation Attorney Aggregate	Zip Code 29405 Year-to-Date ▼	350.00		M T	11 rans		ion	09 ID:	SA11A eccipt 1	1.557		ў .00
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SCHEDULE A (FEC Form 3X)

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check onl	(check only one)							
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	NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF SOCI	AL SECURI	TY CLAIMANTS' REPRESE	INTATIVES	S PAC (NC	SSCR	PAC)				
Α.	Full Name (Last, First, Middle Initial) Robertson Wendt			Date o	f Receipt						
	Mailing Address 3875 Faber Place Drive Suite 204			M M	/ D D	/ Y	2015	Y			
	City North Charleston	State SC	Zip Code 29405		saction ID : t of Each R		5538				
	FEC ID number of contributing federal political committee.	С			7		100				
	Name of Employer	Occupation									
	Law office of Robertson Wendt Receipt For:	Attorney									
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		450.00								
в.	Full Name (Last, First, Middle Initial) Winona Zimberlin			Date o	f Receipt						
	Mailing Address 141 Three Mile Rd			10	/ D D 28	/ Y	2015	Y			
	City	State	Zip Code	Trans	action ID :	SA11AI.					
	Glastonbury	СТ	06033	Amoun	t of Each R	eceipt th	nis Period				
	FEC ID number of contributing federal political committee.	С				7	150	.00			
	Name of Employer Self-employed	Occupation Attorney									
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	Other (specify)		, 550.00								
С.	Full Name (Last, First, Middle Initial)			Date o	f Receipt						
	Mailing Address			M	/ D D	/ Y	Y Y	Y			
	City	State	Zip Code	Amoun	t of Each R	eceipt th	nis Period				
	FEC ID number of contributing federal political committee.	C									
	Name of Employer	Occupation									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼								
s	UBTOTAL of Receipts This Page (optional)					- 7	250.	.00			
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			ay not be sold or used by any ddress of any political committe									
	COMMITTEE (In Full)	SOCIAL SECUR	ITY CLAIMANTS' REPRES	SENTA	TIVES	PAC	(NC	SSCR	PAC)			
	e (Last, First, Middle Initial) al Organization of Social S	Security Claiman	ts' Representatives		Date of	Receip	ot					
	ddress 560 Sylvan Avenue				м м 07		20	/ Y	y y 2015	Y		
City		State	Zip Code			action		SA17.5				
Englewoo	od Cliffs	NJ	07632		Amount	of Ead	h R	eceipt tl	nis Perio	b		
	umber of contributing plitical committee.	С						. ,	105	6.00		
Name of	Employer	Occupation			Funds a text	ccidenta	ally d	leposite	d into PA	C account		
	for: nary General er (specify) ▼	Aggregate	Year-to-Date ▼ 1056.00]								
	e (Last, First, Middle Initial) al Organization of Socia	I Security Claim	ants' Representatives		Date of	Receip	ot					
Mailing Address 560 Sylvan Avenue						/ D	23	/ Y	у у 2015	Y		
City		State	Zip Code		Trans	action	D :	SA17.56	635			
Englewoo	od Cliffs	NJ	07632		Amount	of Ead	h R	eceipt tl	nis Perio	b		
	umber of contributing litical committee.	С				,		650.00				
Name of	Employer	Occupation			Funds ac ext	cidenta	lly d	eposited	l into PA	C account		
	or: nary General er (specify) v	Aggregate	Year-to-Date ▼ 1706.00]								
	e (Last, First, Middle Initial) al Organization of Soc	ial Security Cla	imants' Representative	s	Date of	Receip	ot					
Mailing Ad	ddress 560 Sylvan Avenue				м м 07	/ D	27	/ Y	2015	Y		
City Englewoo	od Cliffs	State NJ	Zip Code 07632					SA17.5 eceipt tl	636 his Perio	d		
	umber of contributing olitical committee.	С				23	4.00					
Name of	Employer	Occupation		Funds accidentally deposited into PAC account text								
	or: nary General er (specify) ↓	Aggregate	Year-to-Date ▼ 1940.00									

