

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

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 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 02 01 2010 through 02 28 2010

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 03 18 2010

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 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	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		253332.43
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	226839.07									
(c) Total Receipts (from Line 19) .....	27.53	73.64								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	226866.60	253406.07								
7. Total Disbursements (from Line 31) .....	68288.08	94827.55								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	158578.52	158578.52								
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) .....	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

Write or Type Committee Name

National Committee to Preserve Social Security & Medicare PAC

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	0

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	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
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.) .....	27.53	73.64
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)) .....	27.53	73.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27.53	73.64

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	44288.08	42967.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	44288.08	42967.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24000.00	50859.91
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
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	1000.00
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))..	68288.08	94827.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68288.08	94827.55

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	0.00
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	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	44288.08	42967.64
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	44288.08	42967.64

**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

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) NCPSSM  Mailing Address 10 G STREET NE SUITE 600  City WASHINGTON State DC Zip Code 20002-4215  Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">002</span> Category/Type  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 17989007 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 0	Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 5px; text-align: center;">410.20</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) NCPSSM  Mailing Address 10 G STREET NE SUITE 600  City WASHINGTON State DC Zip Code 20002-4215  Purpose of Disbursement SALARY AND BENEFIT EXPENSE Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">001</span> Category/Type  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 17989010 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 0	Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 5px; text-align: center;">22123.06</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) NCPSSM  Mailing Address 10 G STREET NE SUITE 600  City WASHINGTON State DC Zip Code 20002-4215  Purpose of Disbursement PHOTOCOPY EXPENSE REIMBURSEMENT Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">006</span> Category/Type  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 17989011 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 0	Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 5px; text-align: center;">105.30</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">22638.56</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

**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  Mailing Address 10 G STREET NE SUITE 600  City WASHINGTON State DC Zip Code 20002-4215  Purpose of Disbursement POSTAGE EXPENSE Candidate Name  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) ▼	Transaction ID: 17989012 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 0	Amount of Each Disbursement this Period  51.22
			POSTAGE EXPENSE
<b>B.</b>	Full Name (Last, First, Middle Initial) VOCUS  Mailing Address PO Box 17482  City Baltimore State MD Zip Code 21297-1482  Purpose of Disbursement SOFTWARE MAINTENANCE Candidate Name  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) ▼	Transaction ID: 18007536 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 1 0	Amount of Each Disbursement this Period  21142.15
			SOFTWARE MAINTENANCE
<b>C.</b>	Full Name (Last, First, Middle Initial) Financial Agent  Mailing Address PO Box 970030  City St Louis State MO Zip Code 63197  Purpose of Disbursement 2009 FEDERAL INCOME TAX Candidate Name  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) ▼	Transaction ID: 18007545 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 1 0	Amount of Each Disbursement this Period  283.00
			2009 FEDERAL INCOME TAX

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>21476.37</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>44114.93</b>

# 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)

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<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) <b>DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</b></p> <p>Mailing Address 430 SOUTH CAPITOL STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement 2010 CALENDAR YEAR</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17989014 <b>Date of Disbursement:</b> 02 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p> <p>2010 CALENDAR YEAR</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>Castle Campaign Fund</b></p> <p>Mailing Address PO Box 133</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Michael Castle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 18011070 <b>Date of Disbursement:</b> 02 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>Kilroy For Congress</b></p> <p>Mailing Address P.O. Box 2582 Ste 305</p> <p>City Columbus State OH Zip Code 43216</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mary Kilroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 18054162 <b>Date of Disbursement:</b> 02 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	17000.00
<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 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Patrick Murphy For Congress  Mailing Address P.O. Box 868  City Levittown State PA Zip Code 19058  Purpose of Disbursement Contribution Candidate Name Mr. Patrick Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18054232 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00  Contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) John Lewis For Congress  Mailing Address P.O. Box 636  City Annandale State VA Zip Code 22003  Purpose of Disbursement Contribution Candidate Name JOHN LEWIS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18054318 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 1 0	Amount of Each Disbursement this Period 2500.00  Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee  Mailing Address PO Box 75214  City Washington State DC Zip Code 20013  Purpose of Disbursement Contribution Candidate Name Pete Stark Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18054403 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 1 0	Amount of Each Disbursement this Period 1500.00  Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

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<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

**A.** Full Name (Last, First, Middle Initial)  
Steve Israel for Congress Committee

Mailing Address P.O. Box 777

City State Zip Code  
Deer Park NY 11729

Purpose of Disbursement  
Contribution

Candidate Name  
Steve Israel

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 02

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** 18054549

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Matsui for Congress

Mailing Address 729 Fifteenth Street, NW

City State Zip Code  
Washington DC 20005

Purpose of Disbursement  
Contribution

Candidate Name  
Ms. Doris Matsui

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 05

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** 18054602

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Contribution

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

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