10/22/2008 10:06

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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 Х (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 DC 11 04 2008 Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Special (30S) Post -Election General (30G) Report for the: Termination Report (TER) in the Election on State of 10 0 1 2008 10 2008 15 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 10 22 2008 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

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name National Committee to Preserve Social Security & Medicare PAC [®] D ^b D 1.0 0 1 2008 1.0 15 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 450668.17 2008 January 1 (b) Cash on Hand at 785382.62 Begining of Reporting Period 18583.12 1357192.46 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 803965.74 1807860.63 6(a) and 6(c) for Column B) 2000.00 1005894.89 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 801965.74 801965.74 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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) Page 3

2008

м м 1 0

2008

1357192.46

1357192.46

Write or Type Committee Name

National Committee to Preserve Social Security & Medicare PAC

м м 1 0

0 1 1^D5 Report Covering the Period: From: To: **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 29271.00 475.00 (i) Itemized (use Schedule A) 18108.12 1323000.25 (ii) Unitemized (iii) TOTAL (add 18583.12 1352271.25 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 18583.12 1352271.25 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 0.00 (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 0.00 4921.21 (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)).

18583.12

18583.12

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)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
21.	Operating Expenditures:						
	(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00				
	(i) Federal Share	0.00	0.00				
	(ii) Non-Federal Share	0.00	0.00				
	(b) Other Federal Operating	701001	222222				
	Expenditures	-7016.61	639366.92				
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	-7016.61	639366.92				
2.	Transfers to Affiliated/Other Party	0.00	0.00				
3.	Committees	0.00	0.00				
	Federal Candidates/Committeesand Other Political Committees	9016.61	365527.97				
4.	Independent Expenditure (use Schedule E)	0.00	0.00				
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00				
	(use Schedule F)	0.00	0.00				
6.	Loan Repayments Made	0.00	0.00				
7.	Loans Made	0.00	0.00				
8.	(a) Individuals/Persons Other	0.00	0.00				
	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				
9.	Other Disbursements	0.00	1000.00				
0.	Federal Election Activity (2 U.S.C 431(20))						
٠.	(a) Shared Federal Election Activity						
	(from Schedule H6)	0.00	0.00				
	(i) Federal Share	0.00	0.00				
	(ii) "Levin" Share	0.00	0.00				
	(b) Federal Election Activity Paid Entirely	0.00	0.00				
	With Federal Funds						
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00				
1.	Total Disbursements (add Lines 21(c), 22,						
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2000.00	1005894.89				
2.	Total Federal Disbursements						
	(subtract Line 21(a)(ii) and Line 30(a)(ii)						
	from Line 31)	2000.00	1005894.89				

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)	18583.12	1352271.25					
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00					
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	18583.12	1352271.25					
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	-7016.61	639366.92					
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00					
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	-7016.61	639366.92					

FE6AN026

PAGE 6/11 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 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 Full Name (Last, First, Middle Initial) Date of Receipt Rita E. Prescott Mailing Address Lima Estates 10 03 2008 411 N Middletown Rd. # 101D City State Zip Code Transaction ID: 16049790 Media PA 19063-4435 Amount of Each Receipt this Period FEC ID number of contributing 125.00 C federal political committee. Name of Employer Occupation **RETIRED** Receipt For: Aggregate Year-to-Date General Primary 225.00 Other (specify) Full Name (Last, First, Middle Initial) В. Ms. Janice B. Rubel Date of Receipt Mailing Address 01 2008 2000 S Bayshore Dr. Apt. 68 City State Zip Code Transaction ID: 16049854 Coconut Grove FL 33133-3256 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Name of Employer Occupation **RETIRED** Receipt For: Aggregate Year-to-Date Primary General

SUBTOTAL of Receipts This Page (optional)	•	475.00
TOTAL This Period (last page this line number only)	<u> </u>	475.00

600.00

Other (specify)