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FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	y information copied from such Reports and S for commercial purposes, other than using the											
\rangle	NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF SOCI	AL SECURITY CLAIMANTS	REPRESE	NTA	.ΤI\	/ES	PAG	C (N	os	SCR	PAC)	
۹.	Full Name (Last, First, Middle Initial) National Organization of Social Secur	ity Claimants' Representativ	/es		Dat	te of	Rec	eipt				
	Mailing Address 560 Sylvan Avenue	· ·				07	/	29		/ Y	2015	Y
	City	State Zip Code					ictio			17.56		
	Englewood Cliffs	NJ 07632			Am	ount	of E	ach I	Rec	eipt thi	s Period	k
	FEC ID number of contributing federal political committee.	С					,			7	234	4.00
	Name of Employer	Occupation			Fun		cide	ntally	dep	osited	into PA	C account
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	2174.00									
3.	Full Name (Last, First, Middle Initial) National Organization of Social Sec	urity Claimants' Represent	atives			te of	Rec	•				
	Mailing Address 560 Sylvan Avenue							03		/ Y	2015	Y
	City	State Zip Code		Transaction ID : SA17.5629								
	Englewood Cliffs	NJ 07632		_	Am	ount	of E	ach I	Rec	eipt thi	s Period	k
	FEC ID number of contributing federal political committee.	С					,			7	650	0.00
	Name of Employer	Occupation			Fund ext	ds acc	cider	ntally	dep	osited	into PAC	C account
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	2824.00									
).	Full Name (Last, First, Middle Initial) National Organization of Social S	ecurity Claimants' Repres	sentatives		Dat	te of	Rec	eipt				
	Mailing Address 560 Sylvan Avenue				M	08	/	06		/ Y	2015	Y
	City	State Zip Code			Т	ransa	actic	on ID	: S/	17.56	30	
	Englewood Cliffs	NJ 07632			Am	ount	of E	ach I	Rec	eipt thi	s Period	k
	FEC ID number of contributing federal political committee.	s and the second s										4.00
	Name of Employer	Occupation		Funds accidentally deposited into PAC accou text								C account
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	3058.00									

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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42

		Detailed Summary Page		11a	a	11b		11c		12									
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NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF S	OCIAL SECURITY	CLAIMANTS' REPRE	SENTA	TIVI	ES F	PAC (N	105	SSCI	R PA	NC)									
Full Name (Last, First, Middle Initial) National Organization of Social S	ecurity Claimants'	Representatives		Date	of F	Receipt													
Mailing Address 560 Sylvan Avenue				M 0		/	7	/		2015	Y								
City	State	Zip Code						417 ا		.015									
Englewood Cliffs											Transaction ID : SA17.5639 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		19.00																
Name of Employer	Occupation			Funds accidentally deposited into PAC account - text															
Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 3077.00																	
Full Name (Last, First, Middle Initial) National Organization of Social Security Claimants' Representatives					of F	Receipt													
Mailing Address 560 Sylvan Avenue							D 0	/	Y Y 20	015	Y								
City	State	Zip Code		Tra	nsac	tion ID	: S	A17.5	5632										
Englewood Cliffs	NJ	07632		Amo	unt c	of Each	Re	ceipt	this F	Period									
FEC ID number of contributing federal political committee.	С		1707.00								.00								
Name of Employer	Name of Employer Occupation								ed inte	o PAC	account								
Receipt For: Primary General Other (specify) v	Aggregate Yea	r-to-Date ▼ 4784.00																	
Full Name (Last, First, Middle Initial) National Organization of Socia	al Security Claim	ants' Representative	es	Date	of F	Receipt													
Mailing Address 560 Sylvan Avenue				[™] 0		/ D	D 0	/		015	Y								
