

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 National 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 C 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, Termination Report (b) Monthly Report Due On: Feb 20, May 20, Aug 20, Nov 20, Mar 20, Jun 20, Sep 20, Dec 20, Apr 20, Jul 20, Oct 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 / 01 / 2016 through 04 / 30 / 2016

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 Ms. Christine Kim [Electronically Filed] Date 05 / 09 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Committee to Preserve Social Security & Medicare PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="107346.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="114363.56"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4696.69"/>	<input type="text" value="238364.80"/>
(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="119060.25"/>	<input type="text" value="345711.64"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="17157.88"/>	<input type="text" value="243809.27"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="101902.37"/>	<input type="text" value="101902.37"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Committee to Preserve Social Security & Medicare 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).....	375.00	5178.00
(ii) Unitemized	4315.00	233170.63
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4690.00	238348.63
(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)	4690.00	238348.63
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.).....	6.69	16.17
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))..... ▶	4696.69	238364.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4696.69	238364.80

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	12017.64	203836.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	12017.64	203836.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5140.24	39972.65
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)) ..	17157.88	243809.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17157.88	243809.27

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)	4690.00	238348.63
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4690.00	238348.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	12017.64	203836.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12017.64	203836.62

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

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

FOR LINE NUMBER: PAGE 6 OF 11
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address
60 Pleasant St Apt 302

City State Zip Code
Arlington MA 02476-6519

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2016

Transaction ID : 23176907

Amount of Each Receipt this Period
375.00

Memo Item

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	375.00

**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 Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. NCPSSM

Mailing Address 10 G Street, NE
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement
ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 20 / 2016

Transaction ID : 23132710

Amount of Each Disbursement this Period

-1140.24

Memo Item

ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS

Full Name (Last, First, Middle Initial)

B. NCPSSM

Mailing Address 10 G Street, NE
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement
REIMB. OF SHIPPING EXPENSES

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2016

Transaction ID : 23142087

Amount of Each Disbursement this Period

7.07

Memo Item

REIMB. OF SHIPPING EXPENSES

Full Name (Last, First, Middle Initial)

C. NCPSSM

Mailing Address 10 G Street, NE
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement
REIMB. OF POSTAGE EXPENSES

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2016

Transaction ID : 23142088

Amount of Each Disbursement this Period

17.54

Memo Item

REIMB. OF POSTAGE EXPENSES

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

-1115.63

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. NCPSSM

Mailing Address 10 G Street, NE
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement
REIMB. OF TRAVEL EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2016

Transaction ID : 23142089

Amount of Each Disbursement this Period

33.43

Memo Item
REIMB. OF TRAVEL EXPENSES

Full Name (Last, First, Middle Initial)

B. NCPSSM

Mailing Address 10 G Street, NE
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement
REIMB. OF DIRECT MAIL CAGING EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

006
Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2016

Transaction ID : 23142090

Amount of Each Disbursement this Period

2029.76

Memo Item
REIMB. OF DIRECT MAIL CAGING EXPENSES

Full Name (Last, First, Middle Initial)

C. NCPSSM

Mailing Address 10 G Street, NE
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement
REIMB. OF PAC SALARY & BENEFITS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2016

Transaction ID : 23142091

Amount of Each Disbursement this Period

10602.00

Memo Item
REIMB. OF PAC SALARY & BENEFITS

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

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

12665.19

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 730 15th Street, NW
DC1-701-02-02, 2nd Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement
BANK FEES

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 23177249

Amount of Each Disbursement this Period

Memo Item
BANK FEES

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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 Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial) A. Bennet for Colorado		Date of Disbursement MM / DD / YYYY 04 / 05 / 2016
Mailing Address 220 Eye Street, NE Suite 110		Transaction ID : 23098929
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name Michael Bennet	Category/Type 011	<input type="checkbox"/> Memo Item Contribution
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO	District:	

Full Name (Last, First, Middle Initial) B. Russ For Wisconsin		Date of Disbursement MM / DD / YYYY 04 / 21 / 2016
Mailing Address PO Box 620061		Transaction ID : 23127962
City Middleton	State WI	
Zip Code 53562	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name Russell Feingold	Category/Type 011	<input type="checkbox"/> Memo Item Contribution
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District:	

Full Name (Last, First, Middle Initial) C. Ellison For Congress		Date of Disbursement MM / DD / YYYY 04 / 21 / 2016
Mailing Address PO Box 6072		Transaction ID : 23127963
City Minneapolis	State MN	
Zip Code 55406	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Keith Ellison	Category/Type 011	<input type="checkbox"/> Memo Item Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 05	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial)

A. Mark Pocan For Congress

Mailing Address PO Box 327

City Madison State WI Zip Code 53701

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Rep. Mark Pocan

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2016

Transaction ID : 23127965

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Katie McGinty For Senate

Mailing Address PO Box 22447

City Philadelphia State PA Zip Code 19110

Purpose of Disbursement
IN-KIND CONTRIBUTION

011

Category/
Type

Candidate Name

Kathleen McGinty

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2016

Transaction ID : 23132715

Amount of Each Disbursement this Period

1140.24

Memo Item
IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

2140.24

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

5140.24