Transaction ID: 1598B577 Date of Disbursement In	SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check only	NUMBER: PAGE 7/11 vone)
NAME OF COMMITTEE (In Full) National Committee to Preserve Social Security & Medicare PAC Full Name (Last, First, Middle Initial) Hagan Senate Committee Inc Mailing Address PO Box 29103 City State Zip Code Greensboro NC 27429 Purpose of Disbursement Contribution Candidate Name (Last, First, Middle Initial) NCPSSM Mailing Address 10 G Street, NE Suite 600 City Washington DC 20002 Purpose of Disbursement Initial Mailing Address 10 G Street, NE Suite 600 City Candidate Name (Last, First, Middle Initial) NCPSSM Mailing Address 10 G Street, NE Suite 600 City City Mashington DC 20002 Purpose of Disbursement Initial NCPSSM Mailing Address 10 G Street, NE Suite 600 City General Primary A General Other (specify) ▼ Transaction ID: 16049047 Date of Disbursement this Peri Candidate Name (Last, First, Middle Initial) NCPSSM Mailing Address 10 G Street, NE Suite 600 City Mashington DC 20002 Purpose of Disbursement Initial Mailing Address 10 G Street, NE Suite 600 City Mashington DC 20002 Purpose of Disbursement Initial Mailing Address 10 G Street, NE Suite 600 City Mashington DC 20002 Purpose of Disbursement Initial Mailing Address 10 G Street, NE Suite 600 City Mashington DC 20002 Purpose of Disbursement Initial Mailing Address 10 G Street, NE Suite 600 City Mashington DC 20002 Purpose of Disbursement Initial Mailing Address 10 G Street, NE Suite 600 City Mashington DC 20002 Purpose of Disbursement Initial Category' Type InKind Office Sought: X House Senate Primary X General		Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Full Name (Last, First, Middle Initial) Hagan Senate Committee Inc Mailing Address PO Box 29103 City Greensboro NC 27429 Purpose of Disbursement Contribution Candidate Name Kash Hagan Mailing Address NC District: Full Name (Last, First, Middle Initial) NCPSSM Mailing Address 10 G Street, NE Suite 600 City Washington Office Sought: X House Senate President Suite 600 City Washington Office Sought: X House Senate President Source S	r for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	me and address of any politica		
Hagan Senate Committee Inc Mailing Address PO Box 29103 City State Zip Code Greensboro NC 27429 Purpose of Disbursement Contribution Candidate Name Kay Hagan Office Sought: House President State: NC District: Full Name (Last, First, Middle Initial) NCPSSM Mailing Address 10 G Street, NE Suite 600 City State: IL District: 11 Full Name (Last, First, Middle Initial) NCPSSM Mailing Address 10 G Street, NE Sonate President State: IL District: 11 Full Name (Last, First, Middle Initial) NCPSSM Mailing Address 10 G Street, NE Soute 600 City Senate President Other (specify) ▼ Tansaction ID: 16049047 Date of Disbursement this Period 8 Amount of Each Disbursement this Period 7 Type Contribution Transaction ID: 16049047 Date of Disbursement this Period 8 Amount of Each Disbursement 10 10 11 Category' Type Amount of Each Disbursement this Period 8 Amount of Each Disbursement this Period 8 InKind Transaction ID: 16049057 Date of Disbursement this Period 8 Amount of Each Disbursement 10 InKind Transaction ID: 16049057 Date of Disbursement 10 10 11 Category' Type City Senate President District: 11 Full Name (Last, First, Middle Initial) NCPSSM Mailing Address 10 G Street, NE Suite 600 City Senate President City Senate President District: 11 Full Name (Last, First, Middle Initial) NCPSSM Mailing Address 10 G Street, NE Suite 600 City Senate President Districts 11 Full Name (Last, First, Middle Initial) NCPSSM Amount of Each Disbursement 10 10 11 Category' Type Amount of Each Disbursement 10 10 11 Category' Type Amount of Each Disbursement 10 10 11 Category' Type Amount of Each Disbursement 10 10 11 Category' Type City Senate President Districts 11 Amount of Each Disbursement 10 InKind InKind InKind InKind InKind InKind	National Committee to Preserve Social S	ecurity & Medicare PAC		
City State Zip Code NC 27429 Purpose of Disbursement Contribution Candidate Name Kay Hagan Office Sought:	Hagan Senate Committee Inc			Date of Disbursement
Greensboro NC 27429 Purpose of Disbursement Contribution Candidate Name Kay Hagan Office Sought:	Mailing Address PO Box 29103			
Contribution Cardidate Name Kay Hagan Office Sought: House X Senate Prisadent President State: NC District: Full Name (Last, First, Middle Initial) NCPSSM Mailing Address 10 G Street, NE Suite 600 City Washington Office Sought: X House Primary X General Disbursement For: 2008 Primary X General Other (specify) ▼ Transaction ID: 16049047 Date of Disbursement 10 M	Greensboro			Amount of Each Disbursement this Perio
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Deborah Halvorson Office Sought: X House Senate Primary X General State: IL District: 11 Full Name (Last, First, Middle Initial) NCPSSM Mailing Address 10 G Street, NE Suite 600 City Washington Purpose of Disbursement InKind Candidate Name Mr. Jason Altmire Office Sought: X House Senate Primary X General Disbursement For: 2008 Amount of Each Disbursement this Period Senate Primary X General Other (specify) ▼ InKind			011	1185.78
Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) NCPSSM Mailing Address 10 G Street, NE Suite 600 City State Zip Code Washington DC 20002 Purpose of Disbursement InKind Candidate Name Mr. Jason Altmire Office Sought: X House Senate Primary X General Other (specify) ▼ InKind InKind InKind InKind InKind InKind InKind Other (specify) ▼ InKind InKind InKind InKind Other (specify) ▼ InKind InKind InKind InKind InKind InKind InKind InKind				
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Suite 600 City State Zip Code Washington DC 20002 Purpose of Disbursement InKind 011 Candidate Name Category/ Mr. Jason Altmire Disbursement For: 2008 Senate Primary X General Other (specify) ▼ Amount of Each Disbursement this Peri Amount of Each Disbursement this Peri Primary State Office Sought: Name InKind InKind				Date of Disbursement
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	DULE B (FEC FOIII 3X)		arate schedule(s)	(check on	E NUMBER: PAGE 8/11
	D DISBURSEMEN	Detailed	category of the Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
or for commer	cial purposes, other than usi				for the purpose of soliciting contributions olicit contributions from such committee
\	COMMITTEE (In Full) Committee to Preserve	Social Security & M	Medicare PAC		
Full Name NCPSSN	(Last, First, Middle Initial)				Transaction ID: 16049060 Date of Disbursement
Mailing Ad	dress 10 G Street, NI Suite 600	Ξ			10 M / D B / Y 2 0 0 8
City Washing		State DC	Zip Code 20002		Amount of Each Disbursement this Period
Purpose of InKind Candidate	f Disbursement Name			011 Category/	1912.37
Mr. Al Fr Office Sou	ght: House X Senate President	Disbursement For: Primary Other (spe	2008 X General ecify)	Туре	InKind
	(Last, First, Middle Initial)				Transaction ID: 16050114 Date of Disbursement
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City Washing	ton	State DC	Zip Code 20002		Amount of Each Disbursement this Period
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Linda St Office Sou		Disbursement For: Primary Other (spe	2008 X General ecify)	Туре	InKind
Full Name NCPSSN	(Last, First, Middle Initial)	1			Transaction ID: 16050134 Date of Disbursement
Mailing Ad	dress 10 G Street, NI Suite 600	Ξ			10 M / D 1 5 / Y 2 0 0 8 Y
City Washing		State DC	Zip Code 20002		Amount of Each Disbursement this Period 1544.36
Purpose of InKind Candidate	f Disbursement Name			011 Category/	1344.36
Kay Barı Office Sol	nes	Disbursement For:	2008	Type	
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		l .			