City Englewood Cliffs	State NJ	Zip Code 07632				ction ID				Period									
FEC ID number of contributing federal political committee.	С		С		7		7			3.00									
Name of Employer	Occupation		Funds accidentally deposited into PAC account text								C account								
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FEC Schedule A (Form 3X) Rev. 02/2003

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S	CHEDULE B (FEC Form 3X)			F	OR I	LINE N	UMBER:		PAGE	31	OF 42	
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the		hecl	c only c 21b	-	23	24	. [25	26
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	y information copied from such Reports and Staten for commercial purposes, other than using the nam											
	NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF SOCIAL S	SECURITY	CLAIMANTS'	REP	RE	SENT	ATIVES	PAC (NOSSO	R P	AC)	
Α.	Full Name (Last, First, Middle Initial) Platinum Choice Bancard						Date of	Disburs	ement			
	Mailing Address 31 White St						07		03		2015	Y
	City S West Orange	State NJ	Zip Code 07052				Transa	action II	D : SB21	B.56	16	
	Purpose of Disbursement Credit card processing fee			C	03		Amount	of Each	Disbur	seme	nt this	Period
	Candidate Name			Cate	egor ype	y/					8	3.48
	Office Sought: House Disbursen Senate President	nent For: Primary Other (spec	General cify) ▼		<u> </u>							
_	State: District: Full Name (Last, First, Middle Initial)											
В.	Platinum Choice Bancard						Date of		ement	V	YY	- V
	Mailing Address 31 White St		08		03		2015	Ť				
	City 5 West Orange		Transa	action I	D : SB21	B.56	07					
	Purpose of Disbursement Credit card processing fees			C	003	1	Amount	of Each	Disbur	seme	nt this	Period
	Candidate Name			Cate T	egor ype	y/		7			15	2.98
	Office Sought: House Disbursen Senate President	nent For: Primary Other (spec	General cify) ▼									
_	State: District: Full Name (Last, First, Middle Initial)											
C.	Platinum Choice Bancard						Date of		ement	V	YY	
	Mailing Address 31 White St						09		02		2015	
	West Orange	State NJ	Zip Code 07052				Transa	action I	D : SB21	B.56	08	
	Purpose of Disbursement Credit card processing fees			C	03		Amount	of Fact	Disbur	seme	nt this	Period
	Candidate Name	Cate T	egor ype	y/						1.18		
	President	nent For: Primary Other (spec	General cify) ▼									
_	State: District:											
s	UBTOTAL of Disbursements This Page (optional)							7			38	7.64
Т	OTAL This Period (last page this line number only)											

	CHEDULE B (FEC Form 3X)			NE NUMBER: PAGE 32 OF 42	
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(cl	neck or X 21 27	
	ny information copied from such Reports and State for commercial purposes, other than using the na			any pe	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF SOCIAL				
Α.	Full Name (Last, First, Middle Initial) Platinum Choice Bancard				Date of Disbursement
	Mailing Address 31 White St				10 02 2015
	City West Orange	StateZip CodeNJ07052			Transaction ID : SB21B.5615
	Purpose of Disbursement Credit card processing fees		0	03	Amount of Each Disbursement this Period
	Candidate Name			egory/ /pe	78.71
	Senate President	ement For: Primary General Other (specify) v			
	State: District:				
B.	Full Name (Last, First, Middle Initial) Platinum Choice Bancard		Date of Disbursement		
	Mailing Address 31 White St		11 02 2015		
	City West Orange	State Zip Code NJ 07052			Transaction ID : SB21B.5614
	Purpose of Disbursement Credit card processing fees		0	03	Amount of Each Disbursement this Period
	Candidate Name			egory/ /pe	78.04
	Office Sought: House Disburs Senate President	ement For: Primary General Other (specify) $ earrow$			
	State: District:				
