12/03/2010 10:35

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FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT OR TYPE OR PRINT Example: If typing, type over the lines National Committee to Preserve Social Security & Medicare PAC	
National Committee to Preserve Social Security & Medicare PAC	
ADDRESS (number and street) 10 G St. NE	
Check if different than previously Washington I DC I 20002 I 14	4215
reported. (ACC)	
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIPCODE	
C00172296 3. IS THIS REPORT (N) OR X AMENDED (A)	
	lov 20 (M11) Non-Election ear Only)
	Pec 20 (M12) Non-Election ear Only)
April 15 Quarterly Report(Q1)	an 31 (YE) Sunoff (12R)
October 15 Quarterly Report(Q3) January 31 in the	
Quarterly Report(YE) July 31 Mid-Year Report(Non-election Year Only) (MY) Post - Election on State of S	special (30S)
Termination Report (TER) Report for the: 1 1 0 2 2 0 1 0 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	0 1 0
NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C	2 437g.
Office Use Only FEGAN026	

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2 / 28

Write or Type Committee Name National Committee to Preserve Social Security & Medicare PAC м м 1 0 D D 14 D D 22 м м 1 1 2010 2010 To: Report Covering the Period: From:

	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 Y Y Y		253332.43
	(b) Cash on Hand at Begining 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
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	608121.74	608121.74
).	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X 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) 3 / 28

Write or Type Committee Name

National Committee to Preserve Social Security & Medicare PAC

Report Covering the Period:

From:

м м 1 0 D D 14

Y Y W Y 2010

то.

м°м 1 1 D D 22

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	3232.00	1388461.63
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	4000.00
7. Other Federal Receipts (Dividends, Interest, etc.)	86.30	560.63
. 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
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3318.30	1393022.26
. Total Federal Receipts (subtract Line 18(c) from Line 19)	3318.30	1393022.26

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 28

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	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	1005.00	50000 54
	Expenditures	-1205.09	568922.51
	c) Total Operating Expenditures	1005.00	FC0000 F1
	(add 21(a)(i), (a)(ii) and (b))	-1205.09	568922.51
	Fransfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committees	24002.53	409631.01
	ndependent Expenditure		
	use Schedule E)	51117.65	51117.65
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00
		0.00	0.00
6.	_oan Repayments Made	0.00	0.00
_	Mada	0.00	0.00
	Loans Made	0.00	0.00
	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	3500.00	8561.78
^	Endard Floation Activity (211 S.C. 421/20)		
0.	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	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	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))	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) 5 / 28

	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
4.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
85.	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

FE6AN026

SCHEDULE A (FEC Form 3X)

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) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Committee to Preserve Soci	Statements may not be sold or used by any pers- le name and address of any political committee to al Security & Medicare PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms Dorothy J Etchison Mailing Address RR 1 Box 2630 City Quinton FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	State Zip Code OK 74561-9746 C Occupation Retired Aggregate Year-to-Date ▼	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
Full Name (Last, First, Middle Initial) Nathan Y Etchison Mailing Address RR 1 Box 2630 City Quinton FEC ID number of contributing	State Zip Code OK 74561-9746	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Retired Aggregate Year-to-Date 225.00	
Full Name (Last, First, Middle Initial) Mrs Jane Guardascione Mailing Address 2123 29th St City Astoria FEC ID number of contributing federal political committee.	State Zip Code NY 11105-2918	Date of Receipt 10 26 2010 Transaction ID: 18771012 Amount of Each Receipt this Period 50.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Retired Aggregate Year-to-Date 275.00	
SUBTOTAL of Receipts This Page (optional) .		200.00

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 7/28 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 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) Mrs Ivan L Ruzics Date of Receipt Mailing Address 10 2010 2810 Via Blanco City State Zip Code Transaction ID: 18771085 San Clemente CA 92673-3564 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Name of Employer Occupation Retired Receipt For: Aggregate Year-to-Date Primary General 250.00 Other (specify)

		150.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	130.00
TOTAL This Period (last page this line number only)	•	350.00

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 8/28
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	y one)	04 🗆 05 🗆 00
	Detailed Summary Page	X 21b 27	22 23 28b 28b	24 25 26 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 Sec	curity & Medicare PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: 1	8670163
DMH MARKETING PARTNERS			Date of Disburseme	nt
Mailing Address 1720 WATTERSON TRA	IL		10 15	2010
,	State Zip Code KY 40299		Amount of Each Dis	bursement this Period
Purpose of Disbursement				6.16
NO EXPRESS ADVOCACY, POSTAGE, INV. #73 Candidate Name	82, JOB #01108006	001		
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify)		NO EXPRESS AE GE, INV. #7382, 8006	OVOCACY,POSTA- JOB #0110-
State: District: Full Name (Last, First, Middle Initial)				=
NCPSSM			Transaction ID: 1 Date of Disburseme	
Mailing Address 10 G Street, NE Suite 600			10 M / D D D D D D D D D D D D D D D D D D	2010
City	State Zip Code		Amount of Each Dis	bursement this Period
Washington Purpose of Disbursement	DC 20002			-331.54
ADVANCE FOR FUTURE IN-KIND CONTRIBUT	IONS	011		
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		ADVANCE FOR F CONTRIBUTIONS	EUTURE IN-KIND S
Full Name (Last, First, Middle Initial)			Transaction ID: 1	8692825
NCPSSM			Date of Disburseme	
Mailing Address 10 G Street, NE Suite 600			10 / 14	y 2010 ^Y
	State Zip Code DC 20002		Amount of Each Dis	bursement this Period
Purpose of Disbursement	10110	* * * * * * * * * * * * * * * * * * * *		-748.58
ADVANCE FOR FUTURE IN-KIND CONTRIBUT Candidate Name	IUNS	011 Category/		
		Туре		
Senate President	ment For: Primary General Other (specify)		ADVANCE FOR F CONTRIBUTIONS	
State: District:				
SUBTOTAL of Disbursements This Page (optional) .				-1073.96

C.

