

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 (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 02 2010 in the State of _____

5. Covering Period 10 14 2010 through 11 22 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 12 03 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
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

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	682218.53									
(c) Total Receipts (from Line 19)	3318.30	1393022.26								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	685536.83	1646354.69								
7. Total Disbursements (from Line 31)	77415.09	1038232.95								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	608121.74	608121.74								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

National Committee to Preserve Social Security & Medicare PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

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)	350.00	40117.00
(ii) Unitemized	2882.00	1348344.63
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3232.00	1388461.63
(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)	3232.00	1388461.63
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	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	86.30	560.63
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))	3318.30	1393022.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3318.30	1393022.26

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	-1205.09	568922.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	-1205.09	568922.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24002.53	409631.01
24. Independent Expenditure (use Schedule E)	51117.65	51117.65
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.....	3500.00	8561.78
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))..	77415.09	1038232.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77415.09	1038232.95

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)	3232.00	1388461.63
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3232.00	1388461.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	-1205.09	568922.51
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-1205.09	568922.51

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

A. Full Name (Last, First, Middle Initial)
Ms Dorothy J Etchison

Mailing Address
RR 1 Box 2630

City State Zip Code
Quinton OK 74561-9746

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: 18770973

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
Nathan Y Etchison

Mailing Address
RR 1 Box 2630

City State Zip Code
Quinton OK 74561-9746

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: 18770974

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
Mrs Jane Guardascione

Mailing Address
2123 29th St

City State Zip Code
Astoria NY 11105-2918

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18771012

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 28	
	(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

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.	Full Name (Last, First, Middle Initial) Mrs Ivan L Ruzics		Date of Receipt																					
	Mailing Address 2810 Via Blanco		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	0	/	2	0	1	0														
	City San Clemente		State CA	Zip Code 92673-3564																				
	FEC ID number of contributing federal political committee. C		Transaction ID: 18771085																					
Name of Employer		Amount of Each Receipt this Period 150.00																						
Occupation Retired																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	350.00

**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

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.	Full Name (Last, First, Middle Initial) DMH MARKETING PARTNERS	Transaction ID: 18679163 Date of Disbursement 10 / 15 / 2010	
	Mailing Address 1720 WATTERSON TRAIL		
	City LOUISVILLE State KY Zip Code 40299	Amount of Each Disbursement this Period	6.16
	Purpose of Disbursement NO EXPRESS ADVOCACY, POSTAGE, INV. #7382, JOB #01108006	Category/Type	001
	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) ▼	NO EXPRESS ADVOCACY, POSTAGE, INV. #7382, JOB #0110-8006
B.	Full Name (Last, First, Middle Initial) NCPSSM	Transaction ID: 18685138 Date of Disbursement 10 / 14 / 2010	
	Mailing Address 10 G Street, NE Suite 600		
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period	-331.54
	Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS	Category/Type	011
	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) ▼	ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS
C.	Full Name (Last, First, Middle Initial) NCPSSM	Transaction ID: 18692825 Date of Disbursement 10 / 14 / 2010	
	Mailing Address 10 G Street, NE Suite 600		
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period	-748.58
	Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS	Category/Type	011
	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) ▼	ADVANCE FOR FUTURE IN-KIND CONTRIBUTIONS

SUBTOTAL of Disbursements This Page (optional)	-1073.96
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

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.	Full Name (Last, First, Middle Initial) NCPSSM	Transaction ID: 18696489 Date of Disbursement 10 / 20 / 2010
	Mailing Address 10 G Street, NE Suite 600	Amount of Each Disbursement this Period -854.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTION	011 Category/ Type
	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) ▼
		ADVANCE FOR FUTURE IN-KIND CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) DMH MARKETING PARTNERS	Transaction ID: 18697115 Date of Disbursement 10 / 29 / 2010
	Mailing Address 1720 WATTERSON TRAIL	Amount of Each Disbursement this Period 1144.32
	City LOUISVILLE State KY Zip Code 40299	
	Purpose of Disbursement NO EXPRESS ADVOCACY,Printing, Inv.#7435, Job #01108006	006 Category/ Type
	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) ▼
		NO EXPRESS ADVOCACY,Print- ing, Inv.#7435, Job #0110- 8006

