FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

ADDRESS (number and street) ☐ ◀ (Check if address is changed)

560 SYLVAN AVENUE

ENGLEWOOD CLIFFS — CITY ▲

NJ — STATE ▲

07632 – ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ ◀ (Check if address is changed)

Barbara.Silverstone@nosscr.org

Optional Second E-Mail Address

habegg@wc-b.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ ◀ (Check if address is changed)

2. DATE M M 01 / D D 11 / Y Y Y Y 2017

3. FEC IDENTIFICATION NUMBER ▶ C C00521039

4. IS THIS STATEMENT ☐ NEW (N) **OR** ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Polonsky, Alan, H., ,

Signature of Treasurer *Polonsky, Alan, H., ,* ***[Electronically Filed]*** Date M M 01 / D D 12 / Y Y Y Y 2017

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100