C.	Full Name (Last, First, Middle Initial) Platinum Choice Bancard				Date of Disbursement
	Mailing Address 31 White St				12 02 Y Y Y Y 12 02 2015
	City West Orange	State Zip Code NJ 07052			Transaction ID : SB21B.5619
	Purpose of Disbursement Credit card processing fees		0	03	Amount of Each Disbursement this Period
	Candidate Name		egory/ /pe	488.62	
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼			
s	UBTOTAL of Disbursements This Page (optional)			••••• ►	
т	OTAL This Period (last page this line number onl	y)		🕨	1033.01

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 33 OF 42
IT	EMIZED DISBURSEMENTS	Use separate s for each catego Detailed Summ	ory of the	(check only 21b	one) 22 X 23 24 25 26
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	y information copied from such Reports and Stater for commercial purposes, other than using the nar				
\mathbb{N}	NAME OF COMMITTEE (In Full)				
	NATIONAL ORGANIZATION OF SOCIAL S	SECURITY CLA	AIMAN I S' I	REPRESEN	TATIVES PAC (NOSSCR PAC)
Δ.	Full Name (Last, First, Middle Initial) BILL NELSON FOR U S SENATE				Date of Disbursement
	BILL NELSON FOR 0 3 SENATE				
	Mailing Address 972 W WHITMIRE DRIVE				11 17 2015
	City MELBOURNE	State Zip FL 329	Code 35		Transaction ID : SB23.5438
	Purpose of Disbursement Contribution			014	
	Candidate Name			011	Amount of Each Disbursement this Period
	BILL NELSON			Category/ Type	1000.00
	Office Sought: House Disburser	ment For: 2018			
	Senate X President	Primary	General		
	State: FL District: 00	Other (specify)	•		
	Full Name (Last, First, Middle Initial)				
В.	BUTTERFIELD FOR CONGRESS				Date of Disbursement
	Mailing Address 434 FAYETTEVILLE STREET				12 17 2015
	SUITE 2020				12 11 2013
	RALEIGH	State Zip NC 276	Code 01		Transaction ID : SB23.5439
	Purpose of Disbursement Contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/	2000.00
	G K BUTTERFIELD			Туре	2000.00
		ment For: 2016 Primary	General		
	President	Other (specify)			
	State: NC District: 01		•		
~	Full Name (Last, First, Middle Initial)				Data of Diskurgement
υ.	CAPITO FOR WEST VIRGINIA				Date of Disbursement
	Mailing Address PO BOX 11519				11 17 2015
			Code		Transaction ID : SB23.5437
	CHARLESTON Purpose of Disbursement	WV 253	39		
	Contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/	
	SHELLEY MOORE MS CAPITO Office Sought: House Disburser			Туре	1000.00
	Senate	ment For: 2020 Primary	General		
	President	Other (specify)	V		
_	State: WV District: 00				
	LIRTOTAL of Dichursomente This Page (entioned)				4000.00
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IT	EMIZED DISBURSEMENTS	Use separate sch for each category		(check only	
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	ny information copied from such Reports and State for commercial purposes, other than using the na				
\setminus	NAME OF COMMITTEE (In Full)				
	NATIONAL ORGANIZATION OF SOCIAL	SECURITY CLAIR	MANTS' F	REPRESENT	ATIVES PAC (NOSSCR PAC)
Α.	Full Name (Last, First, Middle Initial)				Date of Disbursement
					M M / D D / Y Y Y Y
	Mailing Address PO BOX 470783				12 09 2015
	City AURORA	State Zip Co CO 80047			Transaction ID : SB23.5440
	Purpose of Disbursement	00047			
	Contribution			011	Amount of Each Disbursement this Period
	Candidate Name MORGAN L. CARROLL			Category/ Type	500.00
		ement For: 2016		туре	
	Senate	Primary G	General		
	State: CO District: 06	Other (specify)			
	State: CO District: 06 Full Name (Last, First, Middle Initial)				
В.	COLLINS FOR SENATOR				Date of Disbursement
					M = M / D = D / Y = Y = Y
	Mailing Address PO BOX 1096				07 20 2015
	City BANGOR	State Zip Co ME 04402			Transaction ID : SB23.5397