SCHEDULE B (FEC Form 3X)		arate schedule(s)			OR LIN			R:			PAGI	9/2	8
ITEMIZED DISBURSEMENTS		category of the Summary Page		X	_		22 28a		23 28b	24 28	. F	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name													S
NAME OF COMMITTEE (In Full)													
National Committee to Preserve Social Sec	curity & M	edicare PAC											
Full Name (Last, First, Middle Initial) NCPSSM									on ID: sburse	1869 ement	648	9	
Mailing Address 10 G Street, NE Suite 600							1 ^M 0	М	^D 2	0 /	Υ	ž 0 1 (o ^Y
City	State DC	Zip Code 20002					Amou	nt o	f Each	Disbur	seme	nt this	Period
Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUT	ION			0	11		<u></u>					854.00)
Candidate Name					egory/ vpe								
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General ecify) ▼					ADVA CONT			R FUT ON	URE	E IN-K	IND
Full Name (Last, First, Middle Initial) DMH MARKETING PARTNERS										1869	711	5	
Mailing Address 1720 WATTERSON TRA	.II							M M	sburse 2	9 /	Υ	ž 0 1 (O Y
	State	Zip Code					Amou	nt o	f Each	Disbur	seme	nt this	Period
LOUISVILLE	KY	40299					-						
Purpose of Disbursement NO EXPRESS ADVOCACY, Printing, Inv.#7435, J	ob #011080	006		_	06			0			1	144.32	2
Candidate Name					egory/ vpe								
Senate President	ment For: Primary Other (spe	General ecify) ▼					NO Ei ing, Ir 8006	XPI IV.#	RESS 7435	ADVC , Job #	011	CY,Pri 0-	nt-
State: District:						-							
Full Name (Last, First, Middle Initial) NCPSSM							Date o	of D	sburse				
Mailing Address 10 G Street, NE Suite 600							1 ^M 0	М	2	9 /	Y	ž 0 1 (o ^Y
	State DC	Zip Code 20002					Amou	nt o	f Each	Disbur			
Purpose of Disbursement Advance for Future In-Kind				0	01			0			5	000.00	0
Candidate Name			Са	ate	egory/ vpe								
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General					Advar	nce	for Fu	uture li	n-Kir	nd	
State: District:		··-·· <i>J</i>) \											
SUBTOTAL of Disbursements This Page (optional) .					. •						52	290.32	2

C.

SCHEDULE B (FEC Form 3X)	Llas apparata appadula(a)	FOR LINE	NUMBER: PAGE 10 / 28
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)23
	Detailed Summary Page	27	28a 28b 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 Sec	curity & Medicare PAC		
Full Name (Last, First, Middle Initial) NCPSSM			Transaction ID: 18704828 Date of Disbursement
			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 10 G Street, NE Suite 600			13 2010
•	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUT	ION	011	-1388.70
Candidate Name	ION	Category/ Type	
Office Sought: House Disburse Senate President Chate: District:	ment For: Primary General Other (specify)		ADVANCE FOR FUTURE IN-KIND CONTRIBUTION
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: 10705000
NCPSSM			Transaction ID: 18705223 Date of Disbursement
Mailing Address 10 G Street, NE Suite 600			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix} $
•	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement			-1184.34
ADVANCE FOR FUTURE IN-KIND CONTRIBUT Candidate Name	ION	O11 Category/ Type	
Office Sought: Senate President State: Disburse	ment For: Primary General Other (specify)		ADVANCE FOR FUTURE IN-KIND CONTRIBUTION
Full Name (Last, First, Middle Initial)			Transaction ID: 18706204
NCPSSM			Date of Disbursement
Mailing Address 10 G Street, NE Suite 600			$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} & \begin{bmatrix} D & D \\ D & 1 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUT	ION	011	-1176.67
Candidate Name		Category/	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	Туре	ADVANCE FOR FUTURE IN-KIND CONTRIBUTION
State: District:			
SUBTOTAL of Disbursements This Page (optional) .		>	-3749.71