C.	Full Name (Last, First, Middle Initial) NCPSSM	Transaction ID: 18697120 Date of Disbursement 10 / 29 / 2010
	Mailing Address 10 G Street, NE Suite 600	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Advance for Future In-Kind	001 Category/ Type
	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) ▼
		Advance for Future In-Kind

SUBTOTAL of Disbursements This Page (optional)	5290.32
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)

PAGE 10 / 28

<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

A.	Full Name (Last, First, Middle Initial) NCPSSM Mailing Address 10 G Street, NE Suite 600 City Washington State DC Zip Code 20002 Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTION 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: 18704828 Date of Disbursement 10 / 19 / 2010 Amount of Each Disbursement this Period -1388.70 ADVANCE FOR FUTURE IN-KIND CONTRIBUTION	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) NCPSSM Mailing Address 10 G Street, NE Suite 600 City Washington State DC Zip Code 20002 Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTION 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: 18705223 Date of Disbursement 10 / 20 / 2010 Amount of Each Disbursement this Period -1184.34 ADVANCE FOR FUTURE IN-KIND CONTRIBUTION	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) NCPSSM Mailing Address 10 G Street, NE Suite 600 City Washington State DC Zip Code 20002 Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTION 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: 18706204 Date of Disbursement 10 / 21 / 2010 Amount of Each Disbursement this Period -1176.67 ADVANCE FOR FUTURE IN-KIND CONTRIBUTION	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

-3749.71

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

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. Full Name (Last, First, Middle Initial) NCPSSM <hr/> Mailing Address 10 G Street, NE Suite 600 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18706638 Date of Disbursement 10 / 25 / 2010
	Amount of Each Disbursement this Period -891.97
	ADVANCE FOR FUTURE IN-KIND CONTRIBUTION
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. Full Name (Last, First, Middle Initial) NCPSSM <hr/> Mailing Address 10 G Street, NE Suite 600 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18707177 Date of Disbursement 10 / 26 / 2010
	Amount of Each Disbursement this Period -901.24
	ADVANCE FOR FUTURE IN-KIND CONTRIBUTION
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C. Full Name (Last, First, Middle Initial) NCPSSM <hr/> Mailing Address 10 G Street, NE Suite 600 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18707890 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period -482.40
	ADVANCE FOR FUTURE IN-KIND CONTRIBUTION
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	-2275.61
TOTAL 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)

<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

A.	Full Name (Last, First, Middle Initial) NCPSSM	Transaction ID: 18708177 Date of Disbursement 10 / 27 / 2010
	Mailing Address 10 G Street, NE Suite 600	Amount of Each Disbursement this Period -1543.09
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUTION	011 Category/ Type
	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) ▼
		ADVANCE FOR FUTURE IN-KIND CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) DMH MARKETING PARTNERS	Transaction ID: 18725928 Date of Disbursement 11 / 10 / 2010
	Mailing Address 1720 WATTERSON TRAIL	Amount of Each Disbursement this Period 187.40
	City LOUISVILLE State KY Zip Code 40299	
	Purpose of Disbursement NO EXPRESS ADVOCACY,PRINTING,INV. #7480,JOB #01108006	006 Category/ Type
	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) ▼
		NO EXPRESS ADVOCACY,PRINTING,INV. #7480,JOB #01108-006

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 18779307 Date of Disbursement 11 / 15 / 2010
	Mailing Address 730 15th Street, NW DC1-701-02-02, 2nd Floor	Amount of Each Disbursement this Period 48.72
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement BANK FEES	001 Category/ Type
	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) ▼
		BANK FEES

SUBTOTAL of Disbursements This Page (optional)	-1306.97
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)

PAGE 13 / 28

<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

A.

