

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
National Committee to Preserve Social Security & Medicare PAC

ADDRESS (number and street) 10 G St. NE
Suite 600
 Check if different than previously reported. (ACC)
Washington DC 20002-4215

2. **FEC IDENTIFICATION NUMBER** C00172296
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 08 01 2006 through 08 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Christine Kim

Signature of Treasurer Electronically Filed by Ms. Christine Kim Date 09 19 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
National Committee to Preserve Social Security & Medicare PAC

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		389481.22
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	659534.50									
(c) Total Receipts (from Line 19)	15945.41	968814.90								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	675479.91	1358296.12								
7. Total Disbursements (from Line 31)	26606.44	709422.65								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	648873.47	648873.47								
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**

Write or Type Committee Name
National Committee to Preserve Social Security & Medicare PAC

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	100.00	6225.00
(i) Itemized (use Schedule A)	15789.40	962248.92
(ii) Unitemized	15889.40	968473.92
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15889.40	968473.92
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.)	56.01	340.98
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15945.41	968814.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15945.41	968814.90

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	6569.77	458714.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	6569.77	458714.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17036.67	245007.96
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	3000.00	5700.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	26606.44	709422.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	26606.44	709422.65

DETAILED SUMMARY PAGE
of Disbursements

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)	15889.40	968473.92
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15889.40	968473.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6569.77	458714.69
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6569.77	458714.69

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 18	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Nathaniel C. Wright

Mailing Address
8540 Elwyu Ave.

City State Zip Code
Elverta CA 95626-9552

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2006

Transaction ID: 12996009

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	100.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 18	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
SUNTRUST BANK

Mailing Address 1445 NEW YORK AVENUE, NW

City State Zip Code
WASHINGTON DC 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	6

Transaction ID: 12997631

Amount of Each Receipt this Period
56.01

Bank Interest

SUBTOTAL of Receipts This Page (optional)	▶	56.01
TOTAL This Period (last page this line number only)	▶	56.01

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. U.S. POSTMASTER		Transaction ID: 12835529 Date of Disbursement MM / DD / YYYY 08 / 08 / 2006
Mailing Address ATTN: SMS DIRECT 7540 MASON KING COURT		Amount of Each Disbursement this Period 69.19
City MANASSAS	State VA	
Zip Code 20109	Purpose of Disbursement Postage	Postage
Candidate Name	001 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) ▼	

Full Name (Last, First, Middle Initial) B. U.S. POSTMASTER		Transaction ID: 12835530 Date of Disbursement MM / DD / YYYY 08 / 08 / 2006
Mailing Address ATTN: SMS DIRECT 7540 MASON KING COURT		Amount of Each Disbursement this Period 35.20
City MANASSAS	State VA	
Zip Code 20109	Purpose of Disbursement Postage	Postage
Candidate Name	001 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) ▼	

Full Name (Last, First, Middle Initial) C. Lauren Scheurer		Transaction ID: 12834931 Date of Disbursement MM / DD / YYYY 08 / 08 / 2006
Mailing Address 24 East Shore Avenue		Amount of Each Disbursement this Period 400.00
City Groton Long Point	State CT	
Zip Code 06340	Purpose of Disbursement Stipend	Stipend
Candidate Name	001 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) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	504.39
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. SMS Direct		Transaction ID: 12880448 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 7540 Mason King Court		Amount of Each Disbursement this Period 2296.77
City Manassas State VA Zip Code 20109	Purpose of Disbursement Printing (No Express Advocacy)	
Candidate Name		Category/Type 003
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) ▼	Printing (No Express Advocacy)

Full Name (Last, First, Middle Initial) B. Burch Munford Direct		Transaction ID: 12881724 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6
Mailing Address 901 North Washington Street Suite 300		Amount of Each Disbursement this Period 100.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Postage (No Express Advocacy)	
Candidate Name		Category/Type 001
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) ▼	Postage (No Express Advocacy)

Full Name (Last, First, Middle Initial) C. Lauren Scheurer		Transaction ID: 12884882 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 24 East Shore Avenue		Amount of Each Disbursement this Period 800.00
City Groton Long Point State CT Zip Code 06340	Purpose of Disbursement Stipend	
Candidate Name		Category/Type 001
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) ▼	Stipend