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER:	PAGE 11 / 28
TEMIZED DISBURSEMENTS	for each category of the	(check only	/ one) ☐ 22 23 ☐	24 25 26
	Detailed Summary Page	27	28a 28b	28c 29 30
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) National Committee to Preserve Social Se	curity & Medicare PAC			
Full Name (Last, First, Middle Initial) NCPSSM			Transaction ID: 18 Date of Disbursemen	
Mailing Address 10 G Street, NE Suite 600			10 / 25	^Y 2010 ^Y
City Washington	State Zip Code DC 20002		Amount of Each Dist	oursement this Period
Purpose of Disbursement		· · ·		-891.97
ADVANCE FOR FUTURE IN-KIND CONTRIBUT	TION	O11 Category/ Type		
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		ADVANCE FOR F CONTRIBUTION	UTURE IN-KIND
Full Name (Last, First, Middle Initial)			Transaction ID: 18	
NCPSSM			Date of Disbursemer	nt
Mailing Address 10 G Street, NE Suite 600			10 26	Y ŽOŽOŠ
City Washington	State Zip Code DC 20002		Amount of Each Disk	oursement this Period
Purpose of Disbursement	TION	044		-901.24
ADVANCE FOR FUTURE IN-KIND CONTRIBUT	ION	O11 Category/ Type		
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		ADVANCE FOR F CONTRIBUTION	UTURE IN-KIND
Full Name (Last, First, Middle Initial) NCPSSM			Transaction ID: 18 Date of Disbursemer	
Mailing Address 10 G Street, NE Suite 600			10 27	2010
City Washington	State Zip Code DC 20002		Amount of Each Disk	oursement this Period
Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBUT	TION	011		-482.40
Candidate Name		Category/		
Office Sought: House Disburse Senate President	ement For: Primary	Туре	ADVANCE FOR F CONTRIBUTION	UTURE IN-KIND
State: District:				
SUBTOTAL of Disbursements This Page (optional)				-2275.61

SCHEDULE B (FEC Form 3X)

ĺΤ		Use separate schedule(5)	(ch	eck only	v one)						
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		<u>`</u>	21b 27	22 28a	2 2	3 8b	24 28c		25 29	26
	ny Information copied from such Reports and State for commercial purposes, other than using the nar											
\mathbb{N}	NAME OF COMMITTEE (In Full)											
\mathbb{Z}	National Committee to Preserve Social S	ecurity & Medicare PAC										
	Full Name (Last, First, Middle Initial) NCPSSM					Trans			1870a nent	8177		
	Mailing Address 10 G Street, NE Suite 600					1 ^M 0	/	^D 2 7	7 /	Ý Ž	0 Ť 0	Y
	City Washington	State Zip Code DC 20002				Amou	nt of E	ach D	isburs	emen	t this P	eriod
	Purpose of Disbursement ADVANCE FOR FUTURE IN-KIND CONTRIBU			011		L.	_			-15	43.09	
	Candidate Name	HON	C	atego Type	ory/							
	Office Sought: House Senate President State: Disburs	ement For: Primary General Other (specify)	•			ADVA CONT	NCE RIBL	FOR JTIOI	FUTU N	JRE	IN-KII	ND
	Full Name (Last, First, Middle Initial) DMH MARKETING PARTNERS	All				Trans		oursen	nent		0 1 0	Y
	Mailing Address 1720 WATTERSON TR	AIL				111		10	<u>'</u>		010	
	City LOUISVILLE	State Zip Code KY 40299				Amou	nt of E	ach D	isburs			
	Purpose of Disbursement NO EXPRESS ADVOCACY, PRINTING, INV. #7	480 JOB #01108006		006		L.				1	87.40	
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		+00,000 #01100000	Ca	_	•							
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	Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	ement For: Primary General Other (specify)	Ca	_	•	Trans	NV.#	7480 n ID:	,JOB 1877: nent	#011 9307	08-	
	Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Bank of America Mailing Address 730 15th Street, NW	ement For: Primary General Other (specify)	Ca	_	•	Trans.	action	7480 • ID: • Dursen • 1 5	,JOB 1877: nent	9307 Y Y 2 emen	08- 0 1 0	Y
	Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Bank of America Mailing Address 730 15th Street, NW DC1-701-02-02, 2nd Flooring Washington Purpose of Disbursement BANK FEES	ement For: Primary General Other (specify) oor State Zip Code	C	_		Trans.	action	7480 • ID: • Dursen • 1 5	18779 nent	9307 Y Y 2 emen	08- 0 1 0	Y
	Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Bank of America Mailing Address 730 15th Street, NW DC1-701-02-02, 2nd Flooring Washington Purpose of Disbursement	ement For: Primary General Other (specify) oor State Zip Code	Ca	Type	pry/	Trans.	action	7480 • ID: • Dursen • 1 5	18779 nent	9307 Y Y 2 emen	08- 0 1 0	Y
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A.

_	SUEDIUE DIEENE ANN									
	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER:	PAGE 13 / 28					
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23	24 28c	25 29	26 30b			
	y Information copied from such Reports and State for commercial purposes, other than using the nar									
\rangle	NAME OF COMMITTEE (In Full) National Committee to Preserve Social Se	ecurity & Medicare PAC								
	Full Name (Last, First, Middle Initial) Bank of America Mailing Address 730 15th Street, NW DC1-701-02-02, 2nd Flo	or		Transaction ID: 18 Date of Disbursemer M M / D 1 5	nt	0 1 0 °				
	City Washington Purpose of Disbursement BANK FEE	State Zip Code DC 20005	001	Amount of Each Disk		t this Per	iod			
	Candidate Name		tegory/ Type							
	Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)		BANK FEE						
	State: District:									

		101001
SUBTOTAL of Disbursements This Page (optional)	>	1910.84
TOTAL This Period (last page this line number only)		-1205.09

SCHEDULE B (FEC Form 3X)