Full Name (Last, First, Middle Initial)

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 FEE

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 18779309

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

1910.84

BANK FEE

SUBTOTAL of Disbursements This Page (optional)

1910.84

TOTAL This Period (last page this line number only)

-1205.09

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

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.	Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy	Transaction ID: 18681731 Date of Disbursement
	Mailing Address P.O. Box 127	<input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Cheshire State CT Zip Code 06410	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name Mr. Christopher Murphy	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Perriello For Congress	Transaction ID: 18685139 Date of Disbursement
	Mailing Address PO Box 306	<input type="text" value="10"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Ivy State VA Zip Code 22945	Amount of Each Disbursement this Period
	Purpose of Disbursement IN-KIND CONTRIBUTIONS	<input type="text" value="331.54"/>
	Candidate Name Rep. Thomas Stuart Price Perriello	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		IN-KIND CONTRIBUTIONS

C.	Full Name (Last, First, Middle Initial) Bennet for Colorado	Transaction ID: 18685262 Date of Disbursement
	Mailing Address 1900 GRANT STREET Suite 1170	<input type="text" value="10"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Denver State CO Zip Code 80203	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1500.00"/>
	Candidate Name Michael Bennet	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4331.54"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

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

<p>A. Full Name (Last, First, Middle Initial) Carney For Congress</p> <p>Mailing Address P.O. Box A</p> <p>City Clarks Summit State PA Zip Code 18411</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mr. Christopher Carney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 10</p>	<p>Transaction ID: 18688435 Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Perlmutter For Congress</p> <p>Mailing Address 3440 Youngfield Street #264</p> <p>City Wheat Ridge State CO Zip Code 80033</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mr. Edwin Perlmutter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CO District: 07</p>	<p>Transaction ID: 18688452 Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Scott Murphy For Congress</p> <p>Mailing Address 5 South Side Dr. #224</p> <p>City Clifton Park State NY Zip Code 12065</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Scott M. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 20</p>	<p>Transaction ID: 18688454 Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

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

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. Full Name (Last, First, Middle Initial) Patrick Murphy For Congress <hr/> Mailing Address P.O. Box 868 <hr/> City Levittown State PA Zip Code 19058 <hr/> 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18688455 Date of Disbursement 10 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Contribution
	Category/Type 011
B. Full Name (Last, First, Middle Initial) Klein For Congress <hr/> Mailing Address 21301 Powerline Road, Suite 204 <hr/> City Boca Raton State FL Zip Code 33433 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Ron Klein Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18688456 Date of Disbursement 10 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Contribution
	Category/Type 011
C. Full Name (Last, First, Middle Initial) Perriello For Congress <hr/> Mailing Address PO Box 306 <hr/> City Ivy State VA Zip Code 22945 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Thomas Stuart Price Perriello Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18688457 Date of Disbursement 10 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Contribution
	Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL 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)

<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

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.	Full Name (Last, First, Middle Initial) Oliverio For Congress	Transaction ID: 18688459 Date of Disbursement 10 / 25 / 2010
	Mailing Address 1199 Van Voorhis Rd Suite 6	Amount of Each Disbursement this Period 1000.00
	City Morgantown State WV Zip Code 26505	
	Purpose of Disbursement Contribution Candidate Name Mr. Michael Oliverio Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
B.	Full Name (Last, First, Middle Initial) Giffords For Congress	Transaction ID: 18688462 Date of Disbursement 10 / 25 / 2010
	Mailing Address PO Box 12886	Amount of Each Disbursement this Period 1000.00
	City Tucson State AZ Zip Code 85732	
	Purpose of Disbursement Contribution Candidate Name Ms. Gabrielle Giffords Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
C.	Full Name (Last, First, Middle Initial) Lentz For Congress	Transaction ID: 18688463 Date of Disbursement 10 / 25 / 2010
	Mailing Address PO Box 1846	Amount of Each Disbursement this Period 1000.00
	City Media State PA Zip Code 19064	
	Purpose of Disbursement Contribution Candidate Name Mr. Bryan Lentz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

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

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.	Full Name (Last, First, Middle Initial) Robin Carnahan For Senate Mailing Address PO Box 50378 City St Louis State MO Zip Code 63105 Purpose of Disbursement IN-KIND CONTRIBUTIONS Candidate Name Robin Carnahan Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18692829 Date of Disbursement 10 / 14 / 2010 Amount of Each Disbursement this Period 748.58 IN-KIND CONTRIBUTIONS
B.	Full Name (Last, First, Middle Initial) John Spratt for Congress Mailing Address PO Box 636 City Annandale State VA Zip Code 22003 Purpose of Disbursement IN-KIND CONTRIBUTION Candidate Name John Spratt Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18696492 Date of Disbursement 10 / 20 / 2010 Amount of Each Disbursement this Period 854.00 IN-KIND CONTRIBUTION
C.	Full Name (Last, First, Middle Initial) Democratic Party of Wisconsin Unity Fund Mailing Address P.O. Box 620062 City Middleton State WI Zip Code 53562 Purpose of Disbursement 2010 CALENDAR YEAR 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: 18697225 Date of Disbursement 10 / 29 / 2010 Amount of Each Disbursement this Period 2500.00 2010 CALENDAR YEAR

