

**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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		<input type="text" value="115626.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="115626.13"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="38800.00"/>	<input type="text" value="38800.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="154426.13"/>	<input type="text" value="154426.13"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="37790.50"/>	<input type="text" value="37790.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="116635.63"/>	<input type="text" value="116635.63"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	37900.00	37900.00
(ii) Unitemized	900.00	900.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	38800.00	38800.00
(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)	38800.00	38800.00
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.).....	0.00	0.00
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))..... ▶	38800.00	38800.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	38800.00	38800.00

DETAILED SUMMARY PAGE
of Disbursements

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	1790.50	1790.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1790.50	1790.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36000.00	36000.00
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	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	37790.50	37790.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37790.50	37790.50

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)	38800.00	38800.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38800.00	38800.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	1790.50	1790.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	1790.50	1790.50

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 40
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

A. George H. Anderson III
 Full Name (Last, First, Middle Initial)
 Mailing Address 4405 Rummell Roads
 City St. Cloud State FL Zip Code 34769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dan Newlin and Partners Occupation Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 04 / 2013**
Transaction ID : SA11AI.4532
 Amount of Each Receipt this Period **250.00**

B. Carol Avard
 Full Name (Last, First, Middle Initial)
 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 General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 22 / 2013**
Transaction ID : SA11AI.4565
 Amount of Each Receipt this Period **250.00**

C. Henri Benoit II
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 4686
 City Portland State ME Zip Code 04101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Law Offices of Joe Bornstein Occupation Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date

Date of Receipt **01 / 15 / 2013**
Transaction ID : SA11AI.4620
 Amount of Each Receipt this Period **250.00**
 Partnership attribution
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... **500.00**
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 7 OF 40
<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)

A. Cynthia C. Berger
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Waterfront Drive
 City Pittsburgh State PA Zip Code 15222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Berger and Green, P.C. Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2013
Transaction ID : SA11AI.4453
 Amount of Each Receipt this Period
 3000.00

B. Andrew Bernstein
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 4686
 City Portland State ME Zip Code 04112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Law Offices of Joe Bernstein Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2013
Transaction ID : SA11AI.4621
 Amount of Each Receipt this Period
 250.00
 Partnership attribution
[MEMO ITEM]

C. Russell R. Bowling
 Full Name (Last, First, Middle Initial)
 Mailing Address 77 West Main Street
 City Franklin State NC Zip Code 28734
 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
 M M M / D D D / Y Y Y Y Y Y
 01 / 08 / 2013
Transaction ID : SA11AI.4513
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	3250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 40
<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)

A. Jonelle Redelman Chalmers
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 56033

City Indianapolis	State IN	Zip Code 46256
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FEC ID number of contributing federal political committee. **C**

Name of Employer Redelman Law LLC	Occupation Attorney
--------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 08 / 2013
Transaction ID : SA11AI.4512

Amount of Each Receipt this Period
 250.00

B. Donald Chewning
 Full Name (Last, First, Middle Initial)
 Mailing Address 2522 Washington St

City Two Rivers	State WI	Zip Code 54241
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FEC ID number of contributing federal political committee. **C**

Name of Employer Winter, Chewning & Geary, LLP	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
 04 / 26 / 2013
Transaction ID : SA11AI.4496

Amount of Each Receipt this Period
 500.00

C. Kenneth J. Collins
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1193

City Arcata	State CA	Zip Code 95518
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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
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2013
Transaction ID : SA11AI.4627

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

A. Ann W Cook
 Full Name (Last, First, Middle Initial)
 Mailing Address 16171 Agatewood Rd NE
 City Bainbridge Island State WA Zip Code 98110
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.4580
 Amount of Each Receipt this Period
 250.00

B. Robert A. Crowe
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 Hawken Place
 City St. Louis State MO Zip Code 63119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Robert A. Crowe PC Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 08 / 2013
Transaction ID : SA11AI.4508
 Amount of Each Receipt this Period
 250.00

C. Tim Cuddigan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1005 South 107th Ave Ste 201
 City Omaha State NE Zip Code 68114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brodkey, Cuddigan, Peebles & B Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 04 / 2013
Transaction ID : SA11AI.4636
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 11 OF 40
<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)

A. MaryJean Ellis
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 Woodport Rd
 Suite H-5
 City Sparta State NJ Zip Code 07871
 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 ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 01 / 2013
Transaction ID : SA11AI.4642
 Amount of Each Receipt this Period
 250.00
 Partnership attribution
[MEMO ITEM]

