09/16/2011 11:08

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines National Committee to Preserve Social Security & Medicare PAC 10 G St. NE ADDRESS (number and street) Suite 600 Check if different than previously Washington DC 20002 4215 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS NEW **AMENDED** C00172296 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 08 0 1 2011 8 0 3 1 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Christine Kim Type or Print Name of Treasurer Electronically Filed by Ms. Christine Kim 09 16 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name	
------------------------------	--

FEC Form 3X (Rev. 02/2003)

National Committee to Preserve Social Security & Medicare PAC

Re	port Covering the Period: From:	01 2011	To: 0 8 3 1 Y Y Y Y Y Y
	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. ((a) Cash on Hand January 1 2011 Y Y Y		511328.33
((b) Cash on Hand at Begining 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. T	otal Disbursements (from Line 31)	5294.03	423410.86
F	Cash on Hand at Close of Reporting Period subtract Line 7 from Line 6(d))	196918.31	196918.31
tl	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
tl	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	688.35	

X 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

2 0 1 1

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109000.84

109000.84

2011

FEC Form 3X (Rev. 06/2004) Page 3

0 1

Write or Type Committee Name

National Committee to Preserve Social Security & Medicare PAC

м м

Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A) 0.00 624.00 (ii) Unitemized (iii) TOTAL (add 0.00 624.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 0.00 624.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 108124.74 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 12.38 252.10 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)).

FE6AN026

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

12, 13, 14, 15, 16, 17, and 18(c))

(subtract Line 18(c) from Line 19)

12.38

12.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A	COLUMN B
	Total This Period	Calendar Year-to-Date
 Operating Expenditures: (a) Shared Federal/Non-Federal 		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	1000.05	101007.00
Expenditures	-1903.25	101287.90
(c) Total Operating Expenditures	-1903.25	101287.90
(add 21(a)(i), (a)(ii) and (b))	-1303.23	101207.30
Committees	0.00	107923.26
3. Contributions to		
Federal Candidates/Committeesand Other Political Committees	7197.28	203156.64
Independent Expenditure (use Schodule E)	0.00	10543.06
(use Schedule E)5. Coordinated Expenditures Made by Party	0.00	100 10.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
,		0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
8. Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	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
9. Other Disbursements	0.00	500.00
Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) III as iiall Chaus	0.00	0.00
(ii) "Levin" Share		
(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
(-9(1) (-9(1) (-7))		
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)	500100	120110 53
from Line 31)	5294.03	423410.86

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)	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

FE6AN026

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) 11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and	may not be sold or used by any persol address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Committee to Preserve Social Security	y & Medicare PAC	
Full Name (Last, First, Middle Initial) Bank of America Mailing Address 730 15th Street, NW DC1-701-02-02, 2nd Floor City State	e Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Washington DC FEC ID number of contributing federal political committee. Name of Employer Occup	20005 ation	Amount of Each Receipt this Period 12.38
	gate Year-to-Date ▼ 252.10	Bank Interest

SUBTOTAL of Receipts This Page (optional)	•	12.38
TOTAL This Period (last page this line number only)	<u> </u>	12.38

	UEDOFE E	(FEC Form	Use s	eparate schedule(s		NUMBER: PAGE 7/12
IT	EMIZED DIS	SBURSEMEN	ITS for ea	ch category of the ed Summary Page	(Crieck onli	ly one) 22
					ed by any person	for the purpose of soliciting contributions
or t	· · · · · · · · · · · · · · · · · · ·		ing the name and ad	dress of any politic	al committee to so	olicit contributions from such committee
\rangle	NAME OF COMM National Comm	nittee to Preserve	Social Security 8	Medicare PAC		
	Full Name (Last, David Weprin I	First, Middle Initial) For Congress				Transaction ID: 19322378 Date of Disbursement
	Mailing Address	72-50 Austin S	treet Second Floo	or		$ \begin{array}{c c} & M & M \\ \hline 0 & 8 & M \end{array} $
	City Forest Hills		State NY	Zip Code 11375	_	Amount of Each Disbursement this Period
	Purpose of Disbu Contribution	rsement			011	1000.00
	Candidate Name Mr. David Wep		18		Category/ Type	-
	Office Sought:	X House Senate President		y General specify) ▼		Contribution
	State: NY	District: 09	Special-Gener	al2011		
	Full Name (Last, Mike Thompso	First, Middle Initial) n for Congress				Transaction ID: 19322379 Date of Disbursement
	Mailing Address	236 Massachu Suite 603	setts Avenue, NE			08 / 18 / 2011
	City Washington		State DC	Zip Code 20002		Amount of Each Disbursement this Perio
	Purpose of Disbu Contribution	rsement			011	3500.00
	Candidate Name Mike Thompso	n			Category/ Type	
	Office Sought:	X House Senate President	Disbursement Fo X Primary Other (Contribution
_	State: CA	District: 01				
	, ,	First, Middle Initial) hop Jr. for Congre	ess			Transaction ID: 19328763 Date of Disbursement
	Mailing Address	499 South Cap Suite 404	itol Street, SW			08 / 24 / 2011
	City Washington		State DC	Zip Code 20003		Amount of Each Disbursement this Perio
		rsement Bishop Jr. for Congr	ess		011	-1000.00
	Candidate Name Sanford Bishop		.		Category/ Type	
	Office Sought:	X House Senate President District: 02	Disbursement Fo X Primary Other (Void - Sanford D. Bishop Jr. for Congress
	State: GA					