		Use separate schedule(s)			R LINE eck only		١		L	1 AG	E 14/	20	
11	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ì	21b 27	22 28a		23 28b	2 2	4 8c	25 29	<u> </u>	
	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)	e and address of any political										8	
Z	National Committee to Preserve Social S	ecurity & Medicare PAC											
<u></u>	Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy Mailing Address P.O. Box 127					Transaction ID: 18681731 Date of Disbursement							
	City Cheshire	State Zip Code CT 06410				Amou	nt of	Each	Disbu	irseme	ent this f	Period	
	Purpose of Disbursement Contribution Candidate Name		Ca	011 tego	ory/					2	500.00)	
	Mr. Christopher Murphy Office Sought: X House Senate President State: CT District: 05	ement For: 2010 Primary X General Other (specify)		Гуре	9	Contr	ibuti	on					
	Full Name (Last, First, Middle Initial) Perriello For Congress Mailing Address PO Box 306								186 ement		39 Ž 0 Ť () ^Y	
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	Candidate Name Rep. Thomas Stuart Price Perriello	Ca	tego	ory/									
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	Full Name (Last, First, Middle Initial) Bennet for Colorado					Trans		sburse		8526	62		
	Mailing Address 1900 GRANT STREET Suite 1170					1 ^M 0	M /	^D 2	2 0 /	Υ	ž 0 i () ^Y	
	City Denver	State Zip Code CO 80203				Amou	nt of	Each	Disbu	irseme	ent this f	Period	
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	Candidate Name Michael Bennet			tego ype									
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	ıe ´	(check only			24		5	26		
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National Committee to Preserve Social Sec	urity & Medicare PA	С									
Full Name (Last, First, Middle Initial) Carney For Congress				Transact Date of D			435				
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Full Name (Last, First, Middle Initial) Perlmutter For Congress				Transact Date of D	isbursen	nent		V * V			
Mailing Address 3440 Youngfield Street #264				1 0 ™	2.5	<u></u>	2 0	í o ʾ			
•	State Zip Code CO 80033		Amount of Each Disbursement this Period 1000.00								
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Full Name (Last, First, Middle Initial) Scott Murphy For Congress				Transact Date of D			454				
Mailing Address 5 South Side Dr. #224				1 0 M	[/] 25	D / Y	ž o	í o '			
	State Zip Code NY 12065			Amount o	of Each D	Disburse	ment ti	nis Pe	riod		
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\rangle	NAME OF COMMITTEE (In Full) National Committee to Preserve Social S	ecurity & Medicare PAC									
<u>/</u>	Full Name (Last, First, Middle Initial) Patrick Murphy For Congress					Date of	Disburs		88455		
	Mailing Address P.O. Box 868					10 M	/ D	25	Ý Ž	0 i 0	Y
	City Levittown	State Zip Code PA 19058				Amoun	t of Eacl	Disbur	semen	t this P	erio
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	Candidate Name Mr. Patrick Murphy			ategory Type	//						
	Office Sought: X House Senate President State: PA District: 08	sement For: 2010 Primary X General Other (specify)				Contrib	oution				
	Full Name (Last, First, Middle Initial) Klein For Congress						ction ID	: 1868 ement	88456		
	Mailing Address 21301 Powerline Road	Suite 204				1 ^M 0 M	/ D	25	^Y Ž	0 1 0	Y
	City Boca Raton	State Zip Code FL 33433				Amoun	t of Eacl	n Disburs	semen	t this P	erio
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	Mr. Ron Klein	sement For: 2010		Type		O a maturilla					
	State: FL District: 22	Primary X General Other (specify) ▼				Contrib	oution				
	Full Name (Last, First, Middle Initial) Perriello For Congress					Date of	Disburs				
	Mailing Address PO Box 306					10		25	ž	0 1 0	
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<u>/ </u>	Full Name (Last, First, Middle Initial) Oliverio For Congress			Transaction ID: 18688459 Date of Disbursement
	Mailing Address 1199 Van Voo	orhis Rd Suite 6		M M M / D 2 5 / Y 2 0 1 0 Y
	City Morgantown	State Zip 0 WV 265	Code 505	Amount of Each Disbursement this Period
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	Candidate Name Mr. Michael Oliverio	T. P	Category/ Type	
	Office Sought: X House Senate President	Disbursement For: Primary X Other (specify)	2010 General ▼	Contribution
	State: WV District: 01 Full Name (Last, First, Middle Initial) Giffords For Congress			Transaction ID: 18688462 Date of Disbursement
	Mailing Address PO Box 1288	 3		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Tucson	State Zip 6 AZ 857	Code 732	Amount of Each Disbursement this Perio
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	Candidate Name Ms. Gabrielle Giffords		Category/ Type	
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National Committee to Preserve Social S	Security & M	edicare PAC										
Full Name (Last, First, Middle Initial) Robin Carnahan For Senate						ate of	ction ID: Disburs	emen		329		
Mailing Address PO Box 50378					M M / D D / Y Y Y O Y O Y							
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Full Name (Last, First, Middle Initial) John Spratt for Congress							ction ID: Disburs	_		92		
Mailing Address PO Box 636					[^M 0 ^M	/ D2	2 0	/ Y	ž 0 1	0 Y	
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Mailing Address P.O. Box 620062					L	1 0	2	2 9	L	ž 0 1	0	
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	y Information copied from such Reports and Stater for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of any politica												
	National Committee to Preserve Social Se	curity & Medicare PAC												
	Full Name (Last, First, Middle Initial) Braley For Congress Mailing Address PO Box 390					Transaction ID: 18705075 Date of Disbursement 10								
	City Waterloo	State Zip Code IA 50704				Amou	int of	Each	Disb	ursem	nent th	is Pe	riod	
	Purpose of Disbursement IN-KIND CONTRIBUTION Candidate Name		_	01	1 Jory/		-				1388	.70	•	
	Mr. Bruce Braley Office Sought: X House Senate President State: IA District: 01	ement For: 2010 Primary X General Other (specify)		Тур		IN-KII	ND (CON ⁻	TRIB	UTIC	Ν			
	Full Name (Last, First, Middle Initial) People for Patty Murray Mailing Address 122 Maryland Avenue, N	IE.						sburse				Ý 0 ^Ý	1	
	City Washington Purpose of Disbursement (In-Kind) IN-KIND CONTRIBUTION Candidate Name	State Zip Code DC 20002	_	01	1 Jory/	Amou	int of	f Each	Disb		nent th		riod	
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	Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress					Trans	of Di	sburse	ement				_	
	Mailing Address PO Box 75214					1 ^M 0	М	^D 2	2 1	Y	ž 0	10		
	City Washington	State Zip Code DC 20013-5214				Amou	int of	Each	Disb	ursem	nent th	is Pe	riod	
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	Candidate Name Earl Pomeroy			ateg Typ	jory/ e									
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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and State for commercial purposes, other than using the na			
\rangle	NAME OF COMMITTEE (In Full) National Committee to Preserve Social S	ecurity & Medicare PAC		
<u>/</u>	Full Name (Last, First, Middle Initial)			Transaction ID: 18706779
	Boccieri For Congress			Date of Disbursement
	Mailing Address 337 Third Street Nw			10 10 25 7 2010
	City Canton	State Zip Code OH 44702		Amount of Each Disbursement this Period
	Purpose of Disbursement	011 44702	0 0	891.97
	IN-KIND CONTRIBUTION Candidate Name		011 Category/	
	Mr. John Boccieri		Type	
	Office Sought: X House Senate President State: OH District: 16	sement For: 2010 Primary X General Other (specify)		IN-KIND CONTRIBUTION
	Full Name (Last, First, Middle Initial)			Transaction ID: 18707715
	Loebsack For Congress			Date of Disbursement
	Mailing Address PO Box 2720			10 26 7 2010
	City Cedar Rapids	State Zip Code IA 52406		Amount of Each Disbursement this Period
	Purpose of Disbursement IN-KIND CONTRIBUTION		011	901.24
	Candidate Name Rep. David Wayne Loebsack			
	Office Sought: X House Senate President State: IA District: 02	sement For: 2010 Primary X General Other (specify)		IN-KIND CONTRIBUTION
	Full Name (Last, First, Middle Initial) Klein For Congress			Transaction ID: 18707987 Date of Disbursement
	Mailing Address 21301 Powerline Road	Suite 204		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Boca Raton	State Zip Code FL 33433		Amount of Each Disbursement this Period
	Purpose of Disbursement IN-KIND CONTRIBUTION		011	482.40
	Candidate Name Mr. Ron Klein		Category/ Type	
	Senate President	sement For: 2010 Primary X General Other (specify)	1 76-	IN-KIND CONTRIBUTION
_	State: FL District: 22	2275.61		

