

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 Washington DC 20002 4215 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 08 01 2011 through 08 31 2011

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 16 2011

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

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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	1	1

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		511328.33
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	202199.96									
(c) Total Receipts (from Line 19) .....	12.38	109000.84								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	202212.34	620329.17								
7. Total Disbursements (from Line 31) .....	5294.03	423410.86								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	196918.31	196918.31								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	688.35									

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	1	1

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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) .....	0.00	0.00
(ii) Unitemized .....	0.00	624.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	624.00
(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) .....	0.00	624.00
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	108124.74
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	12.38	252.10
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)) .....	12.38	109000.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12.38	109000.84

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.....	-1903.25	101287.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	-1903.25	101287.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	107923.26
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7197.28	203156.64
24. Independent Expenditure (use Schedule E) .....	0.00	10543.06
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.....	0.00	500.00
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))..	5294.03	423410.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5294.03	423410.86

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) .....	0.00	624.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	624.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	-1903.25	101287.90
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	108124.74
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-1903.25	-6836.84

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 12	
	(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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America		Date of Receipt
	Mailing Address 730 15th Street, NW DC1-701-02-02, 2nd Floor		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		Transaction ID: 19344267
	Name of Employer		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="12.38"/>	
Occupation		Bank Interest	
Aggregate Year-to-Date ▼			
<input type="text" value="252.10"/>			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="12.38"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="12.38"/>

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) David Weprin For Congress</p> <p>Mailing Address 72-50 Austin Street Second Floor</p> <p>City Forest Hills State NY Zip Code 11375</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. David Weprin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General2011</p>	<p><b>Transaction ID:</b> 19322378 <b>Date of Disbursement</b> 08 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mike Thompson for Congress</p> <p>Mailing Address 236 Massachusetts Avenue, NE Suite 603</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mike Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19322379 <b>Date of Disbursement</b> 08 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sanford D. Bishop Jr. for Congress</p> <p>Mailing Address 499 South Capitol Street, SW Suite 404</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Void - Sanford D. Bishop Jr. for Congress</p> <p>Candidate Name Sanford Bishop</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19328763 <b>Date of Disbursement</b> 08 / 24 / 2011</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>Void - Sanford D. Bishop Jr. for Congress</p>

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

3500.00

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Becerra for Congress Committee</p> <p>Mailing Address PO Box 116</p> <p>City Hyattsville State MD Zip Code 20781-0116</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19332026 <b>Date of Disbursement</b> 08 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) David Weprin For Congress</p> <p>Mailing Address 72-50 Austin Street Second Floor</p> <p>City Forest Hills State NY Zip Code 11375</p> <p>Purpose of Disbursement IN-KIND CONTRIBUTION</p> <p>Candidate Name Mr. David Weprin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General2011</p>	<p><b>Transaction ID:</b> 19342943 <b>Date of Disbursement</b> 08 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 973.23</p> <p>011 Category/ Type</p> <p>IN-KIND CONTRIBUTION</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Kate Marshall</p> <p>Mailing Address PO Box 2897</p> <p>City Reno State NV Zip Code 89505</p> <p>Purpose of Disbursement IN-KIND CONTRIBUTION</p> <p>Candidate Name Ms. Kate Marshall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General2011</p>	<p><b>Transaction ID:</b> 19386168 <b>Date of Disbursement</b> 08 / 08 / 2011</p> <p>Amount of Each Disbursement this Period 1224.05</p> <p>011 Category/ Type</p> <p>IN-KIND CONTRIBUTION</p>

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

3697.28

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

7197.28



**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

A.	Full Name (Last, First, Middle Initial) NCPSSM	Transaction ID: 19323554 Date of Disbursement 08 / 18 / 2011
	Mailing Address 10 G Street, NE Suite 600	Amount of Each Disbursement this Period 17.79
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement REIMBURSEMENT OF SHIPPING EXPENSES 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) ▼
		REIMBURSEMENT OF SHIPPING EXPENSES

B.	Full Name (Last, First, Middle Initial) NCPSSM	Transaction ID: 19323565 Date of Disbursement 08 / 18 / 2011
	Mailing Address 10 G Street, NE Suite 600	Amount of Each Disbursement this Period 163.74
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement REIMBURSEMENT OF TRAVEL EXPENSES Candidate Name	002 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) ▼
		REIMBURSEMENT OF TRAVEL EXPENSES

C.	Full Name (Last, First, Middle Initial) NCPSSM	Transaction ID: 19323566 Date of Disbursement 08 / 18 / 2011
	Mailing Address 10 G Street, NE Suite 600	Amount of Each Disbursement this Period 70.17
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement REIMBURSEMENT OF TELEPHONE EXPENSES 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) ▼
		REIMBURSEMENT OF TELEPHONE EXPENSES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>251.70</b>
<b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) NCPSSM <hr/> Mailing Address 10 G Street, NE Suite 600 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 19342937 Date of Disbursement 08 / 23 / 2011
	Amount of Each Disbursement this Period -973.23
	Category/Type 011
	ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>B.</b> Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address 730 15th Street, NW DC1-701-02-02, 2nd Floor <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement BANK FEES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 19344273 Date of Disbursement 08 / 31 / 2011
	Amount of Each Disbursement this Period 42.33
	Category/Type 001
	BANK FEES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>C.</b> Full Name (Last, First, Middle Initial) NCPSSM <hr/> Mailing Address 10 G Street, NE Suite 600 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 19386172 Date of Disbursement 08 / 08 / 2011
	Amount of Each Disbursement this Period -1224.05
	Category/Type 011
	ADVANCE FOR FUTURE IN-KIND CONTRIBUTION
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-2154.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	-1903.25

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 11 / 12	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NCPSSM			Nature of Debt (Purpose): PRINTING, IE DISSEMINATION 08/19/2011
Mailing Address 10 G STREET, NE, SUITE 600			
City WASHINGTON	State DC	ZIP Code 20002	

Outstanding Balance Beginning This Period		<b>Transaction ID: 19386550</b>	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
688.35	0.00	688.35	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	688.35
2) <b>TOTALS</b> This Period (last page this line number only).....	688.35
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	688.35

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Committee to Preserve Social Security & Medicare PAC		FEC IDENTIFICATION NUMBER <b>C</b> C00172296	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NCPSSM		Date M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 1 1	
Mailing Address 10 G Street, NE Suite 600		Amount 688.35	
City State Zip Code Washington DC 20002		Transaction ID: 19348947	
Purpose of Expenditure PRINTING, IE DISSEMI- NATION 08/19/11		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ms. Kate Marshall		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Special-General 2011	
		[MEMO ITEM] PRINTING, IE DISSEMINATION 08/- 19/11	
		Category/ Type 004	
		688.35	

(a) SUBTOTAL of Itemized Independent Expenditures .....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	0.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ms. Christine Kim Signature	Date M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 1 1