B. Sharon Fabian
 Full Name (Last, First, Middle Initial)
 Mailing Address 5309 N 24th Place
 City Phoenix State AZ Zip Code 85016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heard & Smith LLP Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.4585
 Amount of Each Receipt this Period
 500.00

C. Crysti D. Farra
 Full Name (Last, First, Middle Initial)
 Mailing Address 100-31 Baker Ct.
 City Island Park State NY Zip Code 11558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Turley Redmond Rosasco & Rosas Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2013
Transaction ID : SA11AI.4550
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 40
<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)

A. Clifford M. Farrell
 Full Name (Last, First, Middle Initial)
 Mailing Address 167 N High Street
 City Columbus State OH Zip Code 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.4607
 Amount of Each Receipt this Period
 1000.00

B. Natalie Fierek
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 EMS B24 Lane
 City Pierceton State IN Zip Code 46562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Law Office of Natalie M. Fiere Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 04 / 2013
Transaction ID : SA11AI.4523
 Amount of Each Receipt this Period
 250.00

C. Arthur V. Gage
 Full Name (Last, First, Middle Initial)
 Mailing Address 7242 N. Avenida De Lisa
 City Tucson State AZ Zip Code 85704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Law Offices Arthur V. Gage Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2013
Transaction ID : SA11AI.4545
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

A. Timothy Geary
 Full Name (Last, First, Middle Initial)
 Mailing Address 815 Indian Creek Dr
 City Manitowoc State WI Zip Code 54220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Winter, Chewing & Geary, LLP Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.4495
 Amount of Each Receipt this Period
 500.00

B. Greg Giles
 Full Name (Last, First, Middle Initial)
 Mailing Address 1206 N State Line
 City Texarkana State AR Zip Code 71854
 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 M / D D D / Y Y Y Y Y Y
 02 / 19 / 2013
Transaction ID : SA11AI.4558
 Amount of Each Receipt this Period
 1000.00

C. Susan G. Gobbs
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5046
 City Helena State MT Zip Code 59604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer People's Law Center Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2013
Transaction ID : SA11AI.4553
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 14 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

A. Frank Hanley
 Full Name (Last, First, Middle Initial)
 Mailing Address 7149 Aigner Ct
 City Indianapolis State IN Zip Code 46278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Social Security Disability Lawyer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.4583
 Amount of Each Receipt this Period
 250.00

B. Vincent D. Howard
 Full Name (Last, First, Middle Initial)
 Mailing Address 2440 Park Newport
 City Newport Beach State CA Zip Code 92660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Howard Law, P.C. Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 08 / 2013
Transaction ID : SA11AI.4509
 Amount of Each Receipt this Period
 250.00

C. Kevin P. Klein
 Full Name (Last, First, Middle Initial)
 Mailing Address 51 Wedgewood Dr.
 City Greenville State SC Zip Code 29609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Don Pilzer, PC Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : SA11AI.4609
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 15 OF 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)

A. Bernard Kuttner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1225 River Road East
 City Bedminster State NJ Zip Code 07921
 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 M / D D D / Y Y Y Y Y Y
 01 / 08 / 2013
Transaction ID : SA11AI.4510
 Amount of Each Receipt this Period
 500.00

B. Kimberly Lamb
 Full Name (Last, First, Middle Initial)
 Mailing Address 1523 S US Highway 131 Ste A
 City Petoskey State MI Zip Code 49770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Waud & Lamb Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2013
Transaction ID : SA11AI.4554
 Amount of Each Receipt this Period
 250.00

C. Law Office of MaryJean Ellis
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 Woodport Rd Suite H-5
 City Sparta State NJ Zip Code 07871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 01 / 2013
Transaction ID : SA11AI.4641
 Amount of Each Receipt this Period
 250.00
 See attribution below

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 16 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

A. Law Offices of Joe Bornstein
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 4686

City Portland	State ME	Zip Code 04112
------------------	-------------	-------------------

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼	1250.00
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Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2013
Transaction ID : SA11AI.4619

Amount of Each Receipt this Period
 1250.00

See attribution below

B. Carol Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1126 Kilian Blvd

City Saint Cloud	State MN	Zip Code 56304
---------------------	-------------	-------------------

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
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.4579

Amount of Each Receipt this Period
 250.00

C. Janna Lowenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 24725 Sand Wedge Ln

City Valencia	State CA	Zip Code 91355
------------------	-------------	-------------------

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

Name of Employer Lowenstein Disability Lawyers,	Occupation Attorney
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼	250.00
--------------------------	--------

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2013
Transaction ID : SA11AI.4451

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

A. David Magann
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1290

City State Zip Code
Brandon FL 33509

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

Name of Employer Occupation
David W. Magann, P.A. Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 10 / 2013
Transaction ID : SA11AI.4492

Amount of Each Receipt this Period
250.00

B. Julia Mariani
Full Name (Last, First, Middle Initial)

Mailing Address 7454 Cornell Ave.