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NAME OF COMMITTEE (In Full) National Committee to Preserve Social Se	curity & Medicare PAC		
Full Name (Last, First, Middle Initial) DEFAZIO FOR CONGRESS Mailing Address P.O. BOX 1316			Transaction ID: 18708253 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SPRINGFIELD Purpose of Disbursement	State Zip Code OR 97477		Amount of Each Disbursement this Period
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Office Sought: X House Senate President State: OR District: 04	ement For: 2010 Primary X General Other (specify)	ı	N-KIND CONTRIBUTION
Full Name (Last, First, Middle Initial) Mike Honda For Congress			Transaction ID: 18727538 Date of Disbursement 1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Mailing Address P.O. Box 8180	7: 0 1		
City San Jose	State Zip Code CA 95155		Amount of Each Disbursement this Period
Purpose of Disbursement Void - Mike Honda For Congress Candidate Name Rep. Michael M. Honda	l l	011 ategory/ Type	-1000.00
Office Sought: X House Disburs Senate	ement For: 2010 Primary X General	\	Void - Mike Honda For Con- gress

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National Committee to Preserve Social Sec	curity & Me	edicare PAC										
Full Name (Last, First, Middle Initial) Bishop for Congress Election Protection						ransa ate of			1872	1892		
Mailing Address c/o Bishop for Congress P.O. Box 37						м м 1 1] ′ [^D 1	0 /	^Y 2	0 i c	Y
,	State NY	Zip Code 11738			A	moun	of E	ach	Disburs		-	
Purpose of Disbursement Contribution to recount, Candidate Tim Bishop, Hor	use NY-1, G	General Election		011						10	00.00	
Candidate Name Bishop for Congress Election Protection				tegory/ ype								
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,	State DC	Zip Code 20002			Α	mount	t of E	ach	Disburs	emen	t this F	Period
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	State DC	Zip Code 20002			Α	mount	of E	ach	Disburs	emen	t this F	Period
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National Committee to Preserve Social Socurity & Medicare PAC Check if 24-hour notice 48-hour notice Full Name (Last, First, Middle, Initial) of Payee METRICS MEDIA Malling Address 24 QUKKER LANE ATTN: BARBARA CASSIDY City DOVER NH 03820 Name of Expenditure RADIO AD IE DISSEMI- NATION DATE: 10/182 Category ATTO-Date Per Election for Office Sought Full Name (Last, First, Middle, Initial) of Payee FOCUS DIRECT Malling Address PO BOX 870 Category Transaction ID: 18653922 Office Sought: Check One: Support Oppose Disbursement For: Primary X General Cother (specify): 20 10 7 Amount Topostage FOCUS DIRECT Malling Address PO BOX 870 Category Transaction ID: 18653854 Transaction ID: 18653826 Office Sought: House State: CT Support Oppose Disbursement For: Primary X General Cother (specify): 20 10 7 Amount Topostage FOCUS DIRECT Malling Address PO BOX 870 Category Type Category Type Office Sought: House State: CT Malling Address PO BOX 870 Category Transaction ID: 1863854 Office Sought: House State: CT Transaction ID: 1863854 Office Sought: House State: CT Malling Address PO BOX 870 Cother (specify): Senate District: Primary X General Office Sought Category Type Office Sought: House State: CT Disbursement For: Primary X General Office Sought: House State: CT Office Sought: House State: CT Disbursement For: Primary X General Office Sought: House State: CT Of	NAME OF COMMITTEE (In Full)				
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Full Name (Last, First, Middle, Initial) of Payee METRICS MEDIA Mailing Address 24 QUAKER LANE ATTH: BARBARA CASSIDY Category DOVER NH 03820 Category NH 03820 Office Sought: Mane of Last, First, Middle, Initial) of Payee Category Mr. Richard Blumenthal Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle, Initial) of Payee FOCUS DIRECT Mailing Address PO BOX 870 City FOREST VA 24551 Purpose of Expenditure EE Mailing, Postage, estimated amount Calendar Year-To-Date Per Election for Office Sought Category Transaction ID: 18683854 Office Sought: Category Transaction ID: 18683854 Office Sought:	Check if 24-hour notice 48-	hour notice			
Mailing Address 24 OUAKER LANE ATTIN: BARBARA CASSIDY City DOVER NH 03820 Name of Expenditure RADIO AD IE DISSEMI- NEICHARD ATTE: 107822 Name of Federal Candidate supported or Opposed by expenditure: Mr. Richard Blumenthal Calendar Year-To-Date Per Election of Office Sought Mailing Address PO BOX 870 City State FOREST VA 24551 Category VA 24551 City State FOREST VA 24551 Category VA 24551 Chieck One: X Support Oppose Disbursement For: Primary X General Cother (specify): 2010 Tother (specify): 2010 Transaction ID: 18665322 Check One: X Support Oppose Disbursement For: Primary X General Check One: X Support Oppose Disbursement For: Primary Cother (specify): 2010 Tother (specify): 2010 Transaction ID: 18665322 Check One: X Support Oppose Disbursement For: Primary Cother (specify): 2010 Tother (specify): 2010 Transaction ID: 18665322 Check One: X Support Oppose Disbursement For: Primary Cother (specify): 2010 Transaction ID: 18665322 Check One: X Support Oppose Disbursement For: Primary Cother (specify): Disbursement For: Presidential Transaction ID: 18665322 Check One: X Support Oppose Disbursement For: N House District: Presidential Transaction ID: 18665322 Check One: X Support Oppose Transaction ID: 18665322 Other (specify): Transaction I	Full Name (Last, First, Middle, Initial) of Pa	yee		M M /	18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Purpose of Expenditure RADIO AD ALT: 101/8/2 Name of Federal Candidate supported or Opposed by expenditure: Mr. Richard Blumenthal Calendar Year-To-Date Per Election for Office Sought Name of Expenditure FOCUS DIRECT Mailing Address PO BOX 870 City State Zip Code FOREST VA 24551 Purpose of Expenditure E Mailing Postage, estimated amount Name of Federal Candidate supported or Opposed by expenditure: Mr. Richard Blumenthal Category/ Type Other (specify):	•		•		
Mr. Richard Blumenthal Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle, Initial) of Payee FOCUS DIRECT Mailing Address PO BOX 870 City State Zip Code Transaction ID: 18683854 City FOREST VA 24551 Purpose of Expenditure Cardidate supported or Opposed by expenditure: Mr. Richard Blumenthal Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures 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 Date Main Address Primary X General Characteristics Country X General Characteristics Character	Purpose of Expenditure		Category/ 004		Presidential
Calendar Year-To-Date Per Election for Office Sought 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 Name of Federal Candidate supported or Opposed by expenditure: Mr. Richard Blumenthal Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Disbursement For: Primary X General Other (specify):		pposed by expend	liture:	Check One:	X Support Oppose
Mailing Address PO BOX 870 City State Zip Code FOREST VA 24551 Purpose of Expenditure IE Mailing Postage, estimated amount Calendar Year-To-Date Per Election for Office Sought Check One: X Support Oppose Disbursement For: Primary X General Other (specify): 2010 Check One: X Support Oppose Disbursement For: Primary X General Other (specify): 2010 Check One: X Support Oppose Disbursement For: Primary X General Other (specify): 2010 Check One: X Support Oppose Disbursement For: Primary X General Other (specify): 2010 Check One: X Support Oppose Disbursement For: Primary X General Other (specify): 2010 Check One: X Support Oppose Disbursement For: Primary X General Other (specify): 2010 Check One: X Support Oppose Disbursement For: Primary X General Other (specify): 2010 Check One: X Support Oppose Disbursement For: Primary X General Other (specify): 2010 Check One: X Support Oppose Disbursement For: Primary X General Other (specify): 2010 Other (specify): 2010 Check One: X Support Oppose Disbursement For: Primary X General Other (specify): 2010 Other (specify):	Calendar Year-To-Date Per Election		36310.00	Oth	
Mailing Address PO BOX 870 City State Zip Code FOREST VA 24551 Purpose of Expenditure IE Mailing, Postage, estimated amount Name of Federal Candidate supported or Opposed by expenditure: Mr. Richard Blumenthal Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized 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. Amount 7623.63 Transaction ID: 18683854 Office Sought: House State: CT Check One: X Support Oppose Check One: X Support Oppose Other (specify): 2010 43933.63 (b) SUBTOTAL of Itemized 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.	, , , ,	yee		M M /	D D / Y Y Y Y Y Y 2010
FOREST VA 24551 Purpose of Expenditure IE Mailing, Postage, estimated amount Name of Federal Candidate supported or Opposed by expenditure: Mr. Richard Blumenthal Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (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 Date Office Sought: House State: CT X Senate Presidential Check One: X Support Oppose Disbursement For: Primary X General Other (specify): 2010 43933.63 Check One: X Support Oppose Disbursement For: Primary X General Other (specify): 2010 43933.63				Amount	7623.63
Category/ Type	•		•		
Mr. Richard Blumenthal Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures			1 * ' ()()		Presidential
Calendar Year-10-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	·	pposed by expend	liture:		
(b) SUBTOTAL of Unitemized Independent Expenditures		<u> </u>	43933.63		ner (specify) :
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 Date Date	(a) SUBTOTAL of Itemized Independent Expe	enditures			43933.63
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 Date M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y	(b) SUBTOTAL of Unitemized Independent E	xpenditures			
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 Date M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y	(c) TOTAL Independent Expenditures				
Ms. Christine Kim Date 12 03 2010	or at the request or suggestion of, any candidate o	r authorized commit			
			Date 12		