SUBTOTAL of Disbursements This Page (optional) ▶

4102.58

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

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

<p>A. Full Name (Last, First, Middle Initial) Braley For Congress</p> <p>Mailing Address PO Box 390</p> <p>City Waterloo State IA Zip Code 50704</p> <p>Purpose of Disbursement IN-KIND CONTRIBUTION</p> <p>Candidate Name Mr. Bruce Braley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18705075</p> <p>Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1388.70</p> <p>011 Category/ Type</p> <p>IN-KIND CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) People for Patty Murray</p> <p>Mailing Address 122 Maryland Avenue, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement (In-Kind) IN-KIND CONTRIBUTION</p> <p>Candidate Name Patty Murray</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18705320</p> <p>Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1184.34</p> <p>011 Category/ Type</p> <p>(In-Kind) IN-KIND CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013-5214</p> <p>Purpose of Disbursement IN-KIND CONTRIBUTION</p> <p>Candidate Name Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: ND District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18706500</p> <p>Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1176.67</p> <p>011 Category/ Type</p> <p>IN-KIND CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3749.71

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

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. Full Name (Last, First, Middle Initial) Bocchieri For Congress <hr/> Mailing Address 337 Third Street Nw <hr/> City Canton State OH Zip Code 44702 <hr/> Purpose of Disbursement IN-KIND CONTRIBUTION Candidate Name Mr. John Bocchieri <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18706779 Date of Disbursement 10 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 891.97 <hr/> IN-KIND CONTRIBUTION	
	B. Full Name (Last, First, Middle Initial) Loeb sack For Congress <hr/> Mailing Address PO Box 2720 <hr/> City Cedar Rapids State IA Zip Code 52406 <hr/> Purpose of Disbursement IN-KIND CONTRIBUTION Candidate Name Rep. David Wayne Loeb sack <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18707715 Date of Disbursement 10 / 26 / 2010 <hr/> Amount of Each Disbursement this Period 901.24 <hr/> IN-KIND CONTRIBUTION
	C. Full Name (Last, First, Middle Initial) Klein For Congress <hr/> Mailing Address 21301 Powerline Road, Suite 204 <hr/> City Boca Raton State FL Zip Code 33433 <hr/> Purpose of Disbursement IN-KIND CONTRIBUTION Candidate Name Mr. Ron Klein <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18707987 Date of Disbursement 10 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 482.40 <hr/> IN-KIND CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

2275.61

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)

PAGE 21 / 28

<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

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.

Full Name (Last, First, Middle Initial)
DEFAZIO FOR CONGRESS

Mailing Address P.O. BOX 1316

City State Zip Code
SPRINGFIELD OR 97477

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name
PETER DEFAZIO

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OR District: 04

Transaction ID: 18708253

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

1543.09

IN-KIND CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
Mike Honda For Congress

Mailing Address P.O. Box 8180

City State Zip Code
San Jose CA 95155

Purpose of Disbursement
Void - Mike Honda For Congress

Candidate Name
Rep. Michael M. Honda

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 15

Transaction ID: 18727538

Date of Disbursement

11 / 15 / 2010

Amount of Each Disbursement this Period

-1000.00

Void - Mike Honda For Congress

SUBTOTAL of Disbursements This Page (optional)

543.09

TOTAL This Period (last page this line number only)