City State Zip Code
St. Louis MO 63130

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

Name of Employer Occupation
Law Office of Julia Mariani Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 11 / 2013
Transaction ID : SA11AI.4628

Amount of Each Receipt this Period
300.00

c. Charles L. Martin
Full Name (Last, First, Middle Initial)

Mailing Address 123 N McDonough St

City State Zip Code
Decatur GA 30030

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

Name of Employer Occupation
Martin and Jones 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
05 / 24 / 2013
Transaction ID : SA11AI.4584

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00

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 18 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

A. McArdle, Schmoyer & Simon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 Second Street
 Suite 700
 City Sarasota State FL Zip Code 34236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.4600
 Amount of Each Receipt this Period
 5000.00
 See attribution below

B. Christa McGill
 Full Name (Last, First, Middle Initial)
 Mailing Address 2515 Bexley Ave
 City Durham State NC Zip Code 27707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 McGill & Noble, LLP Attorney
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 04 / 2013
Transaction ID : SA11AI.4530
 Amount of Each Receipt this Period
 250.00

C. David Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 May St
 City Bangor State ME Zip Code 04401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Law Offices of Joe Bornstein Attorney
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 15 / 2013
Transaction ID : SA11AI.4622
 Amount of Each Receipt this Period
 250.00
 Partnership attribution
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....	5250.00
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 19 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

A. Kenneth A. Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 S. Gay St.
 #2210
 City Knoxville State TN Zip Code 37929
 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
 M M M / D D D / Y Y Y Y Y Y
 01 / 02 / 2013
Transaction ID : SA11AI.4638
 Amount of Each Receipt this Period
500.00

B. Tracy Tyson Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 2118 Park St.
 City Jacksonville State FL Zip Code 32204
 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
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2013
Transaction ID : SA11AI.4549
 Amount of Each Receipt this Period
250.00

C. Michael Monce
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Angels Way
 City Cincinnati State OH Zip Code 45217
 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 **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : SA11AI.4539
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 20 OF 40
	<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)

A. Diane R. Newman
 Full Name (Last, First, Middle Initial)
 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2013
Transaction ID : SA11AI.4634
 Amount of Each Receipt this Period
 250.00

B. Virginia Noble
 Full Name (Last, First, Middle Initial)
 Mailing Address 309 Monticello Avenue
 City Durham State NC Zip Code 27707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McGill & Noble, LLP Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 04 / 2013
Transaction ID : SA11AI.4531
 Amount of Each Receipt this Period
 250.00

C. James Normand
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Farmer Ln
 City Manchester State NH Zip Code 03102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Normand & Associates Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2013
Transaction ID : SA11AI.4458
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 21 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

A. Omar Ortega
 Full Name (Last, First, Middle Initial)
 Mailing Address 30042 Mission Blvd
 City State Zip Code
 Hayward CA 94544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Binder & Binder Attorney
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 10 / 2013
Transaction ID : SA11AI.4631
 Amount of Each Receipt this Period
 250.00

B. Dan Parmele
 Full Name (Last, First, Middle Initial)
 Mailing Address 5777 S. Brightwater Trail
 City State Zip Code
 Springfiled MO 65810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Parmele Law Firm, P.C. Attorney
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2013
Transaction ID : SA11AI.4635
 Amount of Each Receipt this Period
 500.00

C. Patterson R Patterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 67 Millbrook St
 City State Zip Code
 Worcester MA 01606
 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 M / D D D / Y Y Y Y Y Y
 01 / 04 / 2013
Transaction ID : SA11AI.4527
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 22 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

A. Don Pilzer
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 10557
 City Greenville State SC Zip Code 29603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Don Pilzer, PC 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
01 / 17 / 2013
Transaction ID : SA11AI.4608
 Amount of Each Receipt this Period
500.00