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 24 / 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FE	EC IDENTIFICATION NUMBER
National Committee to Preserve Social Security & Medicare PAC			C00172296
Check if 24-hour notice 48-hour notice			, , , , , , , , , , , , , , , , , , , ,
Full Name (Last, First, Middle, Initial) of Payee		Date	
FOCUS DIRECT		M M / D	22 / 2010
Mailing Address PO BOX 870		Amount	
1 0 BOX 670			1452.12
City State	Zip Code	Transaction II	D : 18687545
•	24551	Office Sought:	X House State: ND
Purpose of Expenditure IE Mailing, Postage, estimated amount Category	ory/ pe 001		Senate District: 01 Presidential
Name of Federal Candidate supported or Opposed by expenditure:		Check One:	X Support Oppose
Earl Pomeroy		D'-1	
		Disbursement Fo	.,
Calendar Year-To-Date Per Election	1452.12	2010	specify):
for Office Sought			
Full Name (Last, First, Middle, Initial) of Payee		Date	
FOCUS DIRECT		м м / D	2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		Amount	
PO BOX 870			3025.25
		Transaction II	
·	Zip Code 24551	Office Sought:	House State: NV
Purnose of Expenditure			X Senate District:
IE Mailing, Postage, estimated amount	pe 001	l.	Presidential
Name of Federal Candidate supported or Opposed by expenditure:		Check One:	X Support Oppose
HARRY REID		Disbursement Fo	or: Primary X General
			specify):
	3025.25	2010	opeony)
for Office Sought			
(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 he or at the request or suggestion of, any candidate or authorized committee or accommittee) any political party committee or its agent.			
			V V V
Ms. Christine Kim	Date 12		10
Signature			

ITEMIZED INDEPENDENT EX	PENDITURES			PAGE 25 / 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			-	EC IDENTIFICATION NUMBER
National Committee to Preserve Social Securit Medicare PAC	y &			C C00172296
Check if 24-hour notice 48-	hour notice			
Full Name (Last, First, Middle, Initial) of Pa	yee		Date	
FOCUS DIRECT			M M /	27 / Y Y Y Y Y Y
Mailing Address			Amount	
PO BOX 870				-163.82
City	State Zip	Code	Transaction I	D: 18779341
FOREST		551	Office Sought:	House State: NV
Purpose of Expenditure REFUND OF POSTAGE	Category Type			X Senate District: Presidential
Name of Federal Candidate supported or C	pposed by expenditure:		Check One:	X Support Oppose
HANNI NLID			Disbursement F	For: Primary X General
Calendar Year-To-Date Per Election			Other	(specify) :
for Office Sought	28	361.43	2010	
Full Name (Last, First, Middle, Initial) of Pa	yee		Date	
FOCUS DIRECT	•		1.0	27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
PO BOX 870				-204.22
City	State Zip	Code		D : 18779344
FOREST	VA 24	551	Office Sought:	
Purpose of Expenditure	Category	v/ 001		Senate District: 01 Presidential
REFUND OF POSTAGE OV- ERPAYMENT	Туре			
Name of Federal Candidate supported or C	pposed by expenditure:		Check One:	X Support Oppose
Earl Pomeroy			Disbursement F	or: Primary X General
			Other	(specify):
Calendar Year-To-Date Per Election for Office Sought	12	247.90	2010	(T)
(a) SUBTOTAL of Itemized Independent Expe	enditures			-368.04
(b) SUBTOTAL of Unitemized Independent E	xpenditures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate of committee) any political party committee or its age	r authorized committee or agen			
Ms. Christine Kim		Date 12		Y * Y * Y) 1 0
Signature			نا لنت	