SUBTOTAL of Disbursements This Page (optional) ▶	3196.77
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. SUNTRUST BANK		Transaction ID: 12997630 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 1445 NEW YORK AVENUE, NW		Amount of Each Disbursement this Period 435.81
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement Bank Service Fee Candidate Name Category/Type 001	
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) ▼	Bank Service Fee

Full Name (Last, First, Middle Initial) B. SMS Direct		Transaction ID: 12922377 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 7540 Mason King Court		Amount of Each Disbursement this Period 1445.50
City Manassas State VA Zip Code 20109	Purpose of Disbursement Printing (No Express Advocacy) Candidate Name Category/Type 003	
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) ▼	Printing (No Express Advocacy)

Full Name (Last, First, Middle Initial) C. Lauren Scheurer		Transaction ID: 12923375 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 24 East Shore Avenue		Amount of Each Disbursement this Period 800.00
City Groton Long Point State CT Zip Code 06340	Purpose of Disbursement Stipend Candidate Name Category/Type 001	
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) ▼	Stipend

SUBTOTAL of Disbursements This Page (optional) ▶	2681.31
TOTAL This Period (last page this line number only) ▶	6382.47

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Chet Edwards for Congress		Transaction ID: 12832220 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 1000.00 Contribution
City Washington State DC Zip Code 20013-5214	Amount of Each Disbursement this Period 1000.00 Contribution	
Purpose of Disbursement Contribution Candidate Name Chet Edwards Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Friends Of Jim Marshall		Transaction ID: 12832206 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address PO Box 125		Amount of Each Disbursement this Period 1000.00 Contribution
City Macon State GA Zip Code 31201	Amount of Each Disbursement this Period 1000.00 Contribution	
Purpose of Disbursement Contribution Candidate Name Jame Marshall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 8		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Courtney For Congress		Transaction ID: 12832210 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 1372		Amount of Each Disbursement this Period 1000.00 Contribution
City Vernon State CT Zip Code 06066	Amount of Each Disbursement this Period 1000.00 Contribution	
Purpose of Disbursement Contribution Candidate Name Mr. Joseph Courtney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Lois Murphy For Congress Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 312 City Narberth State PA Zip Code 19072 Purpose of Disbursement Contribution Candidate Name Lois Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 6 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 12832212 Date of Disbursement 08 / 07 / 2006 Amount of Each Disbursement this Period 1000.00 Contribution
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B. Friends Of John Barrow Full Name (Last, First, Middle Initial) Mailing Address PO Box 8166 City Savannah State GA Zip Code 31412 Purpose of Disbursement Contribution Candidate Name Mr. John Barrow Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 12832207 Date of Disbursement 08 / 07 / 2006 Amount of Each Disbursement this Period 1000.00 Contribution
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C. Madrid For Congress Full Name (Last, First, Middle Initial) Mailing Address PO Box 25626 City Albuquerque State NM Zip Code 87125 Purpose of Disbursement Contribution Candidate Name Patricia Madrid Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 12832213 Date of Disbursement 08 / 07 / 2006 Amount of Each Disbursement this Period 2000.00 Contribution
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SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 18

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Charlie Wilson		Transaction ID: 12832209 Date of Disbursement 08 / 07 / 2006
Mailing Address 7 Cadiz Pike		Amount of Each Disbursement this Period 1000.00 Contribution
City Bridgeport State OH Zip Code 43912	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mr. Charles Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Braley For Congress		Transaction ID: 12832208 Date of Disbursement 08 / 07 / 2006
Mailing Address PO Box 390		Amount of Each Disbursement this Period 1000.00 Contribution
City Waterloo State IA Zip Code 50704	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mr. Bruce Braley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends Of Phil Hare		Transaction ID: 12832215 Date of Disbursement 08 / 07 / 2006
Mailing Address PO Box 4183		Amount of Each Disbursement this Period 1000.00 Contribution
City Rock Island State IL Zip Code 61204	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mr. Philip Hare		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Tammy Duckworth		Transaction ID: 12832217 Date of Disbursement 08 / 07 / 2006
Mailing Address 416 W 22nd St		Amount of Each Disbursement this Period 1000.00 Contribution
City Lombard State IL Zip Code 60148	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name L. Tammy Duckworth	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 6	