B. Alan H. Polonsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 512 S. Whitehorse Pike
 City Audubon State NJ Zip Code 08106
 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 **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 24 / 2013
Transaction ID : SA11AI.4582
 Amount of Each Receipt this Period
1000.00

C. Victoria Rackley
 Full Name (Last, First, Middle Initial)
 Mailing Address Po Box 1369
 City Muskogee State OK Zip Code 74402-1369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Victoria L. Rackley PLLC Occupation Attorney
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 10 / 2013
Transaction ID : SA11AI.4485
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 23 OF 40
<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)

A. Phillip Bond Sartain
 Full Name (Last, First, Middle Initial)
 Mailing Address 443 Bradford St, NW
 City Gainesville State GA Zip Code 30501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sartain Law Offices Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : SA11AI.4542
 Amount of Each Receipt this Period
 250.00

B. Marjorie A. Schmoyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 2nd Street Suite 700
 City Sarasota State FL Zip Code 34236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McArdle, Schmoyer & Simon Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.4602
 Amount of Each Receipt this Period
 2500.00
 Partnership attribution
[MEMO ITEM]

C. Eric Schnauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1414 Hinman Ave. #1A
 City Evanston State IL Zip Code 60201
 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 ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2013
Transaction ID : SA11AI.4449
 Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 24 OF 40
	<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)

A. Jeff Scholnick
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Far Corners Loop
 City Sparks State MD Zip Code 21152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Law Office of Jeffrey Scholnic Occupation Attorney
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 08 / 2013
Transaction ID : SA11AI.4511
 Amount of Each Receipt this Period 250.00

B. Scott Scurfield
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Halpen Drive
 City Cary State NC Zip Code 27513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Riddle & Brantley Occupation Attorney
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 17 / 2013
Transaction ID : SA11AI.4488
 Amount of Each Receipt this Period 250.00

C. Debra Shifrin
 Full Name (Last, First, Middle Initial)
 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 500.00

Date of Receipt 01 / 03 / 2013
Transaction ID : SA11AI.4632
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 25 OF 40
<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)

A. Kent Silver
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Hill Street
 City Athens State GA Zip Code 30601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Silver and Archibald LLP Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 07 / 2013
Transaction ID : SA11AI.4645
 Amount of Each Receipt this Period
 2500.00
 Partnership attribution
[MEMO ITEM]

B. Silver and Archibald LLP
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 909
 City Athens State GA Zip Code 30603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 07 / 2013
Transaction ID : SA11AI.4644
 Amount of Each Receipt this Period
 2500.00
 See attribution below

C. David S. Simon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 2nd Street Suite 700
 City Sarasota State FL Zip Code 34236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McArdle, Schmoyer & Simon Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.4601
 Amount of Each Receipt this Period
 2500.00
 Partnership attribution
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 27 OF 40
<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)

A. Steven Stilman
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 Wellesley Dr
 City Pleasant Ridge State MI Zip Code 48069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Adler Stilman, PLLC Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2013
Transaction ID : SA11AI.4625
 Amount of Each Receipt this Period
 250.00

B. Beth Sufian
 Full Name (Last, First, Middle Initial)
 Mailing Address 712 Main St. Suite 2130
 City Houston State TX Zip Code 77002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sufian & Passamano, LLP Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2013
Transaction ID : SA11AI.4559
 Amount of Each Receipt this Period
 250.00

C. Talia Timmins
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 4686
 City Portland State ME Zip Code 04101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Law Offices of Joe Bornstein Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2013
Transaction ID : SA11AI.4623
 Amount of Each Receipt this Period
 250.00
 Partnership attribution
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 28 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

A. David Traver
 Full Name (Last, First, Middle Initial)
 Mailing Address W351 S6851 Ulrickson Rd
 City Eagle State WI Zip Code 53119
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2013
Transaction ID : SA11AI.4611
 Amount of Each Receipt this Period
 300.00

B. Gayle L. Troutman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1350 S. Boulder Suite 410
 City Tulsa State OK Zip Code 74119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Troutman & Troutman, PC Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 04 / 2013
Transaction ID : SA11AI.4526
 Amount of Each Receipt this Period
 500.00

C. Steve A Troutman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1350 S. Boulder Suite 410
 City Tulsa State OK Zip Code 74119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Troutman & Troutman, PC Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 04 / 2013
Transaction ID : SA11AI.4525
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 29 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. Angelina Valle