TEMIZED INDEPENDENT EXP	ENDITURES	PAGE 26 / 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
National Committee to Preserve Social Security 8 Medicare PAC	x	C C00172296
	ur notice	C 300172230
Full Name (Last, First, Middle, Initial) of Payer	9	Date
FOCUS DIRECT		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address PO BOX 870		Amount
, 5 257, 676		-600.14
City	State Zip Code	Transaction ID: 18779347
FOREST	VA 24551	Office Sought: House State: CT X Senate District:
Purpose of Expenditure REFUND OF POSTAGE OV- ERPAYMENT	Category/ Type 001	X Senate District: Presidential
Name of Federal Candidate supported or Opp	posed by expenditure:	Check One: X Support Oppose
Mr. Richard Blumenthal		Disbursement For: Primary X General
		Other (specify) :
Calendar Year-To-Date Per Election	43333.49	2010
for Office Sought		
Full Name (Last, First, Middle, Initial) of Payer	9	Date
FOCUS DIRECT		1.0 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		Amount
PO BOX 870		458.19
		Transaction ID: 18687475
City FOREST	State Zip Code VA 24551	Office Sought: X House State: ND
Purpose of Expenditure	VA 24551	Senate District: 01
PRINTING, IE DISSEMI- NATION 10/22/10	Category/ Type 004	Presidential
Name of Federal Candidate supported or Opp	oosed by expenditure:	Check One: X Support Oppose
Earl Pomeroy		Disbursement For: Primary X General
		Other (specify):
Calendar Year-To-Date Per Election	1706.09	2010
for Office Sought		
(a) SUBTOTAL of Itemized Independent Expendent	ditures	-141.95
(b) SUBTOTAL of Unitemized Independent Exp	enditures	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independen or at the request or suggestion of, any candidate or a committee) any political party committee or its agent.	uthorized committee or agent of either, or (if the	
	M · M	D D Y Y Y Y
Ms. Christine Kim	Date 12	03 2010
Signature		

TEMIZED INDEPENDENT EX	PENDITURE	S		PAGE 27 / 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER
National Committee to Preserve Social Security Medicare PAC	/ &			C C00172296
	nour notice			G 000172200
Full Name (Last, First, Middle, Initial) of Pay			Date	
FOCUS DIRECT			M M /	D D / Y Y Y Y Y Y 2 0 1 0
Mailing Address PO BOX 870			Amount	2035.99
			Transaction	n ID: 18687477
City FOREST	State VA	Zip Code 24551	Office Sough	
Purpose of Expenditure PRINTING, IE DISSEMI- NATION 10/22/10		Category/ Type 004		X Senate District:
Name of Federal Candidate supported or O	pposed by expendit	ure:	Check One:	X Support Oppose
Mr. Richard Blumenthal			Disbursemen	t For: Primary X General
Calendar Year-To-Date Per Election				er (specify) :
for Office Sought		45369.48	2010	
Full Name (Last, First, Middle, Initial) of Pay	/ee		Date	
FOCUS DIRECT			M M /	29 / 2010
Mailing Address PO BOX 870			Amount	885.65
			Transaction	n ID: 18687480
City FOREST	State VA	Zip Code 24551	Office Sough	
Purpose of Expenditure			-	X Senate District:
PRINTING, IE DISSEMI- NATION 10/22/10		Category/ Type 004		Presidential
Name of Federal Candidate supported or O	pposed by expendit	ure:	Check One:	X Support Oppose
HARRY REID			Disbursemen	t For: Primary X General
Calendar Year-To-Date Per Election				er (specify) :
for Office Sought		3747.08	2010	
(a) SUBTOTAL of Itemized Independent Expe	enditures			2921.64
(b) SUBTOTAL of Unitemized Independent E.	xpenditures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independence or at the request or suggestion of, any candidate or committee) any political party committee or its age	r authorized committe			
		_ M M		Y Y Y Y Y
Ms. Christine Kim Signature		Date 12	03	2010
Org. Tatal 0				

TEMIZED INDEPENDENT EX	(PENDITURE	ES		PAGE 28 / 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER
National Committee to Preserve Social Securi Medicare PAC	ty &			C C00172296
Check if 24-hour notice 48	-hour notice			
Full Name (Last, First, Middle, Initial) of Pa	ayee		Date	
CLARK PARK PRODUCTIONS, INC.			M M /	$\begin{bmatrix} D & D & D \\ O & Z \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ Z & O & I & O \end{bmatrix}$
Mailing Address			Amount	
400 NORTH CAPITOL STREET, N	W, SUIT			295.00
City	State	Zip Code	Transaction	on ID: 18708887
WASHINGTON	DC	20001	Office Sough	nt: House State: <u>CT</u>
Purpose of Expenditure RADIO AD,IE DISSEMIN- ATION 10-12-10		Category/ Type 004		X Senate District: Presidential
Name of Federal Candidate supported or 0	Opposed by expendi	ture:	Check One:	X Support Oppose
Mr. Richard Blumenthal			Disburseme	nt For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		45664.48	Oth 2010	ner (specify) :

(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 report at the request or suggestion of, any candidate or authorized committee committee) any political party committee or its agent.		
Ms. Christine Kim Signature	Date 12 0	3 2010