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9/11 3 24 25 26 3b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) National Committee to Preserve Social Section 2.	e and address of any political con	any person for the purpose	of soliciting contributions
Full Name (Last, First, Middle Initial) NCPSSM Mailing Address 10 G Street, NE Suite 600		Transaction Date of Disb	ID: 16050146 ursement
Washington Purpose of Disbursement InKind	State Zip Code DC 20002	011	ach Disbursement this Period
Candidate Name Rep. Paul W. Hodes Office Sought: X House Disburse Senate President	ement For: 2008 Primary X General Other (specify)	ategory/ Type InKind	
State: NH District: 02			

SUBTOTAL of Disbursements This Page (optional)	•	1169.34
TOTAL This Period (last page this line number only)	<u> </u>	9016.61

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			INE NUMBER: PAGE 10 / 11 only one)								
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1 -	21b 27	22 28a	23 28b	24 28c	\vdash	25 29	26 30b			
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				for the p	urpose of	soliciting c	ontribu	utions				
NAME OF COMMITTEE (In Full)												
National Committee to Preserve Social Se	curity & Medicare PAC											
Full Name (Last, First, Middle Initial) NCPSSM					saction ID of Disburs		9038					
Mailing Address 10 G Street, NE Suite 600				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$								
City	State Zip Code DC 20002			Amo	unt of Eac	h Disburse	ement	this F	Period			
Purpose of Disbursement Inkind		C)11	T L.			-118	35.78	3			
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,	State Zip Code DC 20002			Amo	unt of Eac	h Disburse						
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State: District:												
SUBTOTAL of Disbursements This Page (optional)			•				-405	1.91				

TOTAL This Period (last page this line number only)

В.

C.

SCHEDULE B (FEC Form 3X)	Use separ		FOR LI			UMBER: PAGE 11/11								
ITEMIZED DISBURSEMENTS	for each c Detailed S	X 21b		Ė	22 28a	\blacksquare	23 28b	24 28c	F	25 29	26 30b			
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				ny pers		or the pu	ırpos	e of so	oliciting o	ontril	outions			
NAME OF COMMITTEE (In Full)														
National Committee to Preserve Social Se	curity & Me	edicare PAC												
Full Name (Last, First, Middle Initial) NCPSSM						Date	of Dis	sburse						
Mailing Address 10 G Street, NE Suite 600					1 0 M / D 1 5 / Y 2 0 0 8 Y									
,	State DC	Zip Code 20002				Amou	ınt of	Each	Disburs	-				
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Full Name (Last, First, Middle Initial)											_			
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,	State DC	Zip Code 20002				Amount of Each Disbursement this Period								
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SUBTOTAL of Disbursements This Page (optional)	<u>.</u>	<u></u>	<u></u>	I	<u> </u>					-29	64.7)		

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TOTAL This Period (last page this line number only)