

**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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

ADDRESS (number and street) ▼

560 SYLVAN AVENUE

☐ Check if different than previously reported. (ACC)

ENGLEWOOD CLIFFS

NJ

07632

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00521039

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)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election Report for the:

☐ Primary (12P)☐ 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
07 01 2015

through

M M M / D D D / Y Y Y Y Y Y
12 31 2015

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 Tim Cuddigan

Signature of Treasurer

Tim Cuddigan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 29 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.

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 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. Total Disbursements (from Line 31)	38692.21	64935.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	135571.16	135571.16
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)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

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).....

20337.00

39472.00

(ii) Unitemized

3995.00

7891.32

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

24332.00

47363.32

(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) ▶

24332.00

47363.32

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

5252.00

5252.00

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))..... ▶

29584.00

52615.32

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

29584.00

52615.32

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	1165.21	1908.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1165.21	1908.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32000.00	57500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	275.00	275.00
(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)).....	275.00	275.00
29. Other Disbursements	5252.00	5252.00
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)) ..	38692.21	64935.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38692.21	64935.88

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

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFH`G7 <98I @G `CF`+H9A-N5HCB
.

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
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 42
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Ann J. Atkinson

Mailing Address 7960 S. Ireland Way

City State Zip Code
Aurora CO 80016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-employed

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2015

Transaction ID : SA11AI.5456

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Ann J. Atkinson

Mailing Address 7960 S. Ireland Way

City State Zip Code
Aurora CO 80016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-employed

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2015

Transaction ID : SA11AI.5559

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Ann J. Atkinson

Mailing Address 7960 S. Ireland Way

City State Zip Code
Aurora CO 80016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-employed

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2015

Transaction ID : SA11AI.5441

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

3750.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Carol Avard

Mailing Address PO Box 101050

City

Cape Coral

State

FL

Zip Code

33910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avard Law Offices

Occupation

Attorney

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2015

Transaction ID : SA11AI.5483

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sherman Bendalin

Mailing Address 325 West Granada Road

City

Phoenix

State

AZ

Zip Code

85003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bendalin & Smelkinson LLC

Occupation

Lawyer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : SA11AI.5480

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Bunten

Mailing Address 422 Tulsa

City

Manchester

State

MO

Zip Code

63021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jeffrey & Bunten LLC

Occupation

Attorney

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2015

Transaction ID : SA11AI.5598

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Brian Clymer

Mailing Address 1132 W. San Martin Dr

City State Zip Code
Tucson AZ 85704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 10 / 2015

Transaction ID : SA11AI.5552

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kenneth J. Collins

Mailing Address 627 16th St

City State Zip Code
Arcata CA 95521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 09 / 2015

Transaction ID : SA11AI.5578

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Tim Cuddigan

Mailing Address 908 So 181st Ave

City State Zip Code
Elkhorn NE 68022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cuddigan Law

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

07 / 09 / 2015

Transaction ID : SA11AI.5451

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Tim Cuddigan

Mailing Address 908 So 181st Ave

City State Zip Code
Elkhorn NE 68022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cuddigan Law

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2015

Transaction ID : SA11AI.5460

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Tim Cuddigan

Mailing Address 908 So 181st Ave

City State Zip Code
Elkhorn NE 68022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cuddigan Law

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : SA11AI.5469

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Tim Cuddigan

Mailing Address 908 So 181st Ave

City State Zip Code
Elkhorn NE 68022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cuddigan Law

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2015

Transaction ID : SA11AI.5476

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Tim Cuddigan

Mailing Address 908 So 181st Ave

City

Elkhorn

State

NE

Zip Code

68022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cuddigan Law

Occupation

Attorney

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

11 / 10 / 2015

Transaction ID : SA11AI.5488

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Tim Cuddigan

Mailing Address 908 So 181st Ave

City

Elkhorn

State

NE

Zip Code

68022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cuddigan Law

Occupation

Attorney

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

12 / 10 / 2015

Transaction ID : SA11AI.5511

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Angela Davis-Morris

Mailing Address P.O. Box 1553

City

Hattiesburg

State

MS

Zip Code

39403-1553

FEC ID number of contributing
federal political committee.