	Purpose of Disbursement Contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/	2500.00
	SUSAN M COLLINS			Туре	2500.00
		ement For: 2020 Primary	General		
	President	Other (specify)			
	State: ME District: 00				
С	Full Name (Last, First, Middle Initial)				Date of Disbursement
•.	CORT BOOKER TOR SENATE				M M / D D / Y Y Y Y
	Mailing Address PO BOX 15293				10 08 2015
	City WASHINGTON	State Zip Co DC 20003			Transaction ID : SB23.5421
	Purpose of Disbursement Contribution				
	Candidate Name			011	Amount of Each Disbursement this Period
	CORY A BOOKER			Category/ Type	1500.00
	Office Sought: House Disburs	ement For: 2020			
	Senate Senate		General		
	State: NJ District: 00	Other (specify)			
Г					
	UBTOTAL of Disbursements This Page (optional)			••••••	4500.00
s					
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S	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 35 OF 42
ITEMIZED DISBURSEMENTS		Use separate schedule(s)	(check only	
•••		for each category of the Detailed Summary Page	21b	22 X 23 24 25 26
_			27	28a 28b 28c 29 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the nam			
\setminus	NAME OF COMMITTEE (In Full)			
	NATIONAL ORGANIZATION OF SOCIAL S	SECURITY CLAIMANTS'	REPRESEN	TATIVES PAC (NOSSCR PAC)
	Full Name (Last, First, Middle Initial)			
А.	DIRIGO PAC			Date of Disbursement
	Mailing Address PO BOX 1355			10 / D D / Y Y Y Y Y 2015
	-)	State Zip Code VA 22313		Transaction ID : SB23.5417
	ALEXANDRIA Purpose of Disbursement	VA 22313		
	Contribution		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	1000.00
	Office Sought: House Disburser	aant Fari	Туре	
		Primary General		
	President	Other (specify)		
	State: District:			
_	Full Name (Last, First, Middle Initial)			
в.	FIRST STATE PAC			Date of Disbursement
	Mailing Address P.O. BOX 3006			10 08 2015
	5	State Zip Code DE 19804		Transaction ID : SB23.5415
	WILMINGTON Purpose of Disbursement	DE 19804		
	Contribution		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	1000.00
			Туре	1000.00
	Office Sought: House Disbursen			
		Primary General Other (specify)		
	State: District:			
	Full Name (Last, First, Middle Initial)			
C.	FRIENDS OF MARK WARNER			Date of Disbursement
			M M / D D / Y Y Y Y	
	Mailing Address 201 NORTH UNION STREET SUITE 300			10 08 2015
		State Zip Code		
	ALEXANDRIA	VA 22314		Transaction ID : SB23.5414
	Purpose of Disbursement Contribution		044	
	Candidate Name		011	Amount of Each Disbursement this Period
	MARK ROBERT WARNER		Category/ Type	1000.00
	-	nent For: 2020	.,,,,,	
	X Senate	Primary General		
	President	Other (specify)		
_	State: VA District: 00			
.	LIRTOTAL of Disburgaments This Page (antional)			3000.00
Ľ	UBTOTAL of Disbursements This Page (optional)		····· •	
1	OTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER:							PAGE 36 OF 42			
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		· · ·		c only								
			I Summary Page		Н	21b 27	22 28a	×	23 28b		24 28c		25 29	26 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the nam					perso	n for the		pose	of sol	iciting	g con	ntribut	tions
	NAME OF COMMITTEE (In Full)													
	NATIONAL ORGANIZATION OF SOCIAL S	SECURIT	Y CLAIMANTS'	REP	RES	SENT	ATIVES	5 P/	AC (N	1055	SCR	PAG	C)	
Δ	Full Name (Last, First, Middle Initial)						Date of	f Die	shurse	ment				
Λ.	FRIENDS OF MICHELLE						M		D			Y	Y	Y
	Mailing Address P.O. BOX 25422						09		1	8		20	15	
	ALBUQUERQUE	State NM	Zip Code 87125				Trans	acti	ion ID	: SB	23.54	01		
	Purpose of Disbursement Contribution			0	11		Amount	t of	Each	Disb	ırsen	nent	this F	Period
	Candidate Name			Cate	aon	v/							-	
	MICHELLE LUJAN GRISHAM				ype	<i>y</i> ,			7		7		1500	.00
		nent For: Primary	2016 General											