Mailing Address 1671 The Alameda
#302

City San Jose State CA Zip Code 95126

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 ▼
250.00

Date of Receipt
01 / 04 / 2013
Transaction ID : SA11AI.4524

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Judy H. Varnell

Mailing Address P.O. Box 667

City Albany State GA Zip Code 31701

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
01 / 17 / 2013
Transaction ID : SA11AI.4489

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Clifford L. Weisberg

Mailing Address 29140 Apple Blossom Lane

City Farmington Hills State MI Zip Code 48331

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

Name of Employer Weisberg & Walkon, P.C. Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 04 / 2013
Transaction ID : SA11AI.4528

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 30 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

A. Carl Weisbrod
 Full Name (Last, First, Middle Initial)
 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 **250.00**

Date of Receipt **01 / 14 / 2013**
Transaction ID : SA11AI.4626
 Amount of Each Receipt this Period **250.00**

B. Marc Whitehead
 Full Name (Last, First, Middle Initial)
 Mailing Address 5300 Memorial Dr Ste 725
 City Houston State TX Zip Code 77007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer March Whitehead & Associates, Occupation Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 01 / 2013**
Transaction ID : SA11AI.4538
 Amount of Each Receipt this Period **250.00**

C. Tanna Whitman
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 4686
 City Portland State ME Zip Code 04112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Law Offices of Joe Bornstein Occupation Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date

Date of Receipt **01 / 15 / 2013**
Transaction ID : SA11AI.4624
 Amount of Each Receipt this Period **250.00**
 Partnership attribution
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....	500.00
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 31 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)

A. Full Name (Last, First, Middle Initial)
Linda Ziskin

Mailing Address **PO Box 753833**

City **Las Vegas** State **NV** Zip Code **89136**

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 ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 05 / 2013

Transaction ID : SA11AI.4551

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	37900.00

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

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

FOR LINE NUMBER:
(check only one)

<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 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 Englewood Cliffs State NJ Zip Code 07632

Purpose of Disbursement Reimbursement of fundraising expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 28 / 2013

Transaction ID : SB21B.4475

Amount of Each Disbursement this Period: 787.74

Category/Type: 003

Full Name (Last, First, Middle Initial)

B. Platinum Choice Bancard

Mailing Address 31 White St

City West Orange State NJ Zip Code 07052

Purpose of Disbursement Credit card fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 04 / 2013

Transaction ID : SB21B.4596

Amount of Each Disbursement this Period: 251.84

Category/Type: 003

Full Name (Last, First, Middle Initial)

C. Platinum Choice Bancard

Mailing Address 31 White St

City West Orange State NJ Zip Code 07052

Purpose of Disbursement Credit card fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 04 / 2013

Transaction ID : SB21B.4597

Amount of Each Disbursement this Period: 11.50

Category/Type: 003

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1051.08

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

Full Name (Last, First, Middle Initial)

A. Platinum Choice Bancard

Mailing Address 31 White St

City West Orange State NJ Zip Code 07052

Purpose of Disbursement
Credit card fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4593

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Platinum Choice Bancard

Mailing Address 31 White St

City West Orange State NJ Zip Code 07052

Purpose of Disbursement
Credit card fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4594

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Platinum Choice Bancard

Mailing Address 31 White St

City West Orange State NJ Zip Code 07052

Purpose of Disbursement
Credit card fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4595

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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 ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

Full Name (Last, First, Middle Initial)

A. Platinum Choice Bancard

Mailing Address 31 White St

City West Orange State NJ Zip Code 07052

Purpose of Disbursement
Credit card fees

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2013

Transaction ID : SB21B.4591

Amount of Each Disbursement this Period

76.80

Full Name (Last, First, Middle Initial)

B. Platinum Choice Bancard

Mailing Address 31 White St

City West Orange State NJ Zip Code 07052

Purpose of Disbursement
Credit card fees

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2013

Transaction ID : SB21B.4592

Amount of Each Disbursement this Period

9.95

Full Name (Last, First, Middle Initial)

C. Platinum Choice Bancard

Mailing Address 31 White St

City West Orange State NJ Zip Code 07052

Purpose of Disbursement
Credit card fees

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2013

Transaction ID : SB21B.4587

Amount of Each Disbursement this Period

9.95

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

96.70

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

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

Full Name (Last, First, Middle Initial)

A. Platinum Choice Bancard

Mailing Address 31 White St

City West Orange State NJ Zip Code 07052

Purpose of Disbursement
Credit card fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4588