C

Name of Employer

Davis-Morris Law Firm, P.A.

Occupation

Attorney

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2015

Transaction ID : SA11AI.5454

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

550.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Angela Davis-Morris

Mailing Address P.O. Box 1553

City

Hattiesburg

State

MS

Zip Code

39403-1553

FEC ID number of contributing
federal political committee.

C

Name of Employer

Davis-Morris Law Firm, P.A.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 17 / 2015

Transaction ID : SA11AI.5465

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Angela Davis-Morris

Mailing Address P.O. Box 1553

City

Hattiesburg

State

MS

Zip Code

39403-1553

FEC ID number of contributing
federal political committee.

C

Name of Employer

Davis-Morris Law Firm, P.A.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 16 / 2015

Transaction ID : SA11AI.5547

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Charles DeAngelo

Mailing Address 81 Forest Ave

City

Jamestown

State

NY

Zip Code

14701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fessenden Laumer & DeAngelo

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

07 / 03 / 2015

Transaction ID : SA11AI.5603

Amount of Each Receipt this Period

100.00

Partnership attribution

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

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

100.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Clifford M. Farrell

Mailing Address 167 N High Street

City State Zip Code
Columbus OH 43215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Manring & Farrell

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2015

Transaction ID : SA11AI.5563

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Rodney Forbes

Mailing Address 106 North 9th Street

City State Zip Code
Lafayette IN 47901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Seeger & Forbes

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2015

Transaction ID : SA11AI.5448

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Rodney Forbes

Mailing Address 106 North 9th Street

City State Zip Code
Lafayette IN 47901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Seeger & Forbes

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2015

Transaction ID : SA11AI.5463

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

600.00

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)

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Barbara Furutani

Mailing Address 1732 Race Street

City State Zip Code
 Denver CO 80206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 10 / 2015

Transaction ID : SA11AI.5550

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gail C. Harriss

Mailing Address 450 S Camino del Rio
 Suite 201

City State Zip Code
 Durango CO 81301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harriss & Marting, LLC

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 10 / 2015

Transaction ID : SA11AI.5553

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Michael Hartup

Mailing Address PO Box 1386

City State Zip Code
 Jackson TN 38302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1169.00

Date of Receipt

07 / 15 / 2015

Transaction ID : SA11AI.5452

Amount of Each Receipt this Period

167.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

967.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Adrienne Jarvis

Mailing Address 800 N Kings Highway
Suite 304

City State Zip Code
Cherry Hill NJ 08034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 04 / 2015

Transaction ID : SA11AI.5568

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Adrienne Jarvis

Mailing Address 800 N Kings Highway
Suite 304

City State Zip Code
Cherry Hill NJ 08034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 10 / 2015

Transaction ID : SA11AI.5536

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Mark Keller

Mailing Address 84-02 51st Ave

City State Zip Code
Elmhurst NY 11373

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

10 / 06 / 2015

Transaction ID : SA11AI.5474

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

95.00

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 16 OF 42

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Mark Keller

Mailing Address 84-02 51st Ave

City	State	Zip Code
Elmhurst	NY	11373

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

Transaction ID : SA11AI.5486

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Mark Keller

Mailing Address 84-02 51st Ave

City	State	Zip Code
Elmhurst	NY	11373

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		10		2015

Transaction ID : SA11AI.5543

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Raymond J. Kelly

Mailing Address 108 Bay St

City	State	Zip Code
Manchester	NH	03104

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-employed

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

Transaction ID : SA11AI.5556

Amount of Each Receipt this Period

250.00

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

300.00

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 17 OF 42

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Carol Lewis

Mailing Address 14 N 7th Ave

City

Saint Cloud

State

MN

Zip Code

56303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 09 / 2015

Transaction ID : SA11AI.5580

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey S. Lichtman

Mailing Address 1118 Rodman St.