	State: NM District: 01	Other (sp	ecify)											
	Full Name (Last, First, Middle Initial)													
В.	FRIENDS OF SCHUMER						Date of	f Dis	sburse	ement				
	Mailing Address 192 LEXINGTON AVENUE SUITE	1001					^M 10	/	DC	D /	Y	20	15 15	Y
	City	State	Zip Code											
	NEW YORK	NY	10016				Trans	acti	ion ID) : SB	23.54	125		
	Purpose of Disbursement Contribution			0)11		Amount	t of	Each	Disbu	ırsen	nent	this I	Period
	Candidate Name			Cate	eaor	v/							4000	
	CHARLES E SCHUMER				ype	<u> </u>		-	7		7		1000	0.00
		nent For: Primary	2016 General											
		Other (sp												
	State: NY District: 00		•											
C.	Full Name (Last, First, Middle Initial) GRASSROOTS ORGANIZING ACTING & LEADING PAC - GOALPAC				;	Date of	f Dis	sburse	ement					
	Mailing Address PO BOX 30344						M M 11	/	D 1	6 0	Y	20 [°]	15 15	Y
	City	State	Zip Code				Trans	acti	ion ID		22 5/	127		
		MD	20824				ITalia	acu		. 30	23.34	-21		
	Purpose of Disbursement						Amount	t of	Each	Dich	ircon	nont	thic I	Pariod
	Candidate Name				egor ype	y/	Anoun		Lacii	DISDU	JISEII		1000	
		nent For: Primary Other (sp	General ecify) ▼						7		7			
_	State: District:													
s	UBTOTAL of Disbursements This Page (optional)					►			7		7		3500	.00
т	OTAL This Period (last page this line number only)								,		7			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 37 OF 42	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	v one)	
	Detailed Summary Page	21b	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
Any information copied from such Reports and Sta or for commercial purposes, other than using the r				
NAME OF COMMITTEE (In Full)				
NATIONAL ORGANIZATION OF SOCIA	L SECURITY CLAIMANTS	"REPRESEN	TATIVES PAC (NOSSCR PAC)	
Full Name (Last, First, Middle Initial) A. JOHN LEWIS FOR CONGRESS			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address P.O. BOX 2323			07 20 2015	
City ATLANTA	State Zip Code GA 30301		Transaction ID : SB23.5400	
Purpose of Disbursement	30301			
Contribution		011	Amount of Each Disbursement this Period	
Candidate Name JOHN R. LEWIS		Category/	1000.00	
	sement For: 2016	Туре		
Senate	Y Primary General			
State: GA District: 05	Other (specify)			
Full Name (Last, First, Middle Initial)				
B. JOHN LEWIS FOR CONGRESS			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address P.O. BOX 2323			10 08 2015	
City	State Zip Code GA 30301		Transaction ID : SB23.5426	
ATLANTA Purpose of Disbursement	GA 30301			
Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	
Office Sought: Y House Disbur	sement For: 2016	Туре		
Senate	Primary General			
State: GA District: 05	Other (specify)			
State: GA District: 05 Full Name (Last, First, Middle Initial)				
C. KIND FOR CONGRESS COMMI	TTEE		Date of Disbursement	
Mailing Address 205 5TH AVENUE SOUTH		09 18 2015		
City	State Zip Code		Transaction ID : SB23.5403	
LA CROSSE Purpose of Disbursement	WI 54601			
Contribution		011	Amount of Each Disbursement this Period	
Candidate Name RONALD JAMES KIND		Category/	1000.00	
	sement For: 2016	Туре		
Senate	Primary General			
President	Other (specify)			
State: WI District: 03				
SUBTOTAL of Disbursements This Page (optiona	l)	••••••	3000.00	
		-		
TOTAL This Period (last page this line number or	nly)	••••••		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 38 OF 42					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b					
Any information copied from such Reports and Sta or for commercial purposes, other than using the n								
NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF SOCIAL	SECURITY CLAIMANTS'	REPRESEN	TATIVES PAC (NOSSCR PAC)					
	Full Name (Last, First, Middle Initial) LEADERSHIP OF TODAY AND TOMORROW							