24002.53

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 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 checked="" 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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bishop for Congress Election Protection</p> <p>Mailing Address c/o Bishop for Congress P.O. Box 37</p> <p>City Farmingville State NY Zip Code 11738</p> <p>Purpose of Disbursement Contribution to recount, Candidate Tim Bishop, House NY-1, General Election</p> <p>Candidate Name Bishop for Congress Election Protection</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>Transaction ID: 18724892</p> <p>Date of Disbursement MM / DD / YYYY 11 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution to recount, Candidate Tim Bishop, House NY-1, General Election</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) New York Victory Fund 2010</p> <p>Mailing Address 10 G Street, NE Suite 570</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution to recount, Candidate Dan Maffei, House NY-25, General Election</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>Transaction ID: 18724894</p> <p>Date of Disbursement MM / DD / YYYY 11 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution to recount, Candidate Dan Maffei, House NY-25, General Election</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) New York Victory Fund 2010</p> <p>Mailing Address 10 G Street, NE Suite 570</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution to recount, Candidate Dan Maffei, House NY-25, General Election</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>Transaction ID: 18734860</p> <p>Date of Disbursement MM / DD / YYYY 11 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution to recount, Candidate Dan Maffei, House NY-25, General Election</p>

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	3500.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Committee to Preserve Social Security & Medicare PAC	FEC IDENTIFICATION NUMBER ▼ C C00172296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
 METRICS MEDIA

Mailing Address
 24 QUAKER LANE
 ATTN: BARBARA CASSIDY

City State Zip Code
 DOVER NH 03820

Purpose of Expenditure
 RADIO AD, IE DISSEMI-
 NATION DATE: 10/18/2

Category/
 Type **004**

Name of Federal Candidate supported or Opposed by expenditure:
 Mr. Richard Blumenthal

Calendar Year-To-Date Per Election
 for Office Sought **36310.00**

Date
 M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 1 0

Amount
36310.00

Transaction ID: 18665322

Office Sought: House State: CT
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2010

Full Name (Last, First, Middle, Initial) of Payee
 FOCUS DIRECT

Mailing Address
 PO BOX 870

City State Zip Code
 FOREST VA 24551

Purpose of Expenditure
 IE Mailing, Postage,
 estimated amount

Category/
 Type **001**

Name of Federal Candidate supported or Opposed by expenditure:
 Mr. Richard Blumenthal

Calendar Year-To-Date Per Election
 for Office Sought **43933.63**

Date
 M M / D D / Y Y Y Y
 1 0 / 2 2 / 2 0 1 0

Amount
7623.63

Transaction ID: 18683854

Office Sought: House State: CT
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2010

(a) SUBTOTAL of Itemized Independent Expenditures	43933.63
(b) SUBTOTAL of Unitemized Independent Expenditures	<input style="width:100%;" type="text"/>
(c) TOTAL Independent Expenditures	<input style="width:100%;" type="text"/>

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 M M / D D / Y Y Y Y
 1 2 / 0 3 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Committee to Preserve Social Security & Medicare PAC	FEC IDENTIFICATION NUMBER C C00172296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
FOCUS DIRECT

Mailing Address
PO BOX 870

City State Zip Code
FOREST VA 24551

Purpose of Expenditure
IE Mailing, Postage, estimated amount

Category/Type **001**

Name of Federal Candidate supported or Opposed by expenditure:
Earl Pomeroy

Calendar Year-To-Date Per Election for Office Sought **1452.12**

Date
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Amount
1452.12

Transaction ID: 18687545

Office Sought: House State: ND
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
FOCUS DIRECT

Mailing Address
PO BOX 870

City State Zip Code
FOREST VA 24551

Purpose of Expenditure
IE Mailing, Postage, estimated amount

Category/Type **001**

Name of Federal Candidate supported or Opposed by expenditure:
HARRY REID

Calendar Year-To-Date Per Election for Office Sought **3025.25**

Date
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Amount
3025.25

Transaction ID: 18687547

Office Sought: House State: NV
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	4477.37
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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 **1 2 / 0 3 / 2 0 1 0**

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Committee to Preserve Social Security & Medicare PAC	FEC IDENTIFICATION NUMBER C C00172296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
FOCUS DIRECT

Mailing Address
PO BOX 870

City FOREST	State VA	Zip Code 24551
----------------	-------------	-------------------

Purpose of Expenditure REFUND OF POSTAGE	Category/ Type 001
---	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
HARRY REID