City

Philadelphia

State

PA

Zip Code

19147

FEC ID number of contributing
federal political committee.

C

Name of Employer

The DLO of JSL, LLC

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 05 / 2015

Transaction ID : SA11AI.5572

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jean Mauss

Mailing Address 2750 Cottage Grove Ave

City

Des Moines

State

IA

Zip Code

50311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Schott Mauss & Assoc.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 27 / 2015

Transaction ID : SA11AI.5548

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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

FOR LINE NUMBER: PAGE 18 OF 42
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Andrew McKenna

Mailing Address 245 W. Laurel Dr.

City State Zip Code
Salinas CA 93906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rucka, O'Boyle, Lombardo & McK

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2015

Transaction ID : SA11AI.5546

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Diane R. Newman

Mailing Address 411 Wolf Ledges Pkwy
Ste 400

City State Zip Code
Akron OH 44311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shifrin Newman Smith Inc

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2015

Transaction ID : SA11AI.5447

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Diane R. Newman

Mailing Address 411 Wolf Ledges Pkwy
Ste 400

City State Zip Code
Akron OH 44311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shifrin Newman Smith Inc

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2015

Transaction ID : SA11AI.5462

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

650.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Diane R. Newman

Mailing Address 411 Wolf Ledges Pkwy
Ste 400

City State Zip Code
Akron OH 44311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shifrin Newman Smith Inc

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : SA11AI.5472

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Diane R. Newman

Mailing Address 411 Wolf Ledges Pkwy
Ste 400

City State Zip Code
Akron OH 44311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shifrin Newman Smith Inc

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2015

Transaction ID : SA11AI.5479

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Diane R. Newman

Mailing Address 411 Wolf Ledges Pkwy
Ste 400

City State Zip Code
Akron OH 44311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shifrin Newman Smith Inc

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2015

Transaction ID : SA11AI.5442

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

225.00

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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Diane R. Newman

Mailing Address 411 Wolf Ledges Pkwy
Ste 400

City Akron State OH Zip Code 44311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shifrin Newman Smith Inc

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2015

Transaction ID : SA11AI.5508

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Robert Petruzzelli

Mailing Address 15 Lamson Lane

City Sewell State NJ Zip Code 08080

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jacobs, Schwalbe & Petruzzelli

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2015

Transaction ID : SA11AI.5589

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michel Phillips

Mailing Address 577 Donna Dr

City Smyrna State GA Zip Code 30082

FEC ID number of contributing
federal political committee.

C

Name of Employer

Martin & Jones

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SA11AI.5497

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 42
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jeffrey Rabin

Mailing Address 14 Whitby Ct

City
LincolnshireState
IL Zip Code
60069FEC ID number of contributing
federal political committee.

C

Name of Employer
Jeffrey A Rabin & Associates,Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

Transaction ID : SA11AI.5575

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Lawrence RohlfingMailing Address 12631 E. Imperial Hwy
Suite C115City
Santa Fe SpringsState
CA Zip Code
90670FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

Transaction ID : SA11AI.5591

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Annette RutkowskiMailing Address 450 East 96th St
Suite 500City
IndianapolisState
IN Zip Code
46240FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

Transaction ID : SA11AI.5588

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

2750.00

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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Tom Scully

Mailing Address 506 Ridge Road

City

Munster

State

IN

Zip Code

46321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas J. Scully and Associate

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2015

Transaction ID : SA11AI.5570

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Debra Shifrin

Mailing Address 411 Wolf Ledges Pkwy
Ste 400

City

Akron

State

OH

Zip Code

44311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shifrin Newman Smith Inc

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2015

Transaction ID : SA11AI.5450

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Debra Shifrin

Mailing Address 411 Wolf Ledges Pkwy
Ste 400

City

Akron

State

OH

Zip Code

44311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shifrin Newman Smith Inc