Mailing Address 700 13TH STREET, NW SUITE 600			10 06 2015					
City WASHINGTON	StateZip CodeDC20005		Transaction ID : SB23.5404					
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period					
Candidate Name		Category/ Type	5000.00					
Office Sought: House Disburs	ement For: Primary General Other (specify) v							
State: District:								
Full Name (Last, First, Middle Initial) B. MCCASKILL FOR MISSOURI			Date of Disbursement					
Mailing Address PO BOX 300077			10 08 2015					
City ST LOUIS	StateZip CodeMO63130		Transaction ID : SB23.5408					
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period					
Candidate Name CLAIRE MCCASKILL		Category/ Type	1000.00					
Office Sought: House Disburs	ement For: 2018 Primary General Other (specify) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Full Name (Last, First, Middle Initial) C. MIKE THOMPSON FOR CONGE	ESS		Date of Disbursement					
Mailing Address 5429 MADISON AVENUE	Mailing Address 5429 MADISON AVENUE							
City SACRAMENTO	StateZip CodeCA95841		Transaction ID : SB23.5402					
Purpose of Disbursement Contribution Candidate Name		011	Amount of Each Disbursement this Period					
MIKE MR. THOMPSON		Category/ Type	1500.00					
Office Sought: House Disburs Senate President State: CA District: 05	ement For: 2016 Primary General Other (specify) ▼							
SUBTOTAL of Disbursements This Page (optional		\	7500.00					
		•••••						

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 39 OF 42
	EMIZED DISBURSEMENTS	for each cate Detailed Sur	nmary Page	(check only 21b 27	One) 22 X 23 24 25 26 28a 28b 28c 29 30b
	ny information copied from such Reports and Staten for commercial purposes, other than using the name				
	NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF SOCIAL S	SECURITY C	LAIMANTS'	REPRESEN	TATIVES PAC (NOSSCR PAC)
Α.	Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRE	SS			Date of Disbursement
	Mailing Address 5429 MADISON AVENUE				10 08 2015
	City S SACRAMENTO Purpose of Disbursement		ip Code 5841		Transaction ID : SB23.5409
	Contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/ Type	2000.00
		nent For: 2010 Primary Other (specify)	General		
	State: CA District: 05				
B.	Full Name (Last, First, Middle Initial) ORRINPAC				Date of Disbursement
	Mailing Address PO BOX 3986				07 20 2015
	WASHINGTON		ip Code 20027		Transaction ID : SB23.5398
	Purpose of Disbursement Contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/ Type	1000.00
	Office Sought: House Disbursen Senate President State: District:	nent For: Primary Other (specify)	General ▼		
С.	Full Name (Last, First, Middle Initial) RON JOHNSON FOR SENATE IN	С			Date of Disbursement
	Mailing Address 219 E WASHINGTON AVE SUITE 101		07 20 2015		
	City S OSHKOSH		ip Code 4901		Transaction ID : SB23.5399
	Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period	
	RONALD HAROLD JOHNSON			Category/ Type	1000.00
	Senate President	nent For: 2010 Primary Other (specify)	General		
Г	State: WI District: 00				
s	SUBTOTAL of Disbursements This Page (optional)			····· ►	4000.00
т	OTAL This Period (last page this line number only)			••••••	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 40 OF 42		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	One) 22 X 23 24 25 26 28a 28b 28c 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the nat					
NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF SOCIAL	SECURITY CLAIMANTS'	REPRESEN	TATIVES PAC (NOSSCR PAC)		
Full Name (Last, First, Middle Initial) A. TAMMY FOR ILLINOIS Mailing Address Do DOV (1979)			Date of Disbursement		
Mailing Address PO BOX 10793			07 20 2015		
City CHICAGO Purpose of Disbursement	State Zip Code IL 60610		Transaction ID : SB23.5396		
Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	2500.00		
Senate X President	ment For: 2016 Primary General Other (specify) ▼				
State: IL District: 00 Full Name (Last, First, Middle Initial) B.			Date of Disbursement		
Mailing Address			M M / D D / Y Y Y Y		
City	State Zip Code				
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type			
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼				
State: District: Full Name (Last, First, Middle Initial)					
C.			Date of Disbursement		
Mailing Address					
City	State Zip Code				
Purpose of Disbursement	pose of Disbursement				
Candidate Name	Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼				
SUBTOTAL of Disbursements This Page (optional).			2500.00		
TOTAL This Period (last page this line number only		F	32000.00		

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 X 28a 28b 28c 29 30b
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nar	ments may not be sold or use ne and address of any politica	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF SOCIAL S	SECURITY CLAIMANTS'	REPRESEN	TATIVES PAC (NOSSCR PAC)
Α.	Full Name (Last, First, Middle Initial) Jeffrey Bunten		Date of Disbursement	
	Mailing Address 422 Tulsa			11 17 2015
	Manchester	StateZip CodeMO63021		Transaction ID : SB28A.5599
	Purpose of Disbursement Refund of impermissible contribution		010	Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	250.00
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
B.	Full Name (Last, First, Middle Initial)			Date of Disbursement
	Mailing Address			
	City	State Zip Code		
	Purpose of Disbursement		Amount of Each Disbursement this Period	
	Candidate Name		Category/ Type	
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
	State: District: Full Name (Last, First, Middle Initial)			
C.				Date of Disbursement
	Mailing Address			
	City	State Zip Code		
	Purpose of Disbursement		Amount of Each Disbursement this Period	
	Candidate Name		Category/ Type	
	Office Sought: House Disburser Senate President District:	ment For: Primary General Other (specify) ▼		
⊢	UBTOTAL of Disbursements This Page (optional) OTAL This Period (last page this line number only			250.00

	CHEDULE B (FEC Form 3X)		FOR LINE	
	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c X 29 30b
	ny information copied from such Reports and Stater for commercial purposes, other than using the nan			
	NAME OF COMMITTEE (In Full) NATIONAL ORGANIZATION OF SOCIAL S	SECURITY CLAIMANTS' I	REPRESEN	TATIVES PAC (NOSSCR PAC)
Α.	Full Name (Last, First, Middle Initial) National Organization of Social Secur	entatives	Date of Disbursement	
	Mailing Address 560 Sylvan Avenue			08 11 2015
	City S Englewood Cliffs Purpose of Disbursement	State Zip Code NJ 07632		Transaction ID : SB29.5628
	This disbursement is to return funds accidentally de	posited into the PAC's	008	Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	5252.00
	Office Sought: House Disburser Senate President Image: Senate	nent For: Primary General Other (specify) v		
	State: District:			
В.	, , , , , , , , , , , , , , , , ,			Date of Disbursement
	Mailing Address			
		State Zip Code		
	Purpose of Disbursement Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) v	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	State: District: Full Name (Last, First, Middle Initial)			
C.				Date of Disbursement
	Mailing Address			
	City	State Zip Code		
	Purpose of Disbursement Candidate Name	Category/	Amount of Each Disbursement this Period	
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼	Туре	
Г	State: District:			
⊢	COTAL This Period (last page this line number only)			5252.00