Full Name (Last, First, Middle Initial) B. Patrick Murphy For Congress		Transaction ID: 12832214 Date of Disbursement 08 / 07 / 2006
Mailing Address PO Box 868		Amount of Each Disbursement this Period 1000.00 Contribution
City Levittown State PA Zip Code 19058	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Mr. Patrick Murphy	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 8	

Full Name (Last, First, Middle Initial) C. Sestak For Congress		Transaction ID: 12832211 Date of Disbursement 08 / 07 / 2006
Mailing Address P.O. Box 16		Amount of Each Disbursement this Period 1000.00 Contribution
City Media State PA Zip Code 19063	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Mr. Joseph Sestak	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 7	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. John Trout Full Name (Last, First, Middle Initial) Mailing Address 41 Market Street City Salem State NJ Zip Code 08079-1909 Purpose of Disbursement In-Kind Contribution Candidate Name Rush Holt Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 12848803 Date of Disbursement 08 / 08 / 2006 Amount of Each Disbursement this Period 36.67 In-Kind Contribution
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B. Friends of Jim Clyburn Full Name (Last, First, Middle Initial) Mailing Address 499 South Capitol Street, SW Suite 604 City Washington State DC Zip Code 20003 Purpose of Disbursement Void - Friends of Jim Clyburn Candidate Name James Clyburn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 6 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 12864382 Date of Disbursement 08 / 15 / 2006 Amount of Each Disbursement this Period -1000.00 Void - Friends of Jim Clyburn
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C. Boswell for Congress Full Name (Last, First, Middle Initial) Mailing Address 301 4th Street, NE Suite 202 City Washington State DC Zip Code 20002 Purpose of Disbursement Contribution Candidate Name Leonard Boswell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 3 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 12923376 Date of Disbursement 08 / 31 / 2006 Amount of Each Disbursement this Period 1000.00 Contribution
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SUBTOTAL of Disbursements This Page (optional) ▶	36.67
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Langevin for Congress		Transaction ID: 12923456 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 181-A Knight Street		Amount of Each Disbursement this Period 1000.00 Contribution
City Warwick State RI Zip Code 02886	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name James Langevin	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 2	

Full Name (Last, First, Middle Initial) B. Bill Nelson for U.S. Senate		Transaction ID: 12923367 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 122 Maryland Avenue, NE		Amount of Each Disbursement this Period 1000.00 Contribution
City Washington State DC Zip Code 20002	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Bill Nelson	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District:	

Full Name (Last, First, Middle Initial) C. Darcy Burner For Congress		Transaction ID: 12923365 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address PO Box 1090		Amount of Each Disbursement this Period 1000.00 Contribution
City Carnation State WA Zip Code 98014	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Darcy Burner	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 8	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Dan Maffei

Mailing Address PO Box 74

City Syracuse State NY Zip Code 13214

Purpose of Disbursement
Contribution

Candidate Name
Mr. Daniel Maffei

Office Sought: House
 Senate
 President

State: NY District: 25

Disbursement For: 2006
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 12923379

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

17036.67

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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 Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial) A. Alliance for Aging Research		Transaction ID: 12832221 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address 2021 K STREET, NW, SUITE 305		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20006	Contribution	
Purpose of Disbursement Contribution Candidate Name		012 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) ▼

Full Name (Last, First, Middle Initial) B. The National Jewish Democratic Council		Transaction ID: 12832218 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address 777 North Capitol Street, NE Suite 305		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Dues	
Purpose of Disbursement Dues Candidate Name		001 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) ▼

Full Name (Last, First, Middle Initial) C. WAVE-Reach		Transaction ID: 12832219 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address 525 School Street, SW Suite 500		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20024	Contribution	
Purpose of Disbursement Contribution Candidate Name		012 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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