CHEDULE B (FEC Form 3X) Use separate schedule(s) (sheek enterne							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22 X 23 24 25 28a 28b 28c 29				
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)	e and address of any political	COMMINICE TO SO	met contributions from such committee				
National Committee to Preserve Social Se	curity & Medicare PAC						
Full Name (Last, First, Middle Initial)			Transaction ID: 19332026				
Becerra for Congress Committee			Date of Disbursement				
Mailing Address PO Box 116			088 / 29 / 2011				
City Hyattsville	State Zip Code MD 20781-0116		Amount of Each Disbursement this Period				
Purpose of Disbursement Contribution		011	1500.00				
Candidate Name Xavier Becerra		Category/ Type					
	ment For: 2012 Primary General Other (specify)		Contribution				
State: CA District: 31	, (1 <i>)</i> / (
Full Name (Last, First, Middle Initial) David Weprin For Congress			Transaction ID: 19342943 Date of Disbursement				
Mailing Address 72-50 Austin Street Seco	nd Floor		$\begin{bmatrix}\begin{smallmatrix}M&&M\\0&8\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&&D\\&2&3\end{smallmatrix}]/\begin{bmatrix}\begin{smallmatrix}Y&&&Y&&Y&&Y\\&&2&0&1&1\end{smallmatrix}$				
City Forest Hills	State Zip Code NY 11375		Amount of Each Disbursement this Period				
Purpose of Disbursement IN-KIND CONTRIBUTION		011	973.23				
Candidate Name Mr. David Weprin		Category/ Type					
Senate President X	ment For: 2011 Primary General Other (specify)		IN-KIND CONTRIBUTION				
· · · · · · · · · · · · · · · · · · ·	-General2011						
Full Name (Last, First, Middle Initial) Friends Of Kate Marshall			Transaction ID: 19386168 Date of Disbursement				
Mailing Address PO Box 2897			08 08 7 2011				
City Reno	State Zip Code NV 89505		Amount of Each Disbursement this Period				
Purpose of Disbursement IN-KIND CONTRIBUTION		011	1224.05				
Candidate Name Ms. Kate Marshall		Category/ Type					
Senate President X	ment For: 2011 Primary General Other (specify)		IN-KIND CONTRIBUTION				
State: NV District: 02 Special	-General2011						
SUBTOTAL of Disbursements This Page (optional)		>	3697.28				
TOTAL This Period (last page this line number only)			7197.28				

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Line concrete cole duita(s)	FOR LIN	NE NUMBER: PAGE 9/12					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check c	only one)					
	Detailed Summary Page X 21b 27							
Any Information copied from such Reports and Stater	nents may not be sold or used b			8b 28c 29 30b of soliciting contributions				
or for commercial purposes, other than using the name	e and address of any political co	ommittee to	solicit contribution	s from such committee				
NAME OF COMMITTEE (In Full)								
National Committee to Preserve Social Se	curity & Medicare PAC							
Full Name (Last, First, Middle Initial) NCPSSM			Transaction Date of Disb	ID: 19323554				
			M_M /					
Mailing Address 10 G Street, NE Suite 600			0 8	18 7 2011				
City Washington	State Zip Code DC 20002		Amount of E	each Disbursement this Period				
Purpose of Disbursement REIMBURSEMENT OF SHIPPING EXPENSES	Г	001		17.79				
Candidate Name	L	001 Category/ Type						
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		REIMBURS EXPENSES	SEMENT OF SHIPPING S				
Full Name (Last, First, Middle Initial)			T	10000ECE				
NCPSSM			Date of Disk					
Mailing Address 10 G Street, NE Suite 600			08 /	18 / 2011				
City Washington	State Zip Code DC 20002		Amount of E	each Disbursement this Period				
Purpose of Disbursement REIMBURSEMENT OF TRAVEL EXPENSES		002		163.74				
Candidate Name		Category/ Type						
Senate President	ement For: Primary General Other (specify)		REIMBURS EXPENSES	SEMENT OF TRAVEL				
State: District: Full Name (Last, First, Middle Initial)								
NCPSSM			Date of Disk					
Mailing Address 10 G Street, NE Suite 600			08 /	18 7 2011				
City Washington	State Zip Code DC 20002		Amount of E	ach Disbursement this Period				
Purpose of Disbursement REIMBURSEMENT OF TELEPHONE EXPENSI	-6	004		70.17				
Candidate Name		001 Category/ Type						
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	1 300	REIMBURS EXPENSES	SEMENT OF TELEPHONE				
State: District:								
SUBTOTAL of Disbursements This Page (optional)				251.70				
			•					