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2015

Transaction ID : SA11AI.5464

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1300.00

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

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

FOR LINE NUMBER: PAGE 23 OF 42
(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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

Full Name (Last, First, Middle Initial)

A. Debra Shifrin

Mailing Address 411 Wolf Ledges Pkwy
Ste 400

City State Zip Code
Akron OH 44311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shifrin Newman Smith Inc

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : SA11AI.5471

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Debra Shifrin

Mailing Address 411 Wolf Ledges Pkwy
Ste 400

City State Zip Code
Akron OH 44311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shifrin Newman Smith Inc

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2015

Transaction ID : SA11AI.5478

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Debra Shifrin

Mailing Address 411 Wolf Ledges Pkwy
Ste 400

City State Zip Code
Akron OH 44311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shifrin Newman Smith Inc

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2015

Transaction ID : SA11AI.5490

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1200.00

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

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

FOR LINE NUMBER: PAGE 24 OF 42
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Debra Shifrin

Mailing Address 411 Wolf Ledges Pkwy
Ste 400

City State Zip Code
Akron OH 44311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shifrin Newman Smith Inc

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2015

Transaction ID : SA11AI.5509

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Scott F. Smith

Mailing Address 481 Regalstone Lane

City State Zip Code
Copley OH 44321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shifrin Newman Smith

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2015

Transaction ID : SA11AI.5453

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Scott F. Smith

Mailing Address 481 Regalstone Lane

City State Zip Code
Copley OH 44321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shifrin Newman Smith

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2015

Transaction ID : SA11AI.5583

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

550.00

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

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

FOR LINE NUMBER: PAGE 25 OF 42
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Scott F. Smith

Mailing Address 481 Regalstone Lane

City State Zip Code
Copley OH 44321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shifrin Newman Smith

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2015

Transaction ID : SA11AI.5517

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Roger Stanfield

Mailing Address PO Box 1547

City State Zip Code
Jackson TN 38302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2015

Transaction ID : SA11AI.5557

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael Sullivan

Mailing Address 5200 Blakely Ridge Ln

City State Zip Code
Louis KY 40222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2015

Transaction ID : SA11AI.5569

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

625.00

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

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

FOR LINE NUMBER: PAGE 26 OF 42

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Gregory E. Tuite

Mailing Address 119 N. Church St.

#407

City

Rockford

State

IL

Zip Code

61101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 13 / 2015

Transaction ID : SA11AI.5595

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Carl Weisbrod

Mailing Address 5909 Woodland Dr.

City

Dallas

State

TX

Zip Code

75225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morgan & Weisbrod LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2015

Transaction ID : SA11AI.5574

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robertson WendtMailing Address 3875 Faber Place Drive
Suite 204

City

North Charleston

State

SC

Zip Code

29405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Law office of Robertson Wendt

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2015

Transaction ID : SA11AI.5579

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1600.00

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

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

FOR LINE NUMBER: PAGE 27 OF 42
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Robertson Wendt

Mailing Address 3875 Faber Place Drive
Suite 204

City State Zip Code
North Charleston SC 29405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Law office of Robertson Wendt

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2015

Transaction ID : SA11AI.5538

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Winona Zimmerlin

Mailing Address 141 Three Mile Rd

City State Zip Code
Glastonbury CT 06033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2015

Transaction ID : SA11AI.5498

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C.

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

250.00

20337.00

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 28 OF 42

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. National Organization of Social Security Claimants' Representatives

Mailing Address 560 Sylvan Avenue

City State Zip Code
Englewood Cliffs NJ 07632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1056.00

Date of Receipt

07 / 20 / 2015

Transaction ID : SA17.5634

Amount of Each Receipt this Period

1056.00

Funds accidentally deposited into PAC account - see text

Full Name (Last, First, Middle Initial)

B. National Organization of Social Security Claimants' Representatives

Mailing Address 560 Sylvan Avenue

City State Zip Code
Englewood Cliffs NJ 07632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1706.00