Calendar Year-To-Date Per Election for Office Sought	2861.43
---	---------

Date
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Amount
-163.82

Transaction ID: 18779341

Office Sought: House State: NV
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
FOCUS DIRECT

Mailing Address
PO BOX 870

City FOREST	State VA	Zip Code 24551
----------------	-------------	-------------------

Purpose of Expenditure REFUND OF POSTAGE OV- ERPAYMENT	Category/ Type 001
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Earl Pomeroy

Calendar Year-To-Date Per Election for Office Sought	1247.90
---	---------

Date
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Amount
-204.22

Transaction ID: 18779344

Office Sought: House State: ND
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	-368.04
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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 M M / D D / Y Y Y Y
1 2 / 0 3 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Committee to Preserve Social Security & Medicare PAC	FEC IDENTIFICATION NUMBER C C00172296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
FOCUS DIRECT

Mailing Address
PO BOX 870

City State Zip Code
FOREST VA 24551

Purpose of Expenditure Category/Type
REFUND OF POSTAGE OVERPAYMENT 001

Name of Federal Candidate supported or Opposed by expenditure:
Mr. Richard Blumenthal

Calendar Year-To-Date Per Election for Office Sought 43333.49

Date
MM / DD / YYYY
10 / 27 / 2010

Amount
-600.14

Transaction ID: 18779347

Office Sought: House State: CT
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
FOCUS DIRECT

Mailing Address
PO BOX 870

City State Zip Code
FOREST VA 24551

Purpose of Expenditure Category/Type
PRINTING, IE DISSEMINATION 10/22/10 004

Name of Federal Candidate supported or Opposed by expenditure:
Earl Pomeroy

Calendar Year-To-Date Per Election for Office Sought 1706.09

Date
MM / DD / YYYY
10 / 29 / 2010

Amount
458.19

Transaction ID: 18687475

Office Sought: House State: ND
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	-141.95
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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
MM / DD / YYYY
12 / 03 / 2010

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Committee to Preserve Social Security & Medicare PAC	FEC IDENTIFICATION NUMBER ▼ C C00172296
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
FOCUS DIRECT

Mailing Address
PO BOX 870

City FOREST	State VA	Zip Code 24551
----------------	-------------	-------------------

Purpose of Expenditure PRINTING, IE DISSEMI- NATION 10/22/10	Category/ Type 004
--	---

Name of Federal Candidate supported or Opposed by expenditure:
Mr. Richard Blumenthal

Calendar Year-To-Date Per Election for Office Sought	45369.48
---	--

Date

M M	/	D D	/	Y Y Y Y
1 0		2 9		2 0 1 0

Amount
2035.99

Transaction ID: 18687477

Office Sought: House State: CT
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2010

Full Name (Last, First, Middle, Initial) of Payee
FOCUS DIRECT

Mailing Address
PO BOX 870

City FOREST	State VA	Zip Code 24551
----------------	-------------	-------------------

Purpose of Expenditure PRINTING, IE DISSEMI- NATION 10/22/10	Category/ Type 004
--	---

Name of Federal Candidate supported or Opposed by expenditure:
HARRY REID

Calendar Year-To-Date Per Election for Office Sought	3747.08
---	---

Date

M M	/	D D	/	Y Y Y Y
1 0		2 9		2 0 1 0

Amount
885.65

Transaction ID: 18687480

Office Sought: House State: NV
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2010

(a) SUBTOTAL of Itemized Independent Expenditures	2921.64
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

M M	/	D D	/	Y Y Y Y
1 2		0 3		2 0 1 0

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) National Committee to Preserve Social Security & Medicare PAC		FEC IDENTIFICATION NUMBER C C00172296	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee CLARK PARK PRODUCTIONS, INC.		Date M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0	
Mailing Address 400 NORTH CAPITOL STREET, NW, SUIT		Amount 295.00	
City State Zip Code WASHINGTON DC 20001		Transaction ID: 18708887	
Purpose of Expenditure RADIO AD, IE DISSEMIN- ATION 10-12-10		Office Sought: <input type="checkbox"/> House State: CT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Mr. Richard Blumenthal		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
		Category/ Type 004	
		45664.48	

(a) SUBTOTAL of Itemized Independent Expenditures	295.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	51117.65
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 M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 1 0