TOTAL This Period (last page this line number only)

SCHE	SCHEDULE B (FEC Form 3X)			Use sena	arate schedule(s)		NE NUMBER: PAGE 10 / 12 only one)								
ITEMI	ZED DIS	BURSEMENT	S	for each	category of the Summary Page			1b	one) 22 28a		23 28b	24 28	, F	25 29	20
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1 \		ittee to Preserve S	ocial Sec	urity & M	edicare PAC										
	Name (Last, F PSSM	irst, Middle Initial)							Trans Date of		sburse		293	7	
Mailir	ng Address	10 G Street, NE Suite 600							0 ^M 8	M /	^D 2	2 3 /	Y	ž o ť 1	ľ
	shington			state DC	Zip Code 20002				Amou	nt of	Each	Disbur			
	ose of Disbur ANCE FOR F	sement FUTURE IN-KIND CO	NTRIBUTI	ONS		Г	011				-		-;	973.23	5
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	e Sought:	House Senate President		nent For: Primary Other (spe	General ecify) ▼				ADVA CONT	NCI FRIE	E FO BUTIO	R FUT ONS	URE	IN-K	ND
State		District:													
	k of Americ								Date o		sburse				Υ
	ng Address	730 15th Street, DC1-701-02-02,	2nd Floor						0 8	_		1 /		ŽOŽ	
City Was	shington			state OC	Zip Code 20005				Amou	nt of	Each	Disbur	seme	nt this I	eriod
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Office State	e Sought:	House Senate President District:		nent For: Primary Other (spe	General ccify) ▼				BANK	(FE	ES				
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Mailir	ng Address	10 G Street, NE Suite 600							0 ^M 8	M /	D 0	8	Y	ž 0 ť 1	ľ
City Was	shington			state DC	Zip Code 20002				Amou	nt of	Each	Disbur		-	
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	e Sought:	House Senate President		nent For: Primary Other (spe	General ecify) ▼				ADVA CONT	NCI FRIE	E FO BUTIO	R FUT ON	URE	IN-K	ND
State		District:									•		04	E4 05	
SUBTO	OTAL of Disbu	ursements This Page (optional)					<u> </u>	<u></u>	-			-21	54.95	
TOTAL	This Period	(last page this line nur	nber only) .					•	L.				-19	03.25	5

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

(Use separate schedule(s) for each numbered line) FOR LINE NUMBER: (check only one) 9 X 10

Excluding Loans

NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

st, Middle Initial) of Debto	Nature of Debt (Purpose): PRINTING, IE DISSEMINATION 08/19/2011	
STREET, NE, SUITI	E 600	
State DC	ZIP Code 20002	
Beginning This Period 0.00		Transaction ID: 19386550
ed This Period 688.35	Payment This Period 0.00	Outstanding Balance at Close of This Period 688.35
	STREET, NE, SUITI	DC 20002 Beginning This Period 0.00 ed This Period Payment This Period

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXP	PAGE 12 / 12 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full) National Committee to Preserve Social Security (\$	FEC IDENTIFICATION NUMBER
Medicare PAC Check if 24-hour notice 48-hour notic	our notice	C C00172296
Full Name (Last, First, Middle, Initial) of Paye NCPSSM	e	Date M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 10 G Street, NE Suite 600		Amount 688.35 Transaction ID: 19348947
City Washington	State Zip Code DC 20002	Office Sought: X House State: NV
Purpose of Expenditure PRINTING, IE DISSEMI- NATION 08/19/11	Category/ Type 004	Senate District: 02 Presidential
Name of Federal Candidate supported or Op Ms. Kate Marshall	posed by expenditure:	Check One: X Support Oppose Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	688.35	X Other (specify) : Special-General 2011 [MEMO ITEM] PRINTING, IE DISSEMINATION 08/- 19/11

(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 0 9 1 6 2 0 1 1		