Date of Receipt

07 / 23 / 2015

Transaction ID : SA17.5635

Amount of Each Receipt this Period

650.00

Funds accidentally deposited into PAC account - see text

Full Name (Last, First, Middle Initial)

C. National Organization of Social Security Claimants' Representatives

Mailing Address 560 Sylvan Avenue

City State Zip Code
Englewood Cliffs NJ 07632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1940.00

Date of Receipt

07 / 27 / 2015

Transaction ID : SA17.5636

Amount of Each Receipt this Period

234.00

Funds accidentally deposited into PAC account - see text

SUBTOTAL of Receipts This Page (optional)..... ►

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

1940.00

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

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

FOR LINE NUMBER: PAGE 29 OF 42
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. National Organization of Social Security Claimants' Representatives

Mailing Address 560 Sylvan Avenue

City State Zip Code
 Englewood Cliffs NJ 07632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2174.00

Date of Receipt

07 / 29 / 2015

Transaction ID : SA17.5637

Amount of Each Receipt this Period

234.00

Funds accidentally deposited into PAC account - see text

Full Name (Last, First, Middle Initial)

B. National Organization of Social Security Claimants' Representatives

Mailing Address 560 Sylvan Avenue

City State Zip Code
 Englewood Cliffs NJ 07632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2824.00

Date of Receipt

08 / 03 / 2015

Transaction ID : SA17.5629

Amount of Each Receipt this Period

650.00

Funds accidentally deposited into PAC account - see text

Full Name (Last, First, Middle Initial)

C. National Organization of Social Security Claimants' Representatives

Mailing Address 560 Sylvan Avenue

City State Zip Code
 Englewood Cliffs NJ 07632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3058.00

Date of Receipt

08 / 06 / 2015

Transaction ID : SA17.5630

Amount of Each Receipt this Period

234.00

Funds accidentally deposited into PAC account - see text

SUBTOTAL of Receipts This Page (optional)..... ►

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

1118.00

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

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

FOR LINE NUMBER: PAGE 30 OF 42
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. National Organization of Social Security Claimants' Representatives

Mailing Address 560 Sylvan Avenue

City State Zip Code
Englewood Cliffs NJ 07632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3077.00

Date of Receipt

08 / 07 / 2015

Transaction ID : SA17.5639

Amount of Each Receipt this Period

19.00

Funds accidentally deposited into PAC account - see text

Full Name (Last, First, Middle Initial)

B. National Organization of Social Security Claimants' Representatives

Mailing Address 560 Sylvan Avenue

City State Zip Code
Englewood Cliffs NJ 07632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4784.00

Date of Receipt

08 / 10 / 2015

Transaction ID : SA17.5632

Amount of Each Receipt this Period

1707.00

Funds accidentally deposited into PAC account - see text

Full Name (Last, First, Middle Initial)

C. National Organization of Social Security Claimants' Representatives

Mailing Address 560 Sylvan Avenue

City State Zip Code
Englewood Cliffs NJ 07632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5252.00

Date of Receipt

08 / 10 / 2015

Transaction ID : SA17.5633

Amount of Each Receipt this Period

468.00

Funds accidentally deposited into PAC account - see text

SUBTOTAL of Receipts This Page (optional)..... ►

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

2194.00

5252.00

<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

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

A. Platinum Choice Bancard



003

Category/
Type

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

Transaction ID : SB21B.5616

83.48

B. Platinum Choice Bancard

08 / 03 / 2015

003

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Transaction ID : SB21B.5607

Age Group	Number of People
13-17	152.98
18-24	145.5
25-34	138.2
35-44	130.8
45-54	123.4
55-64	116.0
65-74	108.6
75-84	101.2
85-94	93.8
95-104	86.4
105-114	79.0
115-124	71.6
125-134	64.2
135-144	56.8
145-154	49.4
155-164	42.0
165-174	34.6
175-184	27.2
185-194	19.8
195-204	12.4
205-214	5.0

C. Platinum Choice Bancard

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '09' with two squares above it. The second display shows '02' with two squares above it. The third display shows '2015' with four squares above it.