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Platinum Choice Bancard

Mailing Address 31 White St

City West Orange State NJ Zip Code 07052

Purpose of Disbursement
Credit card fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4589

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Platinum Choice Bancard

Mailing Address 31 White St

City West Orange State NJ Zip Code 07052

Purpose of Disbursement
Credit card fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4590

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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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. BECERRA FOR CONGRESS

Mailing Address P.O. BOX 71584

City State Zip Code
LOS ANGELES CA 90071

Purpose of Disbursement
Contribution

011

Candidate Name

XAVIER BECERRA

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 34

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2013

Transaction ID : SB23.4472

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BECERRA FOR CONGRESS

Mailing Address P.O. BOX 71584

City State Zip Code
LOS ANGELES CA 90071

Purpose of Disbursement
Contribution

011

Candidate Name

XAVIER BECERRA

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 34

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2013

Transaction ID : SB23.4477

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DEFAZIO FOR CONGRESS

Mailing Address PO BOX 1316

City State Zip Code
SPRINGFIELD OR 97477

Purpose of Disbursement
Contribution

011

Candidate Name

PETER A. DEFAZIO

Category/
Type

Office Sought: House
 Senate
 President
State: OR District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2013

Transaction ID : SB23.4479

Amount of Each Disbursement this Period

2500.00

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

12500.00

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

Full Name (Last, First, Middle Initial)

A. DOGGETT FOR US CONGRESS

Mailing Address PO BOX 5843

City AUSTIN State TX Zip Code 78763

Purpose of Disbursement
Contribution

011

Candidate Name

LLOYD DOGGETT

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 35

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	3

Transaction ID : **SB23.4473**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. DOGGETT FOR US CONGRESS

Mailing Address PO BOX 5843

City AUSTIN State TX Zip Code 78763

Purpose of Disbursement
Contribution

011

Candidate Name

LLOYD DOGGETT

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 35

Date of Disbursement

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

Transaction ID : **SB23.4476**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. ENYART FOR CONGRESS

Mailing Address PO BOX 308

City BELLEVILLE State IL Zip Code 62222

Purpose of Disbursement
Contribution

011

Candidate Name

WILLIAM L JR ENYART

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	3

Transaction ID : **SB23.4482**

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0

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

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

7	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0

7	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0

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

Full Name (Last, First, Middle Initial)

A. ENYART FOR CONGRESS

Mailing Address PO BOX 308

City BELLEVILLE State IL Zip Code 62222

Purpose of Disbursement

011

Category/
Type

Candidate Name

WILLIAM L JR ENYART

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	3

Transaction ID : SB23.4648

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SHERROD BROWN

Mailing Address PO BOX 15293

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

SHERROD BROWN

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	3

Transaction ID : SB23.4483

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. JOHN LEWIS FOR CONGRESS

Mailing Address P.O. BOX 2323

City ATLANTA State GA Zip Code 30301

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

JOHN R. LEWIS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	3

Transaction ID : SB23.4474

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

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

4	5	0	0	0	0	0	0	0	0
4	5	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

Full Name (Last, First, Middle Initial)

A. JOHN LEWIS FOR CONGRESS

Mailing Address P.O. BOX 2323

City ATLANTA State GA Zip Code 30301

Purpose of Disbursement
Contribution

011

Candidate Name

JOHN R. LEWIS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	3

Transaction ID : SB23.4481

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. LARSON FOR CONGRESS

Mailing Address PO BOX 479

City GLASTONBURY State CT Zip Code 06033

Purpose of Disbursement
Contribution

011

Candidate Name

JOHN B LARSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

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

Transaction ID : SB23.4480

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. TIBERI FOR CONGRESS

Mailing Address 2931 E DUBLIN GRANVILLE ROAD
SUITE 190

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement
Contribution

011

Candidate Name

PATRICK J. TIBERI

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	3

Transaction ID : SB23.4484

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

7	0	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

7	0	0	0	.	0	0
---	---	---	---	---	---	---

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

A. TOGETHER FOR OUR MAJORITY POLITICAL ACTION COMMITTEE (TOMPAC)

Full Name (Last, First, Middle Initial)

Mailing Address 228 S. WASHINGTON ST.
SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 13 / 2013

Transaction ID : SB23.4478

Amount of Each Disbursement this Period: 5000.00

Category/Type: 011

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period:

Category/Type:

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period:

Category/Type:

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5000.00

TOTAL This Period (last page this line number only)..... ▶ 36000.00