003

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Transaction ID : SB21B.5608

151.18

387.64

<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

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

A. Platinum Choice Bancard

The image shows three 10-pin D-sub connectors. The first connector is labeled 'M10' and has two pins labeled 'M'. The second connector is labeled 'D02' and has two pins labeled 'D'. The third connector is labeled 'Y2015' and has four pins labeled 'Y'.

003

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Transaction ID : SB21B.5615

Amount of Each Disbursement this Period

78.71

B. Platinum Choice Bancard

003

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Transaction ID : SB21B.5614

Amount of Each Disbursement this Period

78.04

C. Platinum Choice Bancard

003

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Transaction ID : SB21B.5619

Amount of Each Disbursement this Period

488.62

645.37

1033.01

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

PAGE 33 OF 42

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. BILL NELSON FOR U S SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		17		2015

Mailing Address 972 W WHITMIRE DRIVE

Transaction ID : SB23.5438

City	State	Zip Code
MELBOURNE	FL	32935

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

011

1000.00

Candidate Name

BILL NELSON

Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 00

Full Name (Last, First, Middle Initial)

B. BUTTERFIELD FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2015

Mailing Address 434 FAYETTEVILLE STREET
SUITE 2020**Transaction ID : SB23.5439**

Amount of Each Disbursement this Period

City	State	Zip Code
RALEIGH	NC	27601

Purpose of Disbursement
Contribution

011

2000.00

Candidate Name

G K BUTTERFIELD

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 01

Full Name (Last, First, Middle Initial)

C. CAPITO FOR WEST VIRGINIA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		17		2015

Mailing Address PO BOX 11519

Transaction ID : SB23.5437

Amount of Each Disbursement this Period

City	State	Zip Code
CHARLESTON	WV	25339

Purpose of Disbursement
Contribution

011

1000.00

Candidate Name

SHELLEY MOORE MS CAPITO

Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 00

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

4000.00

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

PAGE 34 OF 42

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. CARROLL FOR COLORADO

Mailing Address PO BOX 470783

City	State	Zip Code
AURORA	CO	80047

Purpose of Disbursement
Contribution

011

Candidate Name

MORGAN L. CARROLL

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2015

Transaction ID : SB23.5440

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City	State	Zip Code
BANGOR	ME	04402

Purpose of Disbursement
Contribution

011

Candidate Name

SUSAN M COLLINS

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2015

Transaction ID : SB23.5397

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. CORY BOOKER FOR SENATE

Mailing Address PO BOX 15293

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
Contribution

011

Candidate Name

CORY A BOOKER

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SB23.5421

Amount of Each Disbursement this Period

1500.00

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

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

4500.00

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

PAGE 35 OF 42

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. DIRIGO PAC

Mailing Address PO BOX 1355

City	State	Zip Code
ALEXANDRIA	VA	22313

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2015

Transaction ID : SB23.5417

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FIRST STATE PAC

Mailing Address P.O. BOX 3006

City	State	Zip Code
WILMINGTON	DE	19804

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2015

Transaction ID : SB23.5415

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MARK WARNERMailing Address 201 NORTH UNION STREET
SUITE 300

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
Contribution

Candidate Name

MARK ROBERT WARNER

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: VA	District: 00

Disbursement For: 2020	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2015

Transaction ID : SB23.5414

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

PAGE 36 OF 42

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MICHELLE

Mailing Address P.O. BOX 25422

City	State	Zip Code
ALBUQUERQUE	NM	87125

Purpose of Disbursement
Contribution

011

Candidate Name

MICHELLE LUJAN GRISHAM

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

Transaction ID : SB23.5401

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City	State	Zip Code
NEW YORK	NY	10016

Purpose of Disbursement
Contribution

011

Candidate Name

CHARLES E SCHUMER

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SB23.5425

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GRASSROOTS ORGANIZING ACTING & LEADING PAC - GOALPAC

Mailing Address PO BOX 30344

City	State	Zip Code
BETHESDA	MD	20824

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2015

Transaction ID : SB23.5427

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

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

PAGE 37 OF 42

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. JOHN LEWIS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2015

Mailing Address P.O. BOX 2323

City	State	Zip Code
ATLANTA	GA	30301

Transaction ID : SB23.5400Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

JOHN R. LEWISCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: GA District: 05

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)

B. JOHN LEWIS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2015

Mailing Address P.O. BOX 2323

City	State	Zip Code
ATLANTA	GA	30301

Transaction ID : SB23.5426Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: GA District: 05

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)

C. KIND FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		18		2015

Mailing Address 205 5TH AVENUE SOUTH

City	State	Zip Code
LA CROSSE	WI	54601

Transaction ID : SB23.5403Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

RONALD JAMES KINDCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WI District: 03

Amount of Each Disbursement this Period
1000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 42

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. LEADERSHIP OF TODAY AND TOMORROW

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2015

Mailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution

011

Candidate Name

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

State: District:

Transaction ID : SB23.5404

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MCCASKILL FOR MISSOURI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

CLAIRE MCCASKILL

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 00

Transaction ID : SB23.5408

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MIKE THOMPSON FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

Mailing Address 5429 MADISON AVENUE

City SACRAMENTO State CA Zip Code 95841

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

MIKE MR. THOMPSON

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 05

Transaction ID : SB23.5402

Amount of Each Disbursement this Period

1500.00

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

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

7500.00

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

PAGE 39 OF 42

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 MADISON AVENUE

City	State	Zip Code
SACRAMENTO	CA	95841

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 05

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SB23.5409

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. ORRINPAC

Mailing Address PO BOX 3986

City	State	Zip Code
WASHINGTON	DC	20027

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2015

Transaction ID : SB23.5398

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. RON JOHNSON FOR SENATE INCMailing Address 219 E WASHINGTON AVE
SUITE 101

City	State	Zip Code
OSHKOSH	WI	54901

Purpose of Disbursement
Contribution

Candidate Name

RONALD HAROLD JOHNSON

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: WI	District: 00

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2015

Transaction ID : SB23.5399

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

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

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

A. TAMMY FOR ILLINOIS

Mailing Address PO BOX 10793

City	State	Zip Code
CHICAGO	IL	60610

Purpose of Disbursement	Contribution
1. To provide for the maintenance and repair of the building	10%
2. To provide for the maintenance and repair of the furniture and fixtures	10%
3. To provide for the maintenance and repair of the equipment	10%
4. To provide for the maintenance and repair of the vehicles	10%
5. To provide for the maintenance and repair of the other assets	10%
6. To provide for the maintenance and repair of the land	10%
7. To provide for the maintenance and repair of the other assets	10%
8. To provide for the maintenance and repair of the other assets	10%
9. To provide for the maintenance and repair of the other assets	10%
10. To provide for the maintenance and repair of the other assets	10%

01:

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input checked="" type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State: IL	District: 00	

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : SB23.5396

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by vertical supports. The top beam has several small rectangular protrusions along its length. The bottom beam has several small rectangular protrusions along its length, with some of them being larger and more prominent than others.

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

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

2500.00

32000.00

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

PAGE 41 OF 42

<input 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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jeffrey Bunten

Mailing Address 422 Tulsa

City	State	Zip Code
Manchester	MO	63021

Purpose of Disbursement
Refund of impermissible contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : SB28A.5599

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

250.00

250.00

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

PAGE 42 OF 42

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. National Organization of Social Security Claimants' Representatives

Mailing Address 560 Sylvan Avenue

City	State	Zip Code
Englewood Cliffs	NJ	07632

Purpose of Disbursement

This disbursement is to return funds accidentally deposited into the PAC's account

Candidate Name

008

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2015

Transaction ID : SB29.5628

Amount of Each Disbursement this Period

5252.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

